Medicines and Poisons (Medicines) Amendment Regulation 2026

Consultation Paper
December 2025

Contents

Purpose

This consultation paper seeks stakeholder feedback on proposed changes 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.

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

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.

Please provide any feedback on the proposed amendments by email to legislationconsultation@health.qld.gov.au by 5pm, **9 January 2026**.

If you have any questions or require further information about possible changes, please email your queries to the email address above before the closing date and an officer from Queensland Health will contact you.

Background

The main purposes of the *Medicines and Poisons Act 2019* (Act) include: ensuring particular substances are made, sold, used and disposed of in an appropriate, effective and safe way and ensuring that health risks arising from the use of substances are appropriately managed.

Medicines Regulation

The Medicines Regulation complements the Act by:

- ensuring regulated substances (medicines) 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 regulated activities, such as storage and disposal of medicines, that are commensurate with the approved person's qualifications and activities, and the public health and safety risk of the relevant medicines.

Section 30 of the Act specifies the following persons who are authorised to carry out regulated activities with a regulated substance, such as a medicine, poison or prohibited substance:

- an *approved person* who is a member of a 'class of persons', such as a doctor, nurse practitioner or another health practitioner;
- a *person acting under an emergency order*, issued to deal with an event such as a declared public health emergency or disaster;
- a *holder of a substance authority*, such as a company that holds a wholesale licence; or
- a *person acting under a substance authority*, such as a person employed by a company holding a wholesale licence.

The 'classes of person' and associated authorisations for each class of person are specified within schedules 3 to 15 of the Medicines Regulation.

The Medicines Regulation is amended from time to time to reflect changes to Queensland Health policies and practices and to address practical and operational issues. These periodic updates enable the Medicines Regulation to remain fit for purpose, ensuring that medicines continue to be subject to appropriate regulatory controls, that health practitioners are authorised to practice to the full extent of their professional qualifications and training, and that individuals have improved access to medicines and health services across all parts of Queensland.

Overview of the Medicines and Poisons (Medicines) Amendment Regulation 2026

Proposed amendments

The proposed Medicines and Poisons (Medicines) Amendment Regulation 2026 will amend the 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 a Schedule 4 (S4) immunisation medicine without a prescription;
    - administer adrenaline (epinephrine) to manage suspected anaphylaxis;
    - administer and give a treatment dose of paracetamol to manage immunisation side effects; and
    - give a purchase order for an S4 immunisation medicine.
- authorise Aboriginal and Torres Strait Islander health workers (A&TSIHWs) with an approved practice plan to administer certain immunisation medicines under a standing order in lieu of a prescription;
- authorise RNs and midwives to repackage medicines to give a treatment dose under an extended practice authority (EPA), a prescription (for RNs) or a standing order (for midwives); and
- amend the protected title of ‘podiatric surgeon’ to ‘surgical podiatrist’ to align with the change of the protected title under the Health Practitioner Regulation National Law (National Law).

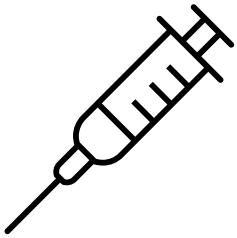
Details about the proposed amendments are provided below.

Description of proposed amendments

Immunisation services

Proposal

It is proposed to amend the Medicines Regulation to provide as-of-right authorisations for A&TSIHPs, midwives, RNs and pharmacists, who have completed recognised immunisation training, to:



- administer an S4 immunisation medicine without a prescription;
- administer and give a treatment dose of paracetamol to manage immunisation side effects;
- administer adrenaline (epinephrine) to manage suspected anaphylaxis; and
- give a purchase order for an S4 immunisation medicine.

Some of the professions listed above already have as-of-right authorisations for these dealings. In such cases, no changes to the Medicines Regulation are required.

It is also proposed to amend the relevant EPAs to remove any of the above dealings from the EPAs for practitioners who have completed recognised immunisation training and include them in the Medicines Regulation as as-of-right authorisations.

