Amendments to the *Medicines and Poisons (Medicines) Regulation 2021*

Consultation Paper
August 2026

Contents

Purpose

Queensland Health is seeking stakeholder feedback on proposed amendments to the *Medicines and Poisons (Medicines) Regulation 2021* (Medicines Regulation).

Queensland Health acknowledges and thanks those stakeholders who have previously provided feedback on the proposed amendments. This feedback has been taken into consideration during the further development of the proposed amendments.

Making a submission

You are welcome to comment on any of the proposed amendments outlined in this paper. However, you may prefer to focus your submission on the amendments most relevant to you or your organisation's role or interests.

Please submit your feedback on the amendments by

5pm Friday 28 August 2026

Please provide your submission via email to

legislationconsultation@health.qld.gov.au

Your views are valuable and may be referred to in material provided to Government in considering this proposal. If legislative amendments are progressed, your feedback may be referred to in public documents, for example, as part of the Explanatory Notes. **If you do not wish for this to occur, please indicate this in your submission.**

If you have any questions or require further information about the proposed amendments, please email your queries to the email address above.

This document is for consultation purposes only and does not represent Queensland Government policy.

Background

The *Medicines and Poisons Act 2019* provides the legislative framework for the regulation of medicines, poisons and prohibited substances in Queensland. Its purpose is to ensure these substances are manufactured, sold, used and disposed of in a way that is safe, effective and appropriate, and that health risks associated with their use are properly managed.

The Medicines and Poisons Act adopts a contemporary, risk-based approach to regulation, under which regulated activities involving medicines and poisons may only be carried out by authorised persons with the necessary competencies. This framework supports the safe and effective use of regulated substances while minimising the potential for harm to individuals and the broader community.

Medicines Regulation

The Medicines Regulation supports the operation of the Medicines and Poisons Act by:

- prescribing the roles, responsibilities and obligations of individuals and entities involved in the management of medicines;
- ensuring regulated substances (medicines) are used safely and effectively to reduce risks to public health;
- specifying the 'authorised way' in which a person can perform regulated activities with certain medicines;
- establishing offences, penalties and compliance measures to support enforcement of the Medicines and Poisons Act; and
- providing flexible requirements for regulated activities, such as the storage and disposal of medicines, that are commensurate with the approved person's qualifications and scope of practice, and the public health and safety risks associated with the relevant medicines.

The Medicines Regulation is amended periodically to reflect changes in Queensland Health policies and clinical practices and to address operational issues. These updates ensure the Medicines Regulation remains fit for purpose by maintaining appropriate regulatory controls over medicines, enabling health practitioners to practise to the full extent of their professional qualifications and training, and supporting improved access to medicines and health services across Queensland.

Overview of proposed amendments to the *Medicines and Poisons (Medicines) Regulation 2021*

Proposed amendments

It is proposed to amend the Medicines Regulation to:

- authorise the Director-General of Queensland Health to grant QScript access to **forensic medical officers** for the purposes of performing coronial reviews and pre-coronial investigations;
- update reference to a new version of the **departmental standard** - *Requirements for an Electronic Prescription Management System*; and
- make a **minor administrative amendment** to remove all references to '(lignocaine)', when referring to lidocaine, to align with the Commonwealth Poisons Standard.

Details about the proposed amendments are provided below.

QScript access for forensic medical officers

Proposal

It is proposed to amend the Medicines Regulation to authorise the Director-General of Queensland Health (as chief executive) to grant QScript access to forensic medical officers for the purposes of performing coronial reviews and pre-coronial investigations.

The amendments will enable forensic medical officers to access the information required to perform their functions quickly and efficiently, improving the timeliness and effectiveness of coronial and pre-coronial matters. Improved efficiency reduces the likelihood of unnecessarily protracted investigations, which cause additional distress for the loved ones of deceased persons and increase the administrative and financial burden associated with investigations.

Key terms

Coronial investigation: An investigation undertaken by the coroner under the *Coroners Act 2003* to establish the identity of a person, when, where and how they died, and the medical cause of death[1].

Coronial review: A review and associated activities performed by a forensic medical officer at the request or direction of the Coroners Court of Queensland (CCQ) in relation to a coronial investigation.

Pre-coronial investigations: Activities undertaken by forensic medical officers performing apparent natural causes death investigations. The aim of apparent natural causes death investigations is to obtain a cause of death certificate when the cause of death is non-suspicious, not reportable to the coroner, and apparently natural. Pre-coronial investigations help alleviate the burden of inappropriate or unnecessary referrals through the coronial system.

QScript: QScript is Queensland Health's prescription monitoring system, which collects real-time prescription data about monitored medicines[2] from prescribing and dispensing software.

