

Medicines and Poisons (Medicines) Amendment Regulation (No. 3) 2023

Explanatory notes for SL 2023 No. 152

made under the

Medicines and Poisons Act 2019

General Outline

Short title

Medicines and Poisons (Medicines) Amendment Regulation (No. 3) 2023

Authorising law

Section 240 of the *Medicines and Poisons Act 2019*.

Policy objectives and the reasons for them

The *Medicines and Poisons (Medicines) Regulation 2021* (Medicines Regulation) regulates medicines and complements the *Medicines and Poisons Act 2019* (Act) by:

- ensuring regulated substances are used safely and effectively to reduce harm;
- setting out the ‘authorised way’ for a person to perform regulated activities with certain medicines; and
- providing flexible requirements for several authorised activities, such as storage and disposal, that are commensurate with the approved person’s qualifications and activities and the public health and safety risk of the medicines.

Medicines and poisons are scheduled by the Therapeutic Goods Administration in the Commonwealth Standard for the Uniform Scheduling of Medicines and Poisons (Poisons Standard). The Poisons Standard is a Commonwealth instrument that classifies medicines and poisons into ‘schedules’ of substances from ‘Schedule 2’ (S2) through to ‘Schedule 10’ (S10).

The *Medicines and Poisons (Medicines) Amendment Regulation (No. 3) 2023* (Amendment Regulation) amends the Medicines Regulation to refer to a new version of the Pharmacists Extended Practice Authority.

Section 232(4) of the Act enables the chief executive or their delegate to make extended practice authorities that:

- state the places or circumstances in which an approved person may deal with a regulated substance;
- impose conditions on dealing with a regulated substance; or
- require an approved person to hold particular qualifications or training to deal with a regulated substance.

Schedule 1, part 1 of the Medicines Regulation lists the approved Extended Practice Authorities by name and version number. When new versions of an Extended Practice Authority are made by the chief executive or their delegate, the Medicines Regulation requires an amendment to reflect the new version so it can take effect.

Schedule 9 of the Medicines Regulation provides authorisation for pharmacists to deal with certain medicines. The existing Pharmacists Extended Practice Authority provides additional authorisations enabling pharmacists to deal with certain medicines beyond the authorisation in the Medicines Regulation.

The new Pharmacists Extended Practice Authority:

- expands the range of vaccines pharmacists are authorised to administer in Queensland to include:
 - Hepatitis B;
 - Varicella;
 - Meningococcal B;
 - Human papillomavirus (HPV);
 - Typhoid;
 - Zoster; and
 - Japanese encephalitis.
- extends the age range for patients that pharmacists may vaccinate to include children aged two years and older, with the exception of influenza and COVID-19 vaccines;
- provides that the age limitations for influenza and COVID-19 vaccines will continue to be those recommended in the *Australian Immunisation Handbook* and the recommendations of the Australian Technical Advisory Group on Immunisation (ATAGI) respectively; and
- enables pharmacists to vaccinate in the following locations and clinical settings, in addition to community pharmacies and public sector hospitals:
 - a private hospital;
 - a public sector health service facility (for example, community clinics, public residential aged care, and services provided in corrective services and youth detention centres);
 - a general practice;
 - an Aboriginal or Torres Strait Islander health service; and
 - an aged care facility.

The Amendment Regulation also amends the Medicines Regulation to allow pharmacists employed at a community pharmacy, private health facility or a health service to:

- administer scheduled medicines, other than vaccines, in a variety of health contexts including:
 - a Schedule 2 (S2) or Schedule 3 (S3) medicine—for example, a pharmacist may administer topical hydrocortisone cream in a Hospital and Health Service outpatient clinic to a patient for the purpose of demonstration;

- a Schedule 4 (S4) or Schedule 8 (S8) medicine on a prescription—for example, a pharmacist working at a community pharmacy may administer a dose of subcutaneous denosumab for the treatment of osteoporosis on the valid prescription of an authorised prescriber;
 - any medicine on a standing order—for example, a pharmacist may administer salbutamol, naloxone or glyceryl trinitrate under a standing order at a public sector health service for emergency management; and
 - an S4 or S8 medicine in accordance with the medicine’s approved label—for example, a pharmacist working at a community pharmacy may administer by subcutaneous injection a dose of dulaglutide, to support diabetes management, in accordance with its dispensed label for the purposes of education or to facilitate compliance where a patient may be unable to store this medicine appropriately; and
- possess an S4 or S8 medicine for the purposes of administration.