The EPAs will also be amended to remove age and location restrictions. As a result, schedule 1 of the Medicines Regulation will be updated to reflect the new EPA version numbers.

How the amendments expand access

The proposed amendments remove key barriers that currently limit immunisation delivery:

- **As-of-right authorisation**: Qualified practitioners can administer any S4 immunisation medicine without a prescription, provided they have completed recognised immunisation training.
- **Removal of age and location restrictions**: Immunisations can be delivered across the life span, in more convenient and familiar settings (e.g., schools, workplaces, community venues), improving reach to underserved populations.
- **Broader workforce participation**: Includes interns, trainees, and students under supervision, increasing service capacity.
- **Culturally appropriate care**: A&TSIHPs and other authorised health practitioners can provide immunisations within First Nations communities and culturally significant locations.
- **Enhanced service flexibility**: Supports outreach programs and workplace immunisation initiatives, particularly important for rural, remote, and vulnerable groups.

Overall, these amendments aim to increase timely, equitable access to immunisation services, strengthen workforce capability, and future-proof Queensland's health system against immunisation preventable disease outbreaks.

These proposed amendments will align Queensland with the priorities outlined in the *National Immunisation Strategy for Australia 2025-2030* by supporting the delivery of sustainable immunisation service models and enabling workforce flexibility and responsiveness to the health needs of the population. Relevant practitioners remain responsible for ensuring all immunisation services they provide are delivered within their individual scope of practice.

How the amendments implement the National Immunisation Strategy

The proposed amendments align with the *National Immunisation Strategy for Australia 2025–2030* by:

- **Harmonising workforce policies and training**: Embedding authorisations in the Medicines Regulation rather than EPAs ensures consistency and standardisation across professions.
- **Enabling practitioners to work to full scope**: Immunisation is recognised as a core competency, not an extended practice, for A&TSIHPs, midwives, RNs, and pharmacists who have completed relevant training.
- **Supporting First Nations workforce development**: Removing restrictive conditions (e.g., location and practice plans) allows A&TSIHPs and other authorised health practitioners to deliver culturally safe immunisation services in diverse community settings.
- **Building workforce flexibility and responsiveness and being future-focused**: The amendments allow rapid adaptation to new vaccines and emerging health threats without repeated regulatory updates.

Background

Globally, the incidence of many immunisation-preventable diseases has increased since 2022, with impacts of the COVID-19 pandemic including service interruptions, vaccine fatigue and reduced acceptance, resulting in reduced coverage rates.[1]

Immunisation rates across Australia have declined after several years of steady improvement. Queensland's immunisation rate for one-year-olds has fallen to **90.4 per cent,** and well below the **95 per cent** target required for herd immunity.[2] Sustained reductions in immunisation coverage across a number of immunisation-preventable diseases have also been observed across the lifespan, including for seasonal influenza vaccines.[3,4]

While vaccine hesitancy has contributed in part to this decline, access to immunisation services is a recognised barrier to improving immunisation-preventable disease protection in communities across the country. A national survey by the National Centre for Immunisation Research and Surveillance found that almost **one in ten parents** reported difficulty securing an immunisation appointment when their child's immunisations were due.[5]

Immunisation is now regarded as a standard competency, not extended scope. Providing as-of-right authorisation for A&TSIHPs, midwives, RNs and pharmacists, who have completed the relevant training, will optimise Queensland's existing health workforce, ensuring timely, safe and accessible immunisation services and improving preparedness for future health emergencies.

[1] National Immunisation Strategy for Australia 2025-2030, www.cdc.gov.au/resources/publications/national-immunisation-strategy-australia-2025-2030.
[2] Current coverage data tables for all children, www.health.gov.au/childhood-immunisation-coverage/current-coverage-data-tables-for-all-children.
[3] Annual Immunisation Coverage Report 2024, ncirs.org.au/immunisation-coverage-data-and-reports/annual-immunisation-coverage-report-2024-summary.
[4] Historical national influenza vaccination coverage, ncirs.org.au/influenza-vaccination-coverage-data.
[5] NCIRS Report, Childhood vaccination barriers in Australia, ncirs.org.au/childhood-vaccination-insight.