Policy objectives

Authorising forensic medical officers to directly access and use QScript information for coronial and pre-coronial purposes will:

- improve the timeliness and efficiency of investigations;
- align QScript access with other data systems (such as The Viewer and ieMR) already used by forensic medical officers as part of their role;

[1] Coronial investigations explained, Clinical Excellence Queensland, Queensland Health, www.health.qld.gov.au/coronial-investigation.pdf

[2] *Monitored medicines* are prescription medicines identified by Queensland Health as potentially presenting a high risk of harm to patients and the community as a result of overdose, dependence, misuse and/or diversion. They are specified in schedule 2, part 3 of the Medicines Regulation.

- reduce the number of pre-coronial matters unnecessarily referred to CCQ and the associated transport of bodies; and
- optimise Forensic Medicine Queensland and CCQ workflows, by removing the requirement to depend on internal Queensland Health teams and CCQ for all QScript information.

Background and issues

Forensic medical officers are medical practitioners employed by Forensic Medicine Queensland within Queensland Health. They frequently assist CCQ by:

- reviewing deaths to inform coronial investigations, including inquests; and
- performing pre-coronial death investigations.

In performing these duties, forensic medical officers require timely access to information about prescribed and dispensed monitored medicines, which is held in QScript.

Current legislative framework and its limitations

The Medicines and Poisons Act authorises the chief executive to provide information held in QScript to a user, either by providing the information directly or giving them electronic access to QScript. The chief executive can only provide the information to the user for a purpose prescribed by regulation.

The Medicines Regulation prescribes:

- which entities are authorised QScript users; and
- the specific purposes for which QScript information may be provided or access given. [3]

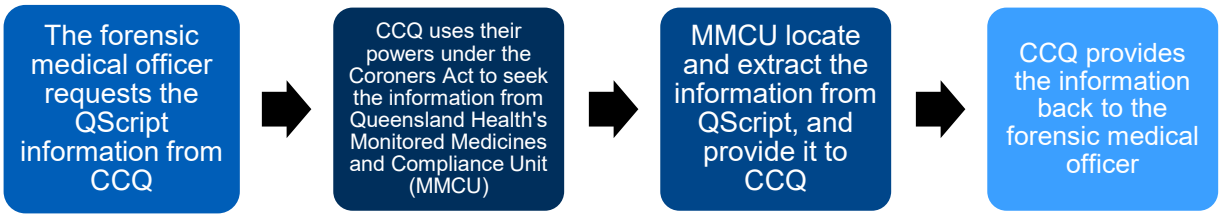
While medical practitioners, including forensic medical officers, are authorised to access QScript for therapeutic patient care, the Medicines Regulation does not authorise them to use QScript for the purpose of coronial reviews and pre-coronial investigations.

The current process for coronial reviews and pre-coronial investigations is inefficient and creates delays.

Coronial reviews

If a forensic medical officer requires QScript information for a coronial review, they rely on CCQ to obtain this on their behalf, as forensic medical officers do not have a lawful mechanism to directly access this information from QScript.

The current process is:



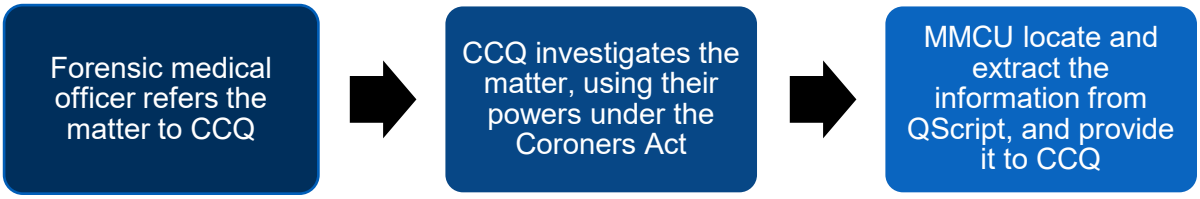
This process places unnecessary administrative burden on CCQ, introduces additional handling steps, creates administrative complexity, delays access to information and prolongs investigations.

[3] Section 183 and schedule 18, part 3 of the *Medicines and Poisons (Medicines) Regulation 2021*.

Pre-coronial investigations

For pre-coronial investigations, forensic medical officers do not have a lawful mechanism to request or access QScript information, like they do for coronial reviews under the Coroners Act. As a result, matters that may otherwise be resolved quickly without coronial involvement must be referred to CCQ, which may delay findings.

The current process is:



These processes (for coronial reviews and pre-coronal investigations) increase workload pressures, result in inefficient use of coronial and health system resources; and cause further trauma for families of deceased persons due to delays.

What will the proposal look like in practice?

The updated process will allow forensic medical officers to use QScript to directly access the relevant information, without the need to request information via CCQ or unnecessarily refer matters to CCQ.

This streamlined process will reduce duplication, improve timeliness of information access, and allow CCQ to focus on core judicial and case management functions.

The proposal is not expected to increase any privacy risks as QScript already includes robust privacy protections, including auditing and access controls. In addition, forensic medical officers already access comparable systems in the course of their coronial work and are bound by professional, ethical and legislative confidentiality obligations.