Pharmacists are a nationally regulated profession under the Health Practitioner Regulation National Law. A pharmacist must be registered with the Pharmacy Board of Australia and meet the Board’s Registration Standards to practice in Australia. Pharmacists work in public and private health settings across Queensland where they provide medication management services that may include clinical services related to quality use of medicines or functions related to the dispensing and supply of medicines. Pharmacists are trained to administer vaccinations as part of their clinical training and are required to maintain competency as part of their ongoing registration.

Queensland pharmacists have a demonstrated track record of providing safe and effective vaccination services in primary healthcare settings. Community pharmacies have played a pivotal role in Queensland’s COVID-19 vaccine roll-out, administering approximately fifteen per cent of all COVID-19 vaccines to Queenslanders.

Pharmacists are already authorised to administer vaccines that have historically been considered “higher risk”, such as live vaccines or vaccines with more complex clinical considerations, for example, the pneumococcal vaccine. As such, it is considered appropriate to authorise pharmacists to administer a wider range of vaccines. Specialised vaccines that require detailed clinical consultation and intervention prior to administration are outside the scope of the proposed amendments.

Expanding the range of vaccines

Pharmacists have been authorised to administer vaccines since 2014. The authorisation extends to the administration of a limited list of vaccines with some restrictions, such as age and location. These restrictions prevent pharmacists practising to their full scope of practice.

The Pharmacists Extended Practice Authority has been updated to expand the list of vaccines Queensland pharmacists may administer to improve access to routine vaccination services. The updated list of vaccines in the Pharmacists Extended Practice Authority reflects vaccines for which there is an identified public health benefit.

Improving access to vaccination services through Queensland pharmacies will align with and support the Commonwealth Government’s commitment to provide additional funding for pharmacists to administer National Immunisation Program funded vaccines to persons aged five and above.

All jurisdictions enable pharmacists who have completed a recognised vaccination training course to be authorised to administer vaccines under their relevant state or territory legislation. These training programs meet the national requirements of the Australian Pharmacy Council's Standards for the accreditation of programs to support pharmacist administration of vaccines.

The types of vaccines that can be administered and conditions of administration vary between each state and territory. The Amendment Regulation provides for an expanded list of authorisations for pharmacists to administer vaccines compared to other jurisdictions. Comparable jurisdictions that authorise pharmacists to administer a range of vaccines like those proposed for administration by pharmacists in Queensland include:

- Australian Capital Territory – Hepatitis B, Human papillomavirus, Typhoid and Herpes Zoster.
- New South Wales – Hepatitis B, Human papillomavirus, Typhoid, Herpes Zoster and Japanese encephalitis.
- South Australia – Hepatitis B, Meningococcal B, Human papillomavirus, Herpes Zoster, Varicella and Japanese encephalitis.
- Victoria – Human papillomavirus, Herpes Zoster and Japanese encephalitis.

No other Australian jurisdictions enable pharmacists to administer a vaccine to children younger than five years of age. Queensland would be the only jurisdiction enabling pharmacists to vaccinate children younger than five years of age.

Expanding the locations pharmacists may administer vaccines

The existing Pharmacists Extended Practice Authority authorises pharmacists to administer a range of vaccines at community pharmacies and public sector hospitals only. Limiting the locations in which pharmacists may administer vaccines restricts the ability of pharmacists, as a key immunisation workforce, from providing vaccine services offered by public sector health service facilities as well as aged care facilities, general practice clinics, Aboriginal and Torres Strait Islander health services and private hospitals.