Issues

The administration of immunisation medicines is considered standard practice by many health professions. Most pharmacy undergraduate programs in Queensland include immunisation training as part of the qualification, and other practitioners develop the skills necessary to assess and administer medicines throughout their undergraduate training. Further, the current limitations relating to age and location contained in the EPAs are unnecessarily restrictive and impact on the provision of immunisation services.

EPAs require frequent updates when new immunisations become available or there are changes to how immunisation services are provided. The requirement to amend the Medicines Regulation each time an EPA is updated creates regulatory rigidity, limiting the health system's ability to:

- respond in a timely and effective way to public health threats; and
- deploy new immunisation medicines as they become available on the Australian market.

The lack of flexibility creates barriers for providers and consumers and reduces Queensland's capacity to respond effectively to immunisation needs.

Profession-specific details

Aboriginal and Torres Strait Islander health practitioners

A&TSIHPs are registered with the Australian Health Practitioner Regulation Agency (Ahpra) and provide culturally safe, primary healthcare services. They deliver a range of clinical care, including immunisations, to Aboriginal and Torres Strait Islander people and communities. Despite their qualifications and scope of practice, A&TSIHPs are subject to more restrictive regulatory requirements compared to similarly trained professionals.

Current authorisation

A&TSIHPs may only administer select S4 immunisation medicines with a prescription, in accordance with their EPA, provided they:

- have completed an accredited training course (as defined by their employer);
- have an approved practice plan; and
- work within specific service settings (a Hospital and Health Service, an Aboriginal and Torres Strait Islander health service, or an immunisation service authorised under a general approval).

Under the Extended Practice Authority - Aboriginal and Torres Strait Islander health practitioners (EPA–A&TSIHPs) and in accordance with an approved practice plan, A&TSIHPs may also:

- administer adrenaline (epinephrine) to treat anaphylaxis;
- administer and give a treatment dose of paracetamol to manage immunisation side effects; and
- give a purchase order for stock for a relevant health service to be used in a place in an isolated practice area.

Proposed changes

The proposed amendments update the Medicines Regulation to provide as-of-right authorisation for A&TSIHPs who have completed recognised immunisation training to:

- administer an S4 immunisation medicine without a prescription;
- administer adrenaline (epinephrine) to treat anaphylaxis;
- administer and give a treatment dose of paracetamol to manage immunisation side effects; and
- give a purchase order for an S4 immunisation medicine.

The proposed amendments will also update the EPA-A&TSIHP to remove age and location-based restrictions, allowing A&TSIHPs to deliver immunisation services in a broader range of settings, improving access to culturally appropriate immunisation services and supporting higher immunisation uptake to meet the community's needs.

The authority for an A&TSIHP to administer an S4 immunisation, administer adrenaline (epinephrine) to treat anaphylaxis; administer and give a treatment dose of paracetamol to manage immunisation side effects and to give a purchase order in certain circumstances will be removed from the EPA and embedded into the Medicines Regulation.

Recognised immunisation training

For A&TSIHPs *recognised immunisation training* will be defined as an accredited immunisation training course that includes learning objectives equivalent to the domains outlined in the National Immunisation Education Framework for Health Professionals. This will ensure consistency across professions and benchmarks A&TSIHPs skills and training to the national standards.

A&TSIHPs who have already completed appropriate immunisation training under current EPA arrangements have demonstrated competency to deliver immunisations and applied these skills in practice. To maintain continuity and avoid unnecessary barriers, the proposed amendment will also recognise employer-approved accredited immunisation training programs completed under existing EPA requirements.

Midwives

Maternal immunisation is a well-established and essential component of prenatal care. It provides passive immunity to newborns who are too young to be immunised themselves. Midwives also play a critical role in delivering opportunistic immunisation to family members, ensuring infants have the best possible protection from birth.

