

Impact Analysis Statement

Summary IAS

Details

Lead department	Queensland Health
Name of the proposal	<i>Medicines and Poisons (Medicines) Amendment Regulation 2026</i>
Submission type	Summary IAS
Title of related legislative or regulatory instrument	<i>Medicines and Poisons (Medicines) Regulation 2021</i>
Date of issue	February 2026

Proposal type	Details
Regulatory proposals where no RIA is required	The <i>Medicines and Poisons (Medicines) Amendment Regulation 2026</i> amends the <i>Medicines and Poisons (Medicines) Regulation 2021</i> (Medicines Regulation) to: • authorise Aboriginal and Torres Strait Islander health practitioners (A&TSIHPs), midwives, registered nurses (RNs) and pharmacists, who have completed recognised immunisation training, to administer Schedule 4 (S4) immunisation medicines without a prescription and give a purchase order for stock of an S4 immunisation medicine. It also ensures these practitioners can administer and give a treatment dose of the necessary medicines to manage immunisation side effects. • authorise Aboriginal and Torres Strait Islander health workers (A&TSIHWs) with an approved practice plan to administer S4 immunisation medicines listed in their extended practice authority (EPA) under a standing order, rather than only on a prescription, and expand the range of health professionals who can provide direct supervision to A&TSIHWs. • amend the protected title of <i>podiatric surgeon</i> to <i>surgical podiatrist</i> to align with the change of the protected title under the Health Practitioner Regulation National Law (National Law). <i>Immunisations – Aboriginal and Torres Strait Islander health practitioners, midwives, registered nurses and pharmacists</i> To address declining immunisation rates and improve service delivery, the amendments embed immunisation authorisations directly in the Medicines Regulation, replacing the current reliance on EPAs. This change provides as-of-right authorisations for immunisation-trained A&TSIHPs, midwives, RNs and pharmacists to deliver key immunisation services without unnecessary restrictions. These authorisations include administering immunisations, managing adverse reactions and ordering immunisation stock.