The Amendment Regulation, which gives effect to the new Pharmacists Extended Practice Authority, enables pharmacists to also vaccinate at a private hospital, a public sector health service facility (for example, community clinics, public residential aged care, and services provided in corrective services and youth detention centres), a general practice, an Aboriginal or Torres Strait Islander health service, and an aged care facility.

By increasing the locations that pharmacists can vaccinate through the Pharmacists Extended Practice Authority, the Amendment Regulation ensures an increased range of vaccines can be administered in safe and controlled settings.

Medicine administration

Pharmacists in Queensland have several authorised dealings under the Medicines Regulation which include supply, dispense, sell without a prescription, give a treatment dose, repackage, compound, give a purchase order, possess, and dispose. However, pharmacists are not authorised within the Medicines Regulation to administer S2, S3, S4 and S8 medicines, except for a narrow scope of dealing for approved opioids and certain vaccines under the pharmacists Extended Practice Authority.

Pharmacists provide medication management services that may include clinical services related to quality use of medicines or functions related to dispensing and supply of medicines. Entry level training for pharmacists incorporates principles of pharmacology, including knowledge of the pharmacokinetics and pharmacodynamics of medicines, as well as their safe and effective use in patient care, the appropriate administration of medicines, routes of administration of medicines and the principles of dosing and drug interactions.

Best practice for dispensing requires pharmacists to provide advice or education to patients, carers, and other health professionals regarding administration to ensure medicines are used safely and effectively. For example, a pharmacist may review and correct inhaler technique to ensure the appropriate administration of an inhaled bronchodilator or corticosteroid by the patient.

Authorising pharmacists employed in a regulated place that has the additional governance of a Substance Management Plan, such as a community pharmacy, private health facility or a health service, to administer scheduled medicines has the potential to improve access and timeliness of healthcare delivery, aid with medication adherence and result in cost-savings for the health system.

Pharmacists' authority to administer medicine within Australian states and territories is subject to their respective authorities under legislation.

- Western Australia – under part 7, division 10 of the *Medicines and Poisons Regulation 2016* (WA), a pharmacist can administer an S4 or S8 medicine acting in the lawful practice of their profession in accordance with specified Structured Administration and Supply Arrangements.
- Northern Territory – under the *Medicines, Poisons and Therapeutic Goods Act 2012* (NT), a pharmacist is authorised to administer an S4 or S8 substance to another person under an administration order from an authorised prescriber.
- Victoria – under sections 99, 100 and 101 of the *Drugs, Poisons and Controlled Substances Regulation 2017* (Vic), a pharmacist is authorised to administer any S4, S8 or S9 poison on the valid instruction from an authorised prescriber.
- Australian Capital Territory – under the *Medicines, Poisons and Therapeutic Goods Regulation 2008* (ACT), a pharmacist is authorised to administer medicines to the extent necessary to practise pharmacy and, if employed, within the scope of employment.
- New South Wales – under the *Poisons and Therapeutic Goods Regulation 2008* (NSW), a pharmacist is authorised to administer dispensed S4 and S8 medicines.
- Tasmania – under the *Poisons Act 1971* (Tas), a pharmacist can supply an S4 medicine in accordance with a valid prescription. Supply includes administration. Additional legislative requirements apply for pharmacists administering vaccines.
- South Australia – under the *Controlled Substances (Poisons) Regulation 2011* (SA), the Minister may determine a class of registered health practitioner to administer prescription medicines by injection, as part of an immunisation program.