Current authorisation

Under the Medicines Regulation, midwives are authorised to:

- administer adrenaline (epinephrine) to manage suspected anaphylaxis;
- administer paracetamol; and
- give a purchase order for an S4 immunisation medicine listed in the Extended Practice Authority – Midwives (EPA-Midwives).

Under their EPA, midwives who have completed an accredited immunisation training course are authorised to administer S4 immunisation medicines listed in their EPA, without a prescription. The EPA-Midwives also lists several immunisation medicines that midwives can administer without additional immunisation training, as these are included in foundational midwifery training. The proposed amendments do not intend to remove this existing authorisation.

Proposed changes

It is proposed to amend the Medicines Regulation to authorise midwives who have completed recognised immunisation training to:

- administer an S4 immunisation medicine without a prescription;
- give a treatment dose of paracetamol to manage immunisation side effects; and
- give a purchase order for an S4 immunisation medicine.

The authority for a midwife to administer an S4 immunisation medicine will be removed from the EPA-Midwives and embedded into the Medicines Regulation.

Recognised immunisation training

For midwives, *recognised immunisation training* will be defined as:

- an approved program of study for endorsement as an Immunisation Program Nurse with the former Queensland Nursing Council; or
- a qualification in immunisation previously approved by the chief executive of Queensland Health under the (repealed) *Health (Drugs and Poisons) Regulation 1996*; or
- an accredited immunisation training course that contains learning objectives equivalent to the domains in the National Immunisation Education Framework for Health Professionals.

Registered Nurses

RNs form the largest component of Queensland's health workforce and are widely dispersed, particularly in areas where many other health professionals may not be available. Similarly, RNs make up the largest part of the immunisation workforce, playing a vital role in delivering essential healthcare to Queenslanders across diverse settings.

Current authorisation

Under the Medicines Regulation, RNs are authorised to:

- administer adrenaline (epinephrine) to treat anaphylaxis;
- administer paracetamol; and
- give a purchase order for an S4 immunisation medicine listed in the Extended Practice Authority – Registered Nurse (EPA-RN).

Under their EPA, RNs who have completed an accredited immunisation training course can administer certain S4 immunisation medicines, without a prescription, for an immunisation service provided:

- by a Hospital and Health Service;
- by Queensland Health;
- by a local government;
- at an aged care facility;
- at a general practice;
- at a community pharmacy;
- at an Aboriginal and Torres Strait Islander health service; or
- under an immunisation program authorised under a general approval under the Act.

Proposed changes

It is proposed to amend the Medicines Regulation to authorise RNs who have completed recognised immunisation training to:

- administer an S4 immunisation medicine without a prescription;
- give a treatment dose of paracetamol to manage immunisation side effects; and
- give a purchase order for an S4 immunisation medicine.

It is also proposed to amend part D of the EPA-RN to remove the immunisation authorities and embed them in the Medicines Regulation without any age and location restrictions. This change will improve access by enabling the public to receive immunisations in a wider range of familiar and convenient settings.

Recognised immunisation training

For RNs, *recognised immunisation training* will be defined as:

- an approved program of study for endorsement as an Immunisation Program Nurse with the former Queensland Nursing Council; or
- a qualification in immunisation previously approved by the chief executive under the (repealed) *Health (Drugs and Poisons) Regulation 1996*; or
- an accredited immunisation training course that contains learning objectives equivalent to the domains in the National Immunisation Education Framework for Health Professionals.

Pharmacists

Pharmacists play a vital role in delivering accessible immunisation services across Queensland and have been authorised under the Extended Practice Authority – Pharmacists (EPA-Pharmacists) to administer certain immunisation medicines in Queensland since 2014.[6]

Current authorisation

Under the Medicines Regulation, pharmacists are authorised to:

- administer an S4 immunisation medicine listed in the EPA-Pharmacists; and
- give a treatment dose of a medicine or give a purchase order for stock of a S4 or S8 medicine in specified locations.