Revised Departmental Standard - *Requirements for an Electronic Prescription Management System*

Proposal

It is proposed to amend the Medicines Regulation to reference the updated *Departmental Standard – Requirements for an Electronic Prescription Management System*[4] (EPMS Standard).

The revised EPMS Standard updates the requirements for what constitutes a **conformant electronic prescription management system** (EPMS) in Queensland.

The amendments to the EPMS Standard align Queensland requirements with recent Commonwealth changes to approved arrangements for medication chart software used for electronic prescribing.

The draft EPMS Standard is provided at **Attachment 1**.

The proposed amendments are administrative in nature and do not introduce new technical or operational requirements. They ensure that conformant electronic medication chart systems remain enabled for use in Queensland following Commonwealth changes.

Departmental Standards

Section 233 of the Medicines and Poisons Act authorises the chief executive to make departmental standards in relation to matters regulated under the Act. A departmental standard outlines the mandatory expectations and specific requirements needed to ensure regulatory compliance with the relevant legislation.

The Medicines Regulation lists the name and version number of each departmental standard. When a departmental standard is revised, the Medicines Regulation must be amended to reference the updated version to give it effect.

Policy objectives

The amendments to the EPMS Standard will:

- maintain continuity for residential aged care providers using electronic medication chart systems;
- align Queensland requirements with the Commonwealth framework; and
- avoid the need for future amendments to the EPMS Standard if different types of software systems are added to the National Conformance Register.

[4] Queensland Health Departmental Standard, *Requirements for an electronic prescription management system – version 1* (27 September 2021), www.health.qld.gov.au/ds-electronic-prescription-management-system.pdf

Background and issues

What is an EPMS?

An EPMS is software used to prescribe, transmit or retrieve electronic prescriptions (e-scripts), including recording information relating to the dispensing of medicines.

In Queensland, an EPMS must comply with:

- chapter 8, part 1 of the Medicines Regulation; and
- the requirements set out in the EPMS Standard made under the Medicines and Poisons Act.

What is currently a conformant EPMS in Queensland?

Under the current EPMS Standard, a **conformant EPMS** in Queensland must be either:

- a 'Prescribing system' or 'Dispensing system' software product listed on the *Electronic Prescribing – External Conformance Register* (National conformance register), published by the Australian Digital Health Agency; or
- an electronic medication chart system approved for use by the Commonwealth as an Electronic National Residential Medication Chart (Transitional eNRMC), listed on the *Electronic Prescribing – Transitional eNRMC Conformance Register* (eNRMC conformance register), published by the Australian Digital Health Agency.

What is a transitional eNRMC system?

Transitional eNRMC systems are used in residential aged care settings. They are a single source of truth for a residential aged care resident's medication information, including all medicines prescribed, supplied and administered to residents. These systems improve coordination, safety and access to real-time data.

Unlike other electronic prescribing systems, Transitional eNRMC systems do not connect to the National Prescription Delivery Service, meaning they cannot generate and transmit an e-script. Instead, pharmacists must transcribe the prescription information directly into their Dispensing system software.

Transitional eNRMC systems are temporarily supported by the Commonwealth Transitional Arrangement[5] and will be phased out once fully functional and conformant eNRMC systems that can generate and transmit e-scripts are implemented. Transitional eNRMC systems differ from conformant eNRMC systems, which connect to the National Prescription Delivery Service and generate and transmit e-scripts.

The Commonwealth Transitional Arrangement for Transitional eNRMC systems will end on 31 December 2026. From 1 January 2027:

- all residential aged care facilities using an eNRMC system must use a conformant version of this system;
- the eNRMC conformance register will be revoked; and
- all conformant eNRMC products will be listed only on the National Conformance Register as medication software chart products.

[5] Under the National Health (Transitional Electronic National Residential Medication Chart) Special Arrangement 2025.

What will be a conformant EPMS in Queensland from 1 January 2027?

Currently, under the EPMS Standard, a conformant EPMS must be either a Prescribing system or Dispensing system software product listed on the National Conformance Register, or a software system listed on the eNRMC conformance register.

Once the Transitional Arrangement ends and the eNRMC conformance register is revoked, all conformant eNRMC software products will be listed on the National Conformance Register as 'Medication Charts' software systems.

To ensure these systems continue to be recognised as conformant EPMS in Queensland, the EPMS Standard will be amended to prescribe that a conformant EPMS must:

1. Meet the requirements specified in chapter 8, part 1 of the Medicines Regulation; and
2. Be a software product listed on the National conformance register.

Minor administrative amendment

The Commonwealth Poisons Standard no longer includes the alternative name ‘lignocaine’ following a reference to ‘lidocaine’ as the dual labelling transition period for this medicine has now ended. To maintain consistency with the Poisons Standard, it is proposed to amend the Medicines Regulation to remove all references to ‘(lignocaine)’ following a reference to ‘lidocaine’.

This proposed amendment is administrative in nature and would not alter the regulatory status, scheduling, or permitted uses of lidocaine.