Within comparable Organisation for Economic Co-operation and Development (OECD) nations including Canada, New Zealand and the United Kingdom, pharmacists are authorised to administer injectable medications within their approved scope of practice. For example:

- Pharmacists practising in British Colombia, Canada are authorised to administer most medications including controlled drugs and injectable medicines by intramuscular and subcutaneous injections (other than the deltoid and triceps area). The pharmacist is responsible for ensuring they have the required knowledge, skills, and abilities to safely administer these medicines.
- Pharmacists in New Zealand are authorised to administer medicines, including injectable medicines.
- Some pharmacists in the United Kingdom are allowed to administer a range of medicines under the *Human Medicines Regulation 2012*. The regulation describes specific requirements for each type of medicine able to be administered, including the necessary training and qualifications.

Achievement of policy objectives

Expanding the range of vaccines

The Amendment Regulation expands the age range of patients that pharmacists may vaccinate. For each vaccine on the list, there is an identified public health benefit in increasing consumer accessibility. Improving access to routine vaccination services provided by pharmacies will assist in increasing childhood and adolescent vaccination coverage rates.

All vaccinations will be provided in accordance with the *Australian Immunisation Handbook* and the individual vaccine information provided by the Therapeutic Goods Administration and ATAGI advice.

Expanding the range of vaccination services that pharmacists can administer will promote more equitable access to healthcare for vulnerable and disadvantaged populations, including First Nations peoples and rural and remote living populations, where health services are often limited. For instance, First Nations people have higher rates of some vaccine preventable diseases than non-Indigenous populations. Facilitating access to vaccination services will support better health outcomes for populations in need.

The amendments offer alternate options to promote better access to vaccinations and improve the accessibility of services where medicines administration is required.

The Amendment Regulation updates the reference to the new version of the Pharmacists Extended Practice Authority, which will enable pharmacists to administer the following additional vaccines to persons aged two years and above in accordance with the *Australian Immunisation Handbook* and ATAGI advice:

- Hepatitis B;
- Varicella;
- Meningococcal B;
- Human papillomavirus (HPV);
- Typhoid;
- Zoster; and
- Japanese encephalitis.

Expanding the locations pharmacists may administer vaccines

The Amendment Regulation amends the Pharmacists Extended Practice Authority to expand the locations at which pharmacists may administer vaccines. This expansion improves the ability for pharmacists to provide vaccination services offered by community pharmacists and public sector hospitals, to aged care facilities, general practice clinics, Aboriginal and Torres Strait Islander health services, public sector health service facilities and private hospitals. The changes will ensure that COVID-19, influenza, and an increased range of vaccines can be administered in safe and controlled settings.

Medicine administration

The Amendment Regulation amends the Medicines Regulation to enable pharmacists employed at a community pharmacy or private health facility or a health service to:

- administer scheduled medicines, other than vaccines, in a variety of health contexts, including:
 - S2 and S3 medicines;
 - any medicine on a standing order;
 - an S4 or S8 medicine in accordance with the medicine's approved label; and
 - an S4 or S8 medicine on a prescription; and
- possess an S4 or S8 medicine for the purposes of administration.

Consistency with policy objectives of authorising law

The Amendment Regulation is consistent with the policy objectives of the authorising Act.

Inconsistency with policy objectives of other legislation

No inconsistencies with the policy objectives of other legislation have been identified.

Alternative ways of achieving policy objectives

The Amendment Regulation is the only effective means of achieving the policy objective.

Benefits and costs of implementation

The Amendment Regulation does not impose significant costs on persons or organisations. Pharmacists will be able to choose to undertake additional activities, including administering vaccines and scheduled medicines in certain health contexts at their discretion. The cost to Government of implementing the amendments will be met within existing budget allocations. The amendments do not impose any new or increased fees.

The Amendment Regulation will improve equitable access to vaccinations and medicines for persons living in rural and remote locations who may not have easy access to general practitioners and nurses.

First Nations people in Queensland continue to experience poorer health outcomes compared to non-Indigenous people. The Amendment Regulation will improve access to vaccinations and medicines for First Nations people in rural and remote areas.

