Medicines and Poisons (Medicines) Amendment Regulation (No.2) 2024

Explanatory notes for SL 2024 No. 102

made under the

Medicines and Poisons Act 2019

General Outline

Short title

Medicines and Poisons (Medicines) Amendment Regulation (No.2) 2024

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 public harm;
- setting out the 'authorised way' for a person to perform regulated activities with certain medicines; and
- providing flexible requirements for 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.

The Medicines Regulation requires updating to keep up with changes to Queensland Health policies and practices and to improve access to high-quality health services throughout Queensland. The changes to the Medicines Regulation aim to address practical and operational issues that have been identified by stakeholders and operational areas within Queensland Health. The changes will ensure the Medicines Regulation remains fit for purpose and allows health practitioners to practice to their full scope to enable them to increase health services available within their communities.

The *Medicines and Poisons (Medicines) Amendment Regulation (No.2) 2024* (Amendment Regulation) amends the Medicines Regulation to:

- authorise community pharmacists who have received appropriate training to prescribe a range of hormonal contraceptives to women and girls over the age of 16 under the Community Pharmacy Hormonal Contraception Service Pilot (Contraception Pilot);

- provide a low-risk exemption for buying and supplying medicines stock held in or obtained from the Commonwealth National Medical Stockpile, enabling rapid access to, and distribution of, National Medical Stockpile medicine stock and enabling unused stock of medicine to be returned to the National Medical Stockpile to avoid wastage; and
- authorise nurse practitioners to deal with unapproved medicines.

Contraception Pilot

Due to the pressures on the health system in Queensland from increased demand and workforce shortages, it can be challenging for many girls and women to access contraceptive medicines. There is a high demand for girls and women to have greater access to contraceptive medicines in Queensland and more safe and convenient options are required to meet this demand.

On 1 February 2024, the *Medicines and Poisons (Medicines) Amendment Regulation (No.4) 2023*, which facilitated implementation of the Queensland Community Pharmacy Scope of Practice Pilot (Pharmacy Pilot) and provided for a new extended practice authority, commenced. The Pharmacy Pilot enables participating pharmacists to undertake additional medicines management and prescribing activities, which includes authorising suitably qualified pharmacists to prescribe certain hormonal contraceptives. In April 2024, the first cohort of pharmacists completed the required education and training and commenced offering services in North Queensland.

Although the hormonal contraceptive service is currently included within the scope of the Pharmacy Pilot, these services are not expected to be available state-wide until June 2025, when pharmacists from across Queensland are likely to complete their training.

On 21 March 2024, the Minister for Health, Mental Health and Ambulance Services and Minister for Women (Minister) announced the Contraception Pilot to allow pharmacists to prescribe hormonal contraception to women and girls aged over 16. To support more immediate state-wide access to contraceptive services, further amendments to the Medicines Regulation are required to facilitate the commencement of the Contraception Pilot on 1 July 2024.

The Contraception Pilot will reduce time and geographical barriers to accessing hormonal contraception, particularly for women in regional, rural and remote areas. Contraceptives that can be accessed through pharmacies under the Contraception Pilot include:

- Oral medications – the combined oral contraceptive pill (excluding those with high estrogen dose) and the progesterone-only pill;
- Injected medication – depot medroxyprogesterone acetate; and
- Contraceptive device – the combined hormonal contraceptive vaginal ring.

National Medical Stockpile exemption

The National Medical Stockpile is a strategic reserve of medicines and other supplies, such as vaccines, antidotes and personal protective equipment, for use in health emergencies. The National Medical Stockpile ensures front-line health services, such as hospitals, have enough medicines and equipment to provide essential services during a health emergency. The National Medical Stockpile is managed by the Commonwealth Department of Health.

Without an amendment to the Medicines Regulation, there is limited ability to rapidly deploy or flexibly distribute National Medical Stockpile medicine stock to where it is needed or to be able to undertake regulated activities, such as buying and supplying stock held in or obtained from the National Medical Stockpile. For example, during the COVID-19 pandemic, an emergency order was made under section 58 of the Act to authorise bespoke arrangements for the supply and distribution of the COVID-19 vaccines and antiviral medicines. This order exempted the need for a compliant purchase order by an entity to purchase the stock. It also created an exemption to allow National Medical Stockpile medicines to be transferred between entities (such as between hospitals or aged care facilities) without being subject to wholesale licensing and compliant purchase order requirements. The emergency order demonstrated the importance of enabling rapid and flexible distribution of National Medical Stockpile medicines stock to where it was needed during a health emergency.