Under their EPA, pharmacists who have completed recognised immunisation training are authorised to:

- administer S4 immunisation medicines at:
  - an aged care facility;
  - a community pharmacy;
  - a facility operated by a relevant health service;
  - a facility where a general approval has been granted under the Act;
  - a general practice; and
  - a private health facility; and
- administer adrenaline for the treatment of anaphylaxis

Proposed changes

It is proposed to amend the Medicines Regulation to authorise pharmacists who have completed recognised immunisation training to:

- administer an S4 immunisation medicine without a prescription;
- administer adrenaline (epinephrine) to treat anaphylaxis;
- administer and give a treatment dose of paracetamol to manage immunisation side effects; and
- give a purchase order for an S4 immunisation medicine.

The EPA will be amended to remove the immunisation authorities and embed them in the Medicines Regulation without age and location restrictions. This will expand access to immunisation services, particularly for communities that may not currently be covered by existing immunisation programs.

[6] Acting under the Drug Therapy Protocol for Pharmacists.

Recognised immunisation training

For pharmacists, *recognised immunisation training* will be defined as:

- the training program for the Queensland Pharmacist Immunisation Pilot I and II; or
- a training program accredited to meet the standards set by the Australian Pharmacy Council's *'Standards for the accreditation of programs to support Pharmacist Administration of vaccines'*; or
- an accredited immunisation training course that contains learning objectives equivalent to the domains in the National Immunisation Education Framework for Health Professionals.

Trainees, Interns and Students

The proposed amendments will also apply to the following groups who have completed recognised immunisation training:

- intern pharmacists (under the supervision of a pharmacist authorised to administer immunisation medicines) as outlined in schedule 9, part 1, division 3 of the Medicines Regulation; and
- trainee pharmacists (under direct supervision of a pharmacist authorised to administer immunisation medicines) as outlined in schedule 9, part 1, division 4 of the Medicines Regulation.

Similarly, the proposed amendments will apply to students of the respective professions (RN, midwives and A&TSIHPs) who have completed recognised immunisation training and are acting under direct supervision. This will enable them to deal with immunisation medicines in accordance with schedule 12, part 7 of the Medicines Regulation.

Aboriginal and Torres Strait Islander health workers – immunisations

Proposal

It is proposed to amend the Medicines Regulation to:

- Enable Aboriginal and Torres Strait Islander health workers (A&TSIHWs) with an approved **practice plan** to administer the 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. This change will enhance timely access to immunisation services and strengthen culturally safe care delivery.
- Update the reference to the version number of the EPA-A&TSIHW, to reflect the changes to the EPA, which includes adding endorsed midwives, pharmacists and A&TSIHPs as approved supervisors. This amendment recognises collaborative models of care and supports flexible, culturally responsive immunisation programs.

These amendments will empower the First Nations health workforce, enhance service accessibility, and contribute to the objectives of the *Health32 First Nations First Strategy 2032*.

A **practice plan**, for an A&TSIHW, means a document developed and signed by the A&TSIHW and their primary clinical supervisor, stating the circumstances and conditions for the A&TSIHW to administer or give a treatment dose of a medicine.

A **standing order** is a document that authorises a medicine to be administered or given as a treatment dose to a person without a prescription at a specified place, provided several conditions are met.

Background

A&TSIHWs must hold a Certificate III or higher in Aboriginal and Torres Strait Islander Primary Health Care. They deliver clinical and primary health care, including preventative health interventions, in Hospital and Health Services and Aboriginal and Torres Strait Islander Community Control Health Organisations (collectively 'relevant health services').

To provide immunisation services, an A&TSIHW must complete a nationally recognised immunisation course and have an approved individual practice plan.

During the COVID-19 pandemic, emergency orders allowed A&TSIHWs to administer immunisation medicines without prescriptions, under supervision. Following expiry of the emergency orders, A&TSIHWs were formally recognised under the Medicines Regulation as authorised to administer certain immunisation medicines, but only with a prescription and under direct supervision.