Enabling pharmacists to administer medication aligns with the *HealthQ32—A vision for Queensland's health system* that identifies opportunities to strengthen the health system, in particular developing care within the community and empowering the health workforce. One of the four system outcomes of *HealthQ32* is that Queensland's health workforce is valued, respected, and empowered to lead the delivery of world-class health services, each working to the top of their scope of practice. This change in role and skill requirement for pharmacists may enable a greater shift in the provision of healthcare to primary care.

The amendments align with recommendations made within the report *Unleashing the potential: an open and equitable health system* that identified the empowering of allied health staff to work to their full scope of practice as an opportunity to increase service capacity within the primary care setting.

Consistency with fundamental legislative principles

The Amendment Regulation is generally consistent with the fundamental legislative principles in section 4 of the *Legislative Standards Act 1992*. Potential breaches of the fundamental legislative principles are outlined below.

Institution of Parliament

Does the subordinate legislation allow for the subdelegation to appropriate persons or in appropriate cases?

Section 232 (making extended practice authorities) of the Act empowers the chief executive or their delegate to make an Extended Practice Authority, authorising an approved person to deal with a regulated substance. The Extended Practice Authority may state the places or circumstances in which the approved person may deal with the regulated substance, impose conditions on dealing with the regulated substance or require the approved person to hold particular qualifications or training to deal with the regulated substances.

Prescribing requirements by reference to an external document may be seen to breach section 4(5)(e) of the Legislative Standards Act. An Extended Practice Authority is a document certified by the chief executive of Queensland Health (or delegate) that sets out matters of technical detail for how an approved person can carry out a regulated activity with a regulated substance.

Extended practice authorities include details such as the route of administration, the specific dose, quantity, duration and restrictions placed on substances and the circumstances in which they may be administered. The Extended Practice Authority is monitored and updated, when necessary, to align with best clinical practice and is published on the Queensland Health website. When making or amending an Extended Practice Authority, relevant individuals, or organisations with expertise in, or experience of, the matters under consideration are consulted.

Extended practice authorities are updated regularly, with consideration given to the healthcare needs of specific patient populations, how care can be provided in a timely and safe manner and requirements for medical advice, referral or transfer to other individuals qualified to provide higher levels of care, and the individual qualifications, skills and experience of the class of health practitioners who will act under the particular authority. Schedule 1, part 1 (Approved extended practice authorities) of the Medicines Regulation details the name of each Extended Practice Authority made by the chief executive and its version number. The regulation is updated to reflect the name and new version number of the Extended Practice Authority each time a new version is made. Queensland Health ensures a copy of the updated Extended Practice Authority is tabled as extrinsic material each time the regulation is amended. The Act provides that an Extended Practice Authority has effect in relation to an approved person only if a provision of a regulation states it applies to the particular class of persons, as approved persons.

Including a list of extended practice authorities in the schedule of the Medicines Regulation creates certainty for the relevant professions and the public about the status of extended practice authorities published on the Queensland Health website and the date these took effect.

It is considered the rigour surrounding the development of extended practice authorities and the level of parliamentary oversight afforded by the requirement that extended practice authorities must be approved by regulation justifies the need to sub-delegate by referring to external documents in the Medicines Regulation. Queensland Health has made a commitment to table any extrinsic material referenced in legislation in the Legislative Assembly. Tabled the updated Extended Practice Authority provides the Legislative Assembly with an opportunity to consider the Extended Practice Authority and any conditions imposed under it when scrutinising the Regulation.

Consultation

On 8 June 2023, a consultation paper on the proposed amendments was published on the Queensland Health website and disseminated to key stakeholders across pharmacy, medical and nursing peak bodies and organisations, pharmacy business owners and primary care organisations.

Stakeholders generally supported the proposed amendments to expand authorisations for pharmacists to deal with vaccines and scheduled medicines.

The strongest support was received from community pharmacists, hospital pharmacists, pharmacy business owners and pharmacy peak bodies, including the Pharmacy Guild of Australia (Guild) and Pharmaceutical Society of Australia (PSA).