Queensland Health considers an exemption for the National Medical Stockpile poses little or no health risk. The exemption would only apply to a responsible government entity or a person acting under a direction given by a responsible government entity, prescribed in the Medicines Regulation, to buy or supply stock of medicine from the National Medical Stockpile in the event of a health emergency.

Allowing nurse practitioners to deal with unapproved medicine

Nurse practitioners practising in all jurisdictions, other than Queensland and Tasmania, are authorised to deal with an unapproved medicine in accordance with their governing legislation. Amendments are required to the Medicines Regulation to authorise nurse practitioners to deal with an unapproved medicine, such as prescribe, give a treatment dose, administer and give a purchase order, to align nurse practitioner prescribing practices in Queensland with most other jurisdictions. These amendments will enable nurse practitioners to provide better continuity of care, while improving consumer access to timely treatment of health conditions.

Unapproved medicines are medicines that are not included in the Australian Register of Therapeutic Goods but can be prescribed if certain conditions imposed by the Therapeutic Goods Administration are met. Unapproved medicines also include medicines that are extemporaneously compounded.

Unapproved medicines can be prescribed by a range of healthcare professionals including medical practitioners, dentists and endorsed midwives. Unapproved medicines may be prescribed for a number of reasons, including when:

- a medicine has an identified public health benefit but is not yet approved by the Therapeutic Goods Administration;
- a patient is experiencing unwanted side effects from the registered product and there is no suitable product listed on the Australian Register of Therapeutic Goods that is a recommended treatment for the condition; or
- there is a medicine shortage.

Nurse practitioners from the public and private sectors have communicated that their inability to deal with an unapproved medicine limits their scope of practice and impacts on the timeliness and continuity of care, causes out of pocket expenses and lost time for patients, nurse practitioners and other medical professionals.

Nurse practitioners in Queensland must refer patients to alternative prescribers when a patient needs to access an unapproved medicine. This causes disruption to continuity of care, system inefficiencies and increased costs for consumers and Medicare. There is also an increased risk of harm to the patient when a referral is required due to the higher potential for a failure of communication, inadequate sharing of clinical information, poor reconciliation of medicines, or duplication of investigations, which could all lead to avoidable hospital admissions or readmission.

Patients, including First Nations patients, living in rural, regional and remote communities may experience inequality in health care as well as social and cultural inequalities due to a decreased availability of health practitioners in these areas. There is a high likelihood that nurse practitioners may be the only prescribing clinician directly available to patients living in these communities.

Achievement of policy objectives

The Amendment Regulation commences on 1 July 2024.

Contraception Pilot

The Amendment Regulation amends schedule 9, part 1, division 1, section 2 of the Medicines Regulation to authorise pharmacists to prescribe a S4 medicine, other than a restricted medicine or diversion-risk medicine, mentioned in the Pharmacists extended practice authority if the medicine is prescribed under the extended practice authority as part of the Contraception Pilot. This will enable Queensland women and girls to access a range of hormonal contraception options from a local pharmacist, including the combined oral contraceptive pill (excluding those with a high estrogen dose), the progesterone-only pill, injected medicine (depot medroxyprogesterone acetate) and the combined hormonal contraceptive vaginal ring.

Section 232 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 certain 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.

The Amendment Regulation updates schedule 1 of the Medicines Regulation to reference a new version of the Pharmacists extended practice authority, which specifies the required training requirements and prescribes the conditions an eligible pharmacist must work under to partake in the Contraception Pilot.

The Amendment Regulation also updates schedule 1 of the Medicines Regulation to reference a new version of the Pharmacists – Community pharmacy scope of practice pilot extended practice authority, to remove hormonal contraception services from the scope of the Pharmacy Pilot.

To ensure appropriate arrangements are in place to monitor the safety, quality and effectiveness of services delivered under the Contraception Pilot, the Contraception Pilot will be subject to the same quality and safety frameworks as the broader Pharmacy Pilot and will be formally evaluated by the independent evaluation team. Pharmacists will be required to undertake additional training through accredited education providers in order to participate in the Contraception Pilot. Pharmacists who have already completed the required education and training for the broader Pharmacy Pilot will not be required to undertake any additional training to provide services under the Contraception Pilot.

National Medical Stockpile exemption

The Amendment Regulation creates an exemption for buying and supplying stock of a National Medical Stockpile medicine without having to comply with the usual requirements for purchase orders and wholesale supply under the Act. The amendments enable rapid access and distribution of National Medical Stockpile medicine stock in the event of a health emergency and allow unused stock of medicine to be transferred between sites or returned to the National Medical Stockpile to avoid wastage. To provide a safeguard, the amendment ensures the stock can only be bought and supplied by a responsible government entity (an entity of the State or Commonwealth responsible for managing the distribution of the National Medical Stockpile medicine) or a person acting under a responsible government entity's direction. It ensures the ongoing access to necessary medicines in the event of public health emergencies and in the event of significant medicine shortages.

