Pharmacist Endorsement for scheduled medicines proposal - response template

The Pharmacy Board of Australia is inviting feedback on its proposal for an Endorsement for scheduled medicines for pharmacists which includes a draft:

- *Registration standard: Endorsement for scheduled medicines,* and
- *Guidelines: Endorsement for scheduled medicines*

Optional questions have been provided below, and you may wish to address some or all of these in your response.

Published submissions will include the names (if provided) of the individuals and/or organisations making the submission unless confidentiality is requested.

Do you want your responses to be published after public consultation?

X **Yes**, I want my responses to be published after public consultation with my name and organisation visible

☐ Yes, I want my responses to be published after public consultation but not my name/organisation

☐ No, I do not want my responses to be published after public consultation

Submissions for website publication should be sent in Word format or equivalent.[1]

Name: _____

Organisation: **Australian Society of Anaesthetists**

Contact email (will not be published): **policy@asa.org.au**

[1] We aim to publish documents in accessible formats (such as word files) to meet international website accessibility guidelines. Therefore, while you are welcome to supply a PDF file of your feedback, we ask that you also provide a text or word file. More information about this is available at https://www.ahpra.gov.au/About-Ahpra/Accessibility.aspx

Please note this response template contains the **same questions as the online survey**. Please choose only ONE method of responding to avoid duplicating your submission.

	Question	Your feedback
1.	The draft *Registration standard: Endorsement for scheduled medicines* at Appendix A sets out the requirements to be eligible for an endorsement for scheduled medicines. **Is the information in the draft registration standard clear? If no, please explain why.**	**Yes.**
2.	Pharmacists with general registration in Australia are qualified and authorised to prescribe Schedule 2 and Schedule 3 medicines. Currently, some pharmacist prescribing of a range of Schedule 4 medicines for specific health conditions is occurring in some states and territories. See Appendix D and Appendix F for examples of current pharmacist prescribing and scenarios to assist with answering this question. The Board is consulting on the scope of the endorsement and is seeking feedback on the following two options: Option A: An endorsed pharmacist is **qualified** to administer, obtain, possess, prescribe, sell, supply and/or use **Schedule 2, 3 and 4 medicines** Option B: An endorsed pharmacist is **qualified** to administer, obtain, possess, prescribe, sell, supply and/or use **Schedule 2, 3, 4 and 8 medicines** **Which option best describes what you think pharmacists should be qualified to administer, obtain, possess, prescribe, sell, supply and/or use? Include your reasons if possible.**	**Pharmacists should not be permitted to prescribe medication. This is a medical role.** **Pharmacists are not trained to make diagnoses, examine patients or order diagnostic tests. It is unreasonable to expect practitioners without this training to take responsibility for prescribing medication.** **To allow non-medical personnel to prescribe medication places patients at risk.**

	Question	Your feedback
3.	**If considering Option B:** **a. Which Schedule 8 medicines, and in what situations do you believe that pharmacist prescribing of Schedule 8 medicines could support patient care?** **b. What safeguards would you consider essential to support safe practice in these situations?**	**Pharmacists should not generally be permitted to prescribe schedule 8 medication.**
4.	**Are there any specific medicines that you believe pharmacists should not be qualified to prescribe? If yes, please list the medicines and your reasons.**	**All S8 and S4 medications.**
5.	The proposed draft registration standard sets out the eligibility requirement that an applicant must complete an education program approved by the Board (which would include course work and work-integrated learning experience) to be eligible for an endorsement for scheduled medicines. The proposed draft registration standard does not set any minimum time practising as a pharmacist with general registration to be eligible to apply for an endorsement. **Do you agree with the eligibility requirement for an endorsement as set out in the draft registration standard? If not, please describe why and include information to support your position if possible**	**No. Nothing less than medical training prepares prescribers for this responsibility.**
6.	The proposed draft registration standard states that completion of an approved program qualifies a pharmacist to have their registration endorsed. Approved programs need to meet the accreditation standards for pharmacist prescriber programs and providers have to show that graduates have met relevant performance outcomes and prescribing competencies. This means that the Board does not need to specify that an approved qualification needs to align with a particular level in the Australian Qualifications Framework (AQF). Appendix E provides further information on the Accreditation standards for pharmacist prescriber programs.	**No. See above.**

	Question	Your feedback
	Do you agree with this approach? Please provide an explanation for your answer and include information to support your position if possible.	
7.	The proposed draft registration standard has two pathways to qualify for an endorsement. These are: • completing an approved program of study leading to endorsement for scheduled medicines • completion of another program of study that the Board assesses as substantially equivalent to, or based on similar competencies to, an approved program of study leading to endorsement for scheduled medicines (*pharmacists who have completed an overseas prescribing qualification*) **Are the proposed pathways in the draft registration standard clear and do you think they are suitable to support all pharmacists who have completed appropriate prescriber education to be eligible for the proposed endorsement?**	**See above.**
8.	The draft guidelines at Appendix B provide information for pharmacists with an endorsement, including guidance on good prescribing practice managing conflicts of interest and separating prescribing and dispensing. **Is there anything that needs to be changed, added or removed from this guideline?**	**Pharmacists should not be prescribers of S4 or S8 medication. This is a patient safety issue.**