Expanding list of vaccinations

Age limit for the administration of vaccines

The Guild and PSA supported amendments to expand the list of vaccines that pharmacists can administer to all age groups, as per the *Australian Immunisation Handbook* or as determined by the Therapeutic Goods Administration or recommended by ATAGI.

The Australian College of Rural and Remote Medicine (ACRRM), Australian Medical Association Queensland (AMAQ), Queensland Nurses and Midwives' Union (QNMU), Royal Australian and New Zealand College of Psychiatrists (RANZCP) and Royal Australian College of General Practitioners (RACGP) raised concerns that allowing pharmacists to administer vaccines to all age groups as per the *Australian Immunisation Handbook* could result in adverse consequences for certain demographics.

Several stakeholders including ACRRM, AMAQ and QNMU advised that childhood immunisation appointments provide an important opportunity for medical practitioners, nurse practitioners and community health nurses who are appropriately trained, to perform comprehensive child, maternal and paternal health checks. These stakeholders submitted that authorising pharmacists to administer childhood vaccinations in isolation could risk non-diagnosis of development delays, as well as maternal and paternal health and wellness concerns that are likely to be identified during child and parental health checks.

In response to this feedback, the new Pharmacist Extended Practice Authority authorises pharmacists to administer vaccines to persons aged two years and older only, with the exception of COVID-19 and influenza vaccines, which will continue to align with the age recommendations in the *Australian Immunisation Handbook* and ATAGI respectively.

This minimum age limit of two years and older supports the delivery of child health checks for young children and facilitates greater access to vaccination services for Queenslanders, particularly vulnerable and at-risk populations. Limiting the age range to two years and above also addresses the concerns raised, as health assessments typically align with routine vaccination schedule points up to 18 months of age. Expanding the age range supports access to an additional trusted, conveniently located, accessible, and low-cost primary care provider for childhood vaccination services.

In addition, Pharmacists in Queensland are already authorised to vaccinate children from 6 months for influenza and COVID-19 vaccinations and have demonstrated capacity to vaccinate these lower age groups for these programs.

RACGP raised concerns about the age range for Rotavirus vaccine and potential for long-term unintended consequences of separating childhood vaccinations from other health checks. In response to this feedback, Rotavirus vaccine has been removed from the expanded list of vaccines in the new Pharmacists Extended Practice Authority, as the administration upper age limit for this vaccine is twenty-five weeks of age.

Exclusion list

The Guild suggested that developing a list of excluded vaccines, rather than a list of authorised vaccines, would reduce the need for future legislative changes to the Pharmacists Extended Practice Authority.

This approach has not been adopted in the new Pharmacists Extended Practice Authority, as it would mean pharmacists would have automatic authorisation to administer new and emerging vaccines that may have complex administration profiles. Including a list of excluded vaccines does not align with other jurisdictions which also require a defined list of authorised vaccines.

Expanding locations where pharmacists can administer vaccinations

Aboriginal and Torres Strait Islander Health Service

The Institute for Urban and Indigenous Health supported the amendments to expand locations where pharmacists can administer vaccinations, including in Aboriginal and Torres Strait Islander Health Services.

The Guild and some pharmacy business owners indicated support for pharmacists administering medicines on a standing order at an Aboriginal and Torres Strait Islander Health Service only if there is an agreement between a community pharmacy and the health service in place.

This proposal has not been adopted in the Amendment Regulation. Aboriginal and Torres Strait Islander Health Services have varied arrangements in place. Some health services have existing support arrangements with local Hospital and Health Services and others directly employ pharmacists. Queensland Health considers that Aboriginal and Torres Strait Islander health services have robust clinical governance frameworks in place for safe and quality delivery of healthcare services.