Allowing nurse practitioners to deal with unapproved medicines

The Amendment Regulation amends schedule 7, part 1, section 3 of the Medicines Regulation to authorise nurse practitioners to deal with an unapproved medicine by removing the term 'registered'. Removing the term 'registered' allows nurse practitioners to deal with an unapproved medicine and reduces the need to refer patients to another health practitioner for treatment with an unapproved medicine.

The amendment will align nurse practitioners' prescribing practices in Queensland with other professions, including endorsed midwives, and with most other jurisdictions in Australia.

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

Contraception Pilot

An alternative way of achieving the policy objectives for the Contraception Pilot would be to require all participating pharmacists to apply for a general approval to participate in the Contraception Pilot. Under section 68 of the Act, the chief executive may grant a general approval to enable a person to undertake a regulated activity with a regulated substance stated in the approval. Pharmacists participating in the Contraception Pilot would need to apply for an individual approval to conduct regulated activities, including prescribing, as required for the Contraception Pilot. The proposed process allows pharmacy owners and pharmacists to meet the required participation requirements for the Contraception Pilot and, following confirmation by Queensland Health that they have met the requirements, commence participation in the Contraception Pilot.

The use of individual approvals may not provide adequate visibility and clarity for key stakeholders, consumers or members of the primary care team with respect to the extent and conditions of the authorisation. A model to enable pharmacist prescribing based on a general approval may not provide the required transparency and authority to enable the interrelated functions of prescribing. By having published participation requirements, it ensures there is greater transparency than an individual case-by-case approval process.

Additionally, granting an approval under section 68 of the Act is likely to be administratively burdensome for Queensland Health as this would require the approval to be processed, whereas the proposed model enables pharmacists who meet the required participation requirements for the Contraception Pilot to notify Queensland Health, which would then confirm that they have met the requirements. The use of a general approval may also have implications for how the professional indemnity insurance is provided to participating pharmacists: for example, the insurer may also need to issue individual letters of cover rather than amending the master policy.

National Medical Stockpile exemption

Under section 58 of the Act, emergency orders can be made depending on the nature of the health emergency to provide alternate authorisations necessary to enable the rapid supply and distribution of National Medical Stockpile medicines stock. However, this is not a feasible long-term option as emergency orders have a 3-month expiry and need to be reviewed and renewed every 3 months.

Allowing nurse practitioners to deal with unapproved medicines

An alternative way of achieving the policy objective for nurse practitioners would be to require a nurse practitioner intending to prescribe an unapproved medicine to apply for a prescribing approval. Under section 76 of the Act, the chief executive may grant an initial application for a prescribing approval to enable a person to prescribe a medicine for a person, or a class of persons, stated in the approval in the stated circumstances. However, a prescribing approval would only authorise a nurse practitioner to prescribe a particular unapproved medicine for a person or class of persons and does not authorise the nurse practitioner to prescribe unapproved medicines generally. Additionally, the process of applying for and granting a prescribing approval imposes a regulatory burden on nurse practitioners, and an administrative burden on Queensland Health.

Benefits and costs of implementation

Contraception Pilot

The Contraception Pilot will commence statewide on 1 July 2024, which is 12 months before the Pharmacy Pilot is anticipated to commence statewide. Pharmacists across the state will be provided with a standalone training program and encouraged to participate in the Contraception Pilot to prescribe hormonal contraception to women and girls. Queensland women and girls will be able to access a range of hormonal contraception options from the local pharmacist and this will provide them with more options to conveniently access hormonal contraception. Pharmacists who have already completed the required education and training for the Pharmacy Pilot will not be required to undertake additional training to provide services under the Contraception Pilot.

A participating pharmacist will not be required to individually apply to conduct the regulated activities to participate. Instead, the pharmacy that intends to participate in the Contraception Pilot must advise Queensland Health that they (including any pharmacists that plan to provide Contraception Pilot services at the pharmacy) have met the relevant participation requirements. Following confirmation from Queensland Health that the requirements have been met, the pharmacist is able to commence providing Contraception Pilot services at that pharmacy.

The quality and safety monitoring and reporting frameworks implemented to support the safe delivery of the Pharmacy Pilot will continue to be used by Queensland Health during the Contraception Pilot.