	<u>Improved regulatory efficiency</u> Under the current framework, immunisation authorities for these professions are prescribed through EPAs and treated as extended scope, despite immunisation being considered standard practice for many health practitioners. EPAs require frequent updates when new immunisation medicines become available or there are changes to how immunisation services are provided. Each update of an EPA requires a corresponding amendment to the Medicines Regulation, creating an unnecessarily repetitive and resource-intensive regulatory process. This lack of regulatory flexibility means that vulnerable Queenslanders are not always able to receive immunisation care in a timely manner, which can increase health risks and contribute to lower vaccination rates across the state. Embedding immunisation authorisations directly in the Medicines Regulation removes this ongoing dependency on EPA updates, providing a more streamlined and contemporary authorisation pathway. This approach enhances flexibility and supports a more responsive immunisation service model. <u>Enhances public health outcomes</u> The amendments will support timely, equitable access to immunisation services by enabling trained health practitioners to deliver immunisation care without unnecessary administrative constraints. This expands workforce capability, improves the resilience of Queensland's immunisation system and enhances preparedness for immunisation-preventable disease outbreaks. Allowing practitioners to administer immunisation medicines, manage adverse reactions and order immunisation stock strengthens service continuity and enables faster responses to community needs. <u>Reduces unnecessary regulatory burden</u> By embedding authorisations in the Medicines Regulation, the amendments remove the need for Queensland Health to revise the Medicines Regulation each time an EPA is updated. This streamlines administrative processes, improves regulatory consistency, and eliminates unnecessary procedural delays for health professionals and government. Importantly, by providing a more flexible and responsive authorisation pathway, the amendments help ensure vulnerable Queenslanders can access timely immunisation care, reducing health risks and supporting higher vaccination rates. Given that this amendment is deregulatory in nature and does not create adverse outcomes, it does not require a Regulatory Impact Analysis under the <i>Queensland Government Better Regulation Policy</i>. <i>Immunisations - Aboriginal and Torres Strait Islander health workers</i> The amendment authorises A&TSIHWs with an approved practice plan to administer certain immunisation medicines listed in the Extended Practice Authority – Aboriginal and Torres Strait Islander Health Workers (EPA-A&TSIHW) under a standing order, rather than only on prescription. It also expands the range of health professionals who can provide direct supervision to A&TSIHWs
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	This change will: • enable A&TSHWs to practice to their full scope; • improve workforce flexibility, allowing A&TSHWs to participate in immunisation programs, even when an authorised prescriber is not available; • increase immunisation uptake in First Nations communities; and • reduce pressure on other health professionals. <u>Improved regulatory efficiency</u> A&TSHWs currently provide clinical and primary health care, including preventive health interventions, across Hospital and Health Services and Aboriginal or Torres Strait Islander health services. Currently, A&TSHWs are not authorised to administer medicines under a standing order. They are only authorised to administer immunisation medicines listed in the EPA-A&TSHWs, and only when: • administration occurs under the EPA; and • it is performed in line with the worker's practice plan. The EPA-A&TSHWs requires that immunisation medicines be administered on a prescription. Administering a medicine on prescription involves a medical practitioner or other authorised prescriber issuing an individual prescription for a named patient. This means A&TSHWs can only administer immunisation medicines if the medicine is prescribed for a patient. Amending the EPA-A&TSHWs to authorise A&TSHWs with an approved practice plan to administer specified immunisation medicines under a standing order will streamline the regulatory approach. It reduces the need for prescriber-only pathways and supports a more flexible and efficient model of immunisation delivery that better reflects contemporary practice. <u>Enhances public health outcomes</u> This amendment will enable A&TSHWs to participate more effectively in immunisation programs, particularly in areas where access to authorised prescribers is limited. Empowering A&TSHWs to administer immunisation medicines under a standing order: • supports timely and equitable access to immunisations in First Nations communities; • facilitates increased immunisation uptake and responsiveness to community needs; and • strengthens local health system resilience by reducing delays caused by prescriber availability. Expanding A&TSHWs' scope in this way contributes to improved vaccination coverage and reduces the risk associated with immunisation-preventable disease outbreaks in priority communities. <u>Reduces unnecessary regulatory burden</u> Under the current framework, reliance on prescriber direction creates avoidable pressure on authorised health professionals and can hinder the delivery of immunisation services. Allowing A&TSHWs to work under standing orders reduces this dependence, decreasing the workload for
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	other health professionals and enabling more efficient deployment of the broader health workforce. This amendment also aligns the authorisation model for A&TSIHWs with that of other practitioners, reducing inconsistencies and administrative barriers and supporting a more streamlined regulatory environment. <i>Surgical podiatrists</i> The amendment updates the protected title of <i>podiatric surgeon</i> to <i>surgical podiatrist</i> to align with the change of the protected title under the National Law and to support clearer consumer understanding of the practitioner's qualifications and training. This amendment is considered minor or machinery in nature as it is a consequential amendment arising from a change in the National Law. <u>Improved regulatory efficiency</u> In 2023, the Podiatry Board of Australia and the Australian Health Practitioner Regulation Agency commissioned an independent review into the regulation of podiatric surgeons.¹ One of the recommendations was to amend the protected title from <i>podiatric surgeon</i> to <i>surgical podiatrist</i>, reflecting changing regulatory expectations and ensuring the title better aligns with the practitioner's professional background. Amending the protected title to <i>surgical podiatrist</i> will ensure consistency with the protected title under the National Law and maintains consistency across jurisdictions. <u>Enhances public health outcomes</u> The 2024 independent review identified a relatively high rate of complaints about podiatric surgeons, largely associated with patient dissatisfaction and confusion about the practitioner's qualifications. Consumers often assumed that podiatric surgeons had medical, rather than podiatric, training. This misunderstanding can affect informed consent and expectations regarding care. Changing the protected title to <i>surgical podiatrist</i> reduces consumer confusion by clearly signalling that these practitioners are podiatrists, not medical practitioners, while still acknowledging their advanced surgical training in foot and ankle procedures. This improves transparency, supports informed decision-making, and enhances patient safety and trust. <u>Reduces unnecessary regulatory burden</u> Aligning the protected title in Queensland legislation with the title under the National Law removes discrepancies between regulatory frameworks. This consistency supports clearer communication with consumers and ensures consistency of protected title across jurisdictions. All practitioners affected by the proposed amendments are bound by their professional, legal and ethical obligations to practice within their defined scope. These obligations require practitioners to provide care that is consistent with their training, competence and regulatory authorisations.
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¹ Independent review of the regulation of podiatric surgeons in Australia, www.podiatryboard.gov.au/News/Independent-review-for-podiatric-surgeons.

	The amendments do not alter or expand individual scopes of practice, rather, they clarify the protected title used by a class of practitioners to deliver services they are already trained and qualified to provide. The proposals in the Amendment Regulation are designed to improve equitable access to medicines and health services for Queenslanders. The Amendment Regulation is deregulatory in nature and does not impose any additional costs or regulatory burden on business, the community or health practitioners. Queensland Health has assessed the amendments in accordance with the <i>Queensland Government Better Regulation Policy</i> and determined that no further regulatory impact analysis is required. The amendments streamline existing processes, reduce administrative complexity and support more efficient delivery of healthcare services without generating new compliance requirements.
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Signed



Dr David Rosengren
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Date: 6 February 2026



Tim Nicholls MP
Minister for Health and Ambulance Services
Date: 10/2/26