Currently, schedule 3, part 1A of the Medicines Regulation authorises A&TSIHWs to administer and possess a medicine mentioned in the EPA-A&TSIHW, which includes specific immunisation medicines provided they are employed by a relevant health service and the medicine is administered in accordance with an individual practice plan.

Supervision requirements

Under the EPA-A&TSIHW, A&TSIHWs may only administer medicines:

- under the direct supervision of a medical practitioner, midwife, nurse practitioner, RN or physician assistant; and
- on the prescription of an authorised prescriber.

Although A&TSIHWs often work alongside endorsed midwives, A&TSIHPs and pharmacists, these professions are not currently authorised to supervise A&TSIHWs. Expanding the list of approved supervisors to include these roles reflect contemporary models of care and supports collaborative practice.

Issues

A&TSIHWs are not authorised under the Medicines Regulation to administer medicines under a standing order, despite provisions allowing a relevant health service to make standing orders. Immunisation medicines listed in the EPA-A&TSIHW may only be administered by A&TSIHWs on a prescription and under the direct supervision of a medical practitioner, midwife, nurse practitioner, RN or physician assistant.

This restriction limits A&TSIHWs' ability to work to full scope, reduces workforce flexibility, and prevents participation in immunisation programs where an authorised prescriber is unavailable. These barriers may impact on immunisation uptake in First Nations communities and increase pressure on other health professionals.

Registered nurses and midwives – repackaging of medicines, and registered nurses – giving a treatment dose

Proposal

It is proposed to amend the Medicines Regulation to:

- Authorise RNs and midwives to repackage medicines in specified circumstances. This amendment will allow RNs and midwives to supply the clinically appropriate quantity of medicine rather than a full manufacturer's pack, reducing oversupply and associated risks such as misuse, accidental overdose, and environmental hazards.
- Expand RNs authorisations to give a treatment dose[7] of any medicine on a prescription, aligning their scope with midwives. Currently, RNs can only give treatment doses under the EPA-RN and cannot give a treatment dose of medicines on a prescription without additional authority. This change will enable RNs to provide prescribed medicines directly, improving access to care and ensuring consistency across practice settings.

Together, these reforms will:

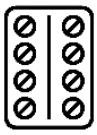
- improve patient safety by reducing surplus medicines in the community;
- support timely access to healthcare;
- enable RNs and midwives to work to their full scope of practice; and
- align authorisations for RNs and midwives across all practice settings.

Background

Repackaging of medicines

Under section 131 of the Medicines Regulation, an authorised person must not give a treatment dose of a medicine other than in a manufacturer's pack, unless the person is authorised to repackage the medicine.

A **manufacturer's pack** of a medicine refers to the primary pack of the medicine supplied by the manufacturer of the medicine.[8] For example, nitrofurantoin is used for the treatment of urinary tract infections and is supplied in packs of 30 capsules.



Repackaging a medicine for supply for a patient means taking a particular dose of the medicine for the patient from a manufacturer's pack and repackaging the particular dose.[9] For example, the recommended course of nitrofurantoin for an acute, uncomplicated urinary tract infection in females is 20 capsules. However, nitrofurantoin is manufactured in a pack of 30 capsules. This amendment would allow RNs and midwives to supply the clinically appropriate quantity of the medicine.

The current requirement to supply full manufacturer's packs was intended to ensure patients receive a complete therapeutic course, particularly for antibiotics, where incomplete courses can lead to antimicrobial resistance. However, for many medicines, this often results in oversupply when smaller quantities are clinically appropriate. Surplus medicines create risks of misuse, accidental overdose, and improper disposal and contradict safe medicine management principles.

---

[7] 'Give a treatment dose' of a medicine means to give one or more doses of the medicine to a person to be taken by a particular person, at a later time. Section 25(3), *Medicines and Poisons Act 2019*.
[8] Schedule 22, *Medicines and Poisons (Medicines) Regulation 2021*, www.legislation.qld.gov.au.
[9] Ibid.