Enabling pharmacists to prescribe hormonal contraceptives 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* and from the findings of the Australian Government Productivity Commission that identified the utilisation of pharmacists and other health professionals to work to their full scope of practice as a safe, efficient and effective way to improve access to healthcare.

Consumers accessing the service will be required to pay for the full cost of the consultation, the medicines prescribed by the pharmacist and any other expenses associated with treatment. All hormonal contraceptives prescribed within the Contraception Pilot will also be charged a private prescription cost and will not be subsidised under the Pharmaceutical Benefits Scheme (PBS) or count towards any PBS safety net.

National Medical Stockpile exemption

The National Medical Stockpile amendments benefit Queenslanders by ensuring mechanisms are in place to facilitate rapid access and distribution of medicines stock. This in turn will lead to increased levels of preparedness and self-sufficiency in the event of a health emergency. The amendments support the judicious use of National Medical Stockpile medicines stock by enabling redistribution and return of unused medicines stock to avoid wastage.

Allowing nurse practitioners to deal with unapproved medicines

The amendment which authorises nurse practitioners to deal with an unapproved medicine will align nurse practitioner prescribing practices in Queensland with most other jurisdictions.

The amendment will optimise nurse practitioners' scope of practice and increase continuity of care for patients and improve their care experience. By authorising nurse practitioners to deal with an unapproved medicine, nurse practitioners will not need to refer patients to other health practitioners when it is necessary to treat a patient with an unapproved medicine. This enhances efficiency within the system by enabling nurse practitioners to care for the patient without the need for referral and in doing so, minimises out of pocket expenses for consumers and Medicare.

The Amendment Regulation will contribute to improving access to medicines and health services for consumers who live in rural, regional and remote communities, including First Nations people, who have a higher distribution in remote and very remote locations. First Nations people in Queensland continue to experience poorer health outcomes compared to non-First Nations people and these amendments aim to make a positive impact to improving the health outcomes and resources available to First Nations people.

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.

Consistency with fundamental legislative principles

The Amendment Regulation is generally consistent with fundamental legislative principles in section 4 of the *Legislative Standards Act 1992*, however it may potentially impact on the following fundamental principles.

Institution of Parliament

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

Extended practice authorities

Section 232 (Making extended practice authorities) of the Act empowers the chief executive or 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 registered 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, aligns with clinical best 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 Medicines Regulation is updated to reflect the name and new version number of the extended practice authority each time a new version is made. 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 when these took effect.

It is considered the rigour surrounding the development of extended practice authorities, their use in ensuring Queenslanders receive health care based on best clinical practice and the detailed nature of the documents, justifies the need to sub-delegate by referring to external documents in the Medicines Regulation.

Consultation

Contraception Pilot

Consultation was undertaken during the development of the broader Pharmacy Pilot and the results from this consultation were considered both during implementation of the Pharmacy Pilot and to inform planning for the Contraception Pilot. The scope of the services that will be available through the Contraception Pilot remain unchanged from the approved scope of services for hormonal contraception that were planned as part of the Pharmacy Pilot.

The Pharmacy Guild of Australia and the Pharmaceutical Society of Australia are supportive of a Contraception Pilot and have acknowledged that it allows pharmacists to work to their full scope, including prescribing, and it is a practical solution to increase women's and girls' access to services to receive hormonal contraceptives.

The Australian Medical Association of Queensland (AMAQ) and the Royal Australian College of General Practitioners (Queensland Branch) (RACGP) remain opposed to the broader Pharmacy Pilot and opposed to the Contraception Pilot. AMAQ and RACGP have concerns regarding the safety of the services that would be offered during the Pharmacy Pilot with these same concerns held regarding the Contraception Pilot.

During consultation for the Pharmacy Pilot, Queensland Health acknowledged the concerns raised by AMAQ and RACGP and applied appropriate safety and quality monitoring and reporting requirements to address these concerns. The same monitoring and reporting requirements will be applied to the Contraception Pilot.

National Medical Stockpile exemption

In February 2024, a consultation paper on the proposed amendments to the National Medical Stockpile was published on the Queensland Health website and disseminated to relevant stakeholders. All stakeholders supported the amendments to provide a low-risk exemption for buying or supplying medicine stock to or from the Commonwealth National Medical Stockpile and between government entities or persons acting on the authority of relevant government entities.

Allowing nurse practitioners to deal with unapproved medicines

In April 2024, consultation was undertaken on the proposed nurse practitioner amendments. There was strong support from most stakeholders. The Queensland Nurses and Midwives' Union and their Nurse Practitioner Branch and the state-wide Nurse Practitioner Advisory Committee are supportive of the amendments.