Community pharmacy settings

The Interim Pharmacy Roundtable was established to provide Government with expert advice on pharmacy ownership matters and pharmacy ownership regulatory reforms and other issues relating to the practice of pharmacy in Queensland. The Guild, Interim Pharmacy Roundtable and pharmacy business owners supported limiting administration of vaccines to community pharmacy settings only, to ensure services are delivered under a robust clinical governance framework, as part of a substance management plan.

This proposal has not been adopted in the Amendment Regulation, as Queensland Health considers that general practices, aged care facilities and Aboriginal and Torres Strait Islander health services have robust clinical governance frameworks in place for safe and quality delivery of healthcare services.

Private hospital settings

Multiple stakeholders including PSA and Pharmaceutical Defence Limited (PDL) suggested expanding locations to include private hospitals to provide pharmacists working in private hospital settings with the same entitlement as those pharmacists employed by public hospitals. This proposal has been adopted in the Amendment Regulation.

Medicines administration

AMAQ, QNMU and RACGP indicated support for pharmacists working within multidisciplinary team-based settings to facilitate administration. QNMU indicated that locations such as general practices, aged care facilities and Aboriginal and Torres Strait Islander health services already have qualified, highly skilled and experienced staff on site and pharmacists do not have an existing role in those areas of healthcare delivery.

The Guild, Interim Pharmacy Roundtable and pharmacy business owners supported limiting administration of medicines to community pharmacy settings only, to ensure services are delivered under a robust clinical governance framework, as part of a substance management plan.

Queensland Health notes that general practices, aged care facilities and Aboriginal and Torres Strait Islander health services have qualified, highly skilled and experienced staff on site and that pharmacists do not have a standard role in the administration of medicines in those areas of healthcare delivery. The Amendment Regulation enables pharmacists employed at a community pharmacy, private health facility or a health service to administer scheduled medicines, it does not enable pharmacists to administer medicines outside these locations.

Some pharmacy business owners suggested the amendments include a category for unscheduled medicines so that pharmacists can administer unscheduled medicines such as B12 injections. The Act does not apply to unscheduled medicines and therefore there is currently no regulatory barrier for pharmacists administering unscheduled medicines.

Impact Analysis

The Office of Best Practice Regulation was consulted when developing the Impact Analysis Statement for the amendments contained in the Amendment Regulation. Queensland Health has assessed the amendments in accordance with the *Queensland Government Better Regulation Policy* as being unlikely to result in significant adverse impacts. The Minister for Health, Mental Health and Ambulance Service and Minister for Women, and the Director-General of Queensland Health are satisfied that the regulatory review requirements have been met and have approved the Impact Analysis Statement for publication.

Notes on provisions

Short title

Clause 1 states the short title is the *Medicines and Poisons (Medicines) Amendment Regulation (No. 3) 2023*.

Commencement

Clause 2 provides for the commencement of the regulation on 30 October 2023.

Regulation amended

Clause 3 provides that the regulation amends the *Medicines and Poisons (Medicines) Regulation 2021*.

Amendment of sch 1 (Extended practice authorities and departmental standards)

Clause 4 amends schedule 1, part 1, by replacing the version number for the pharmacists Extended Practice Authority with a new version number.

Amendment of sch 9 (Pharmaceutical professions)

Clause 5 inserts new division 1A (Pharmacists employed at particular places), section 2A (Class of person) and section 2B (Dealing authorised) into schedule 9, part 1.

New section 2A provides that for this division a pharmacist employed at particular places applies to a pharmacist who is employed at a community pharmacy or private health facility or a pharmacist who is a health service employee.

New section 2B provides that pharmacists employed at particular places can perform the following regulated activities:

- administer:
 - an S2 or S3 medicine;
 - any medicine, if the medicine is administered on a standing order;
 - an S4 or S8 medicine, if the medicine is administered on a prescription; and
 - an S4 or S8 medicine, if the medicine is administered in accordance with the medicine's approved label; and
- possess an S4 or S8 medicine, if the medicine is possessed for administration.