	Question	Your feedback
9.	**Does the guidance on managing conflicts of interest and separating prescribing and dispensing need to be changed? If so, please outline the risks that you have identified about these issues and evidence that supports the need for additional or alternative guidance.**	
10.	**Are there any key issues about the proposed endorsement for scheduled medicines that haven't been addressed in the guidelines? If yes, please describe and provide information if possible.**	
11.	**Could there be unintended impacts from the proposed endorsement for scheduled medicines that haven't been addressed in the guidelines? If yes, please describe and provide information if possible.**	
12.	**Could the proposed draft standard and guidelines have potential negative or unintended impacts on Aboriginal and Torres Strait Islander peoples? If yes, please describe**	**All patients will face additional risk if non-medical personnel, including pharmacists, are permitted to make prescriptions. Vulnerable groups including first nations people and the elderly face even greater risks as these groups tend to have more complicated medical needs.**
13.	**Could the proposed draft standard and guidelines result in any adverse cost implications for consumers, practitioners or other stakeholders? If yes, please describe.**	**Excess morbidity from incorrectly prescribed medication is likely.**
14.	**Could the proposed draft standard and guidelines result in any potential negative or unintended impacts for people vulnerable to harm in the community, such as culturally and linguistically diverse, LGBTQI+ peoples, children, the aged, those living with disability, and people who are the potential targets of family and domestic violence? If yes, please describe.**	**These groups have complex medical needs. Non-medical prescribers are not equipped to take responsibility for complex patients.**
15.	**Can you identify any other potential regulatory impacts that the Board needs to consider?**	**The conflict of interest arising from both prescribing and selling medicine is difficult to overcome.**

	Question	Your feedback
16.	**Are there alternative or additional options not presented that could address the problems identified? If yes, what are they and what are the benefits and costs associated with the other option(s) you have identified?**	**The safest course is not to expand pharmacists' scope of practice in this way.**
17.	**Do you have any other comments or feedback?**	**Thank you for considering our feedback.**

ATTACHMENTS

Pharmacy Board of Australia

1. Snapshot: Scheduled medicines endorsement consultation
2. Public Consultation pack - Endorsement for scheduled medicines

Snapshot: Scheduled medicines endorsement consultation

Who is the Pharmacy Board of Australia?

The Pharmacy Board of Australia (the Board) protects the public by regulating pharmacists. The Board sets requirements for pharmacists through its registration standards and guidelines.

What is happening?

The Board is seeking your feedback on a draft *Registration standard: Endorsement for scheduled medicines* and draft *Guidelines: Endorsement for scheduled medicines.*

What is the Board proposing?

In recent years, changes to medicines and poisons legislation in some states and territories has allowed pharmacists to prescribe for specific health conditions, a range of Schedule 4 (Prescription only) medicines.

The education and practice requirements vary between states and territories and there is also no nationally consistent guidance to set the expected practice on key issues for pharmacists offering consultation and prescribing services.

The Board has developed a draft scheduled medicines endorsement proposal for pharmacists that would set the national education and training requirements: the *Registration Standard: Endorsement for scheduled medicines*.

The Board has also developed draft *Guidelines: Endorsement for scheduled medicines*, to provide guidance to pharmacists offering consultation and prescribing services.

We are seeking feedback on whether the proposed Registration standard and Guidelines are appropriate to support competent and safe prescribing by pharmacists.

What does this mean for the public?

People can continue to receive the same healthcare services from pharmacists as they already do. If a pharmacist is already authorised to prescribe medicines, they can continue to do this. The Board's proposal will improve safety and consistency by providing a national education standard for pharmacists who want to be able to prescribe medicines.

What does this mean for pharmacists?

If the Board's proposal is approved, then pharmacists who want to become prescribers would need to complete additional education that meets a new national standard. This may also enable prescribing pharmacists to prescribe while working in other states and territories.

When prescribing medicines, pharmacists must meet all relevant legal and professional requirements. The new *Guidelines: Endorsement for scheduled medicines* would provide additional guidance to prescribing pharmacists to ensure their prescribing is safe and meets the expectations of the Board and the public.

Where do I get more information?

See the consultation pack for more information. There is also a consultation guide for consumers.

How do I provide feedback?

Provide your feedback on the draft registration standard and guidelines (available at Appendices A and B of the consultation pack) via survey or, complete and email the response template to PharmBAFeedback@ahpra.gov.au by close of business 15 June 2026. The questions seeking feedback are on page 15 of the public consultation pack.

Pharmacy Board
Ahpra

Public consultation

Endorsement for scheduled medicines for pharmacists

April 2026

Summary

The Pharmacy Board of Australia (the Board) is seeking feedback on a proposal to be able to endorse the registration of suitably qualified pharmacists under section 94 of the National Law[1] as being able to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of medicines.

If approved by Ministerial Council, the Board would endorse the registration of pharmacists who have completed an approved program of study or a program of study that the Board considers to be substantially equivalent to an approved program of study, to prescribe scheduled medicines. Prescribing by endorsed pharmacists would be limited by the authorisation to prescribe granted in the state or territory of practice and by their scope of prescribing practice.

Consultation process

The consultation is in accordance with the Australian Health Practitioner Regulation Agency (Ahpra) Procedures for the development of registration standards, codes and guidelines.

The Board has published this public consultation paper, informed by feedback received from targeted preliminary consultation with key stakeholders, including a forum on a pharmacist endorsement for scheduled medicines conducted on 30 October 2025. This follows the decision of Health Ministers at their meeting on 13