Approximately 40 individual nurse practitioners responded to the consultation expressing their strong support for the amendments. Many of the nurse practitioners who responded during the consultation process provided examples of how the amendments will benefit patients and noted that in a time of chronic health care shortages, the prescribing restriction is limiting nurse practitioners' invaluable contribution to the health care sector, and results in unnecessary health system inefficiencies.

AMAQ advised that feedback from doctors reiterated the crucial importance of collaborative, team-based models and it is essential nurse practitioners do not operate in siloed environments when prescribing. AMAQ expressed that nurse practitioners be held accountable for the consequences of any adverse events from prescribing and that they be required to hold sufficient indemnity insurance, as is necessary for medical practitioners. They also stressed the need for expansions in scope of practice to be effectively monitored for compliance and evaluated.

Nurse practitioners are educated and authorised to independently diagnose, prescribe scheduled medicines, and order diagnostic investigations in line with their individual scope of practice. They are accountable for care provided, following-up on any components of care initiated and, like other treating clinicians, referring patients on when aspects of care fall outside of their individual scope of practice. Under section 50 of the Act, similar to medical practitioners, nurse practitioners who hold a Special Access Scheme approval from the Therapeutic Goods Administration (TGA) can prescribe an unapproved medicine in accordance with their TGA approval.

Under section 81 of the Medicines Regulation, a nurse practitioner must not prescribe a medicine for a patient unless the medicine is determined to be reasonably necessary for the therapeutic treatment of the patient. As part of this process, the nurse practitioner should consider current approved medicines available for the patient's condition and the risks of using an unapproved medicine for treatment. If the nurse practitioner deems that an unapproved medicine is clinically appropriate and therapeutically necessary for the patient, they then will obtain informed consent from the patient prior to prescribing an unapproved medicine, including a discussion of the benefits, risks and cost associated with the use of the unapproved medicine.

The nurse practitioner may be held professionally responsible in the event of any serious adverse outcomes. In relation to professional indemnity insurance, the Nursing and Midwifery Board of Australia's *Registration Standard: Professional indemnity insurance arrangements* details the requirements relating to professional indemnity insurance arrangements for nurse practitioners. Each year as part of the renewal of registration process, nurse practitioners are required to make a declaration that they have (or have not) met the registration standards for the profession. The annual declaration is a written statement that nurse practitioners submit and declare to be true.

Queensland Health has well-established clinical governance procedures that will apply as they do for any other prescriber. For example, any prescriber in a Hospital and Health Service (HHS)—whether a nurse practitioner, medical practitioner, or other authorised prescriber—can only prescribe medicines for supply by the HHS that are listed on the List of Approved Medicines. If the medicine is not listed on the List of Approved Medicines, then the clinical governance process to apply for an Individual Patient Approval or blanket approval through the relevant Medicines Advisory Committee or Drugs and Therapeutics Committee with clinical pharmacology oversight will apply. Therefore, any nurse practitioner employed by an HHS wanting to prescribe an unapproved medicine to be dispensed by the HHS that is not listed on the List of Approved Medicines will still need to follow this clinical governance process.

RACGP reaffirmed its position that nurse practitioners should not be permitted to work autonomously as sole practitioners in primary health settings. RACGP expressed concern that the removal of collaborative agreements will result in fragmented care, duplication of services, contradictory advice from various health professionals resulting in patient confusion and the loss of continuity of care. RACGP stated the roles of general practitioners and nurse practitioners are not interchangeable and access to specific services offered by nurse practitioners will not meet the needs of patients requiring general-practitioner-led coordination across multiple providers. RACGP advised that prescribing by non-medical practitioners should only occur as part of a medically led, team-based model of care where prescribing occurs under the direction and supervision of a medical practitioner. RACGP also stated that nurse practitioners are not trained to make a differential diagnosis, nor assess or care for a patient as a whole person.

As already noted, nurse practitioners are subject to a range of prescribing requirements under the Medicines Regulation and Queensland Health clinical governance procedures. A nurse practitioner must not prescribe a medicine for a patient unless the medicine is determined to be reasonably necessary for the therapeutic treatment of the patient.

Nurse practitioners are educated and authorised to independently make diagnoses, prescribe scheduled medicines, and order diagnostic investigations in line with their individual scope of practice. Further, in their training prior to registration, registered nurses are educationally prepared to provide nursing care for clients across the lifespan.

Nurse Practitioners are autonomous practitioners who work collaboratively with other members of the health care team. They are accountable for care provided, following-up on any components of care initiated and, like other treating clinicians, referring patients on when aspects of care fall outside of their individual scope of practice.