Registered nurses

Under schedule 7, part 3 of the Medicines Regulation, RNs authorised under the EPA-RN may give a treatment dose of medicines listed in the EPA-RN but cannot repackage these medicines into smaller quantities.

Currently, RNs may only repackage medicines in limited circumstances, such as in rural and isolated areas for discharge purposes and custodial nurses who are employed at custodial facilities (including a corrective services facility, youth detention centres or watch-houses). This restriction creates operational challenges, particularly in nurse-led walk-in clinics, where patients often require short-term treatment, and where it may be more clinically appropriate to repackage a medicine. An inability to repackage means patients receive full manufacturer's packs, increasing risks of misuse, overdose, and stockpiling.

Midwives

Under schedule 7, part 2 of the Medicines Regulation, midwives are only authorised to repackage medicines when giving a treatment dose on a prescription. This limits services such as midwife-led outreach at antenatal clinics, where midwives need to provide medicines under EPA-Midwives or standing orders without prescriber involvement. These restrictions delay care and create unnecessary barriers.

Giving a Treatment Dose

Under Schedule 7, part 3 of the Medicines Regulation, RNs are authorised to give treatment doses of specified medicines under the EPA-RN, but do not have a broader authority to give treatment doses on a prescription. Midwives, under schedule 7, part 2, have broader authority to give treatment doses on prescription, standing orders, or under the EPA-Midwives. This inconsistency limits flexibility in service delivery, particularly in rural and remote areas.

In specific settings, such as nurse-led walk-in clinics, rural and remote health facilities, and short-stay hospital units, patients often present with conditions requiring immediate, short-term treatment. Currently, unless an RN can rely on specific authorisations under the EPA-RN – which must be regularly updated and may not cover all clinically appropriate medicines and circumstances – they are prevented from giving the patient a treatment dose of the prescribed medicine and must advise the patient to obtain the medicine from a pharmacy. This process can delay care, increase patient inconvenience, and undermine service efficiency.

What will this look like in practice?

RNs will be able to provide a single treatment dose or a short course of medicine directly to the patient on a lawful prescription. This authority is not intended to replace pharmacy dispensing or ongoing medication supply. Instead, it supports timely initiation of treatment in contexts where immediate care is clinically appropriate and beneficial.

Typical scenarios include:

- A patient attending a nurse-led clinic for an acute condition (e.g., urinary tract infection) where starting treatment promptly improves outcomes.
- A rural hospital where pharmacy services are limited, and the patient requires a short course of medicine before discharge.

The quantity supplied will generally be small and clinically appropriate, often for short-term use until the patient can access their usual pharmacy or prescriber for ongoing care.

How does repackaging support this?

The proposed repackaging amendments complement this amendment by allowing RNs to supply only the required number of doses rather than a full manufacturer's pack. For example, if a medicine is manufactured in packs of 30 capsules but the recommended course is 20, the RN can repackage and

supply the correct amount. This reduces surplus medicines in the community, minimises risks of misuse or overdose, and aligns with safe medicine management principles.

Issues

Repackaging of medicines

In circumstances where RNs and midwives cannot repackage medicines, they must supply full manufacturer's packs even when this exceeds the clinically required quantity. This leads to:

- oversupply of medicines, which poses several patient safety risks;
- surplus medicines being stockpiled for future use without clinical oversight;
- increased risk of misuse, accidental overdose, particularly among vulnerable groups such as children or older adults and diversion;
- environmental hazards from improper disposal; and
- contradiction of safe medicine management principles and antimicrobial stewardship.

Operational inefficiencies are evident in new service delivery models such as Queensland Health's nurse-led walk-in clinics. These clinics frequently treat patients who require only short-term medication, with ongoing care referred back to their primary health provider. However, because nurses cannot repackage medicines, patients are given full manufacturer's packs, which exceed therapeutic needs and may increase the risk of misuse. Midwives face similar challenges, as they cannot repackage medicines to give a treatment dose under the EPA-Midwives or a standing order. This restriction delays care and prevents the establishment of essential services, particularly in rural and remote areas where prescribers may not be readily available.

Giving a Treatment Dose

The inability of RNs to give treatment doses on prescription creates delays in care and operational inefficiencies. Patients often require short-term medication, and ongoing care is referred back to their primary provider. Without expanded authority, RNs cannot respond promptly to patient needs, undermining service delivery and access to care.

Professional standards, competencies and safeguards

RNs and midwives are highly educated health professionals who are guided by professional registration standards, guidelines, and codes under the Nurses and Midwifery Board of Australia. RNs and midwives are also educated in medication safety, which is a core clinical competency, and practice in accordance with medication safety quality standards.

RNs and midwives have a broad scope of practice and together comprise the largest proportion of health professionals in Australia. They are a crucial part of broader multidisciplinary health teams and have a critical role in administering and supplying medicines.

RNs and midwives work in environments where timely access to care is critical (e.g., nurse-led clinics, rural hospitals), and it is considered appropriate for them to provide short-term, clinically indicated quantities of medicines in specified circumstances.

Surgical podiatrists

Proposal

It is proposed to amend the Medicines Regulation to replace the protected title 'podiatric surgeon' with 'surgical podiatrist'. All references to 'podiatric surgeon' will be updated to ensure consistency with the protected title under the National Law.

On 22 September 2025, the Health Ministers' Meeting approved the change of the protected title under section 13 of the National Law from 'podiatric surgeon' to 'surgical podiatrist'.

This change:

- clarifies that these practitioners are podiatrists, not medical surgeons;
- reflects their advanced qualifications and expertise in podiatric surgical interventions; and
- supports national consistency and improves transparency for consumers.

To implement this decision, the Medicines Regulation will be amended to replace references to 'podiatric surgeon' with 'surgical podiatrist' in:

- section 147;
- schedule 10, parts 1, 3 and 4;
- schedule 18, part 1; and
- schedule 22 (Dictionary).

The proposed amendments will take effect on 5 October 2026, consistent with the national change in protected title.

Background

Podiatric surgery has been recognised as a specialist area of podiatry since the commencement of the National Registration and Accreditation Scheme in 2010. These practitioners diagnose, treat and manage conditions affecting the foot and ankle, both surgically and non-surgically.

Historically, they were referred to as surgical podiatrists until the 1990s, when the title changed to podiatric surgeon.

What qualifications do podiatric surgeons hold?

To hold specialist registration with the Podiatry Board of Australia (Podiatry Board), podiatric surgeons must:

- complete an accredited podiatry degree;
- undertake advanced surgical training through an approved training program (such as the Australasian College of Podiatric Surgeons fellowship or a Doctor of Podiatric Surgery program); and
- meet the professional capability, accreditation, and endorsement requirements set by Podiatry Board.

Issues

In October 2023, the Podiatry Board and Ahpra commissioned an independent review[10] into the regulation of podiatric surgeons, following concerns about a complaint five times higher than that of podiatrists. Most complaints related to patient dissatisfaction.

The review, led by Professor Ron Patterson, published its final report in March 2024 and made 14 recommendations to improve patient safety. All 14 recommendations were accepted.

Recommendation 4 proposed changing the protected title to reduce consumer confusion about a practitioners' qualifications and training. The review found the title 'podiatric surgeon' may mislead patients into assuming a practitioner has medical training rather than podiatric training. This misunderstanding may undermine informed consent and erode public confidence in the safety of podiatric surgical procedures.

The review confirmed that podiatric surgeons have the necessary skills, training and experience to safely perform foot and ankle surgery within their defined scope of practice. The review found no evidence to restrict or reduce this scope of practice for podiatric surgeons. However, it recommended aligning accreditation and ongoing training for podiatric surgery programs more closely with the standards applied to medical practitioners.

[10] Independent review of the regulation of podiatric surgeons in Australia, www.podiatryboard.gov.au/News/Independent-review-for-podiatric-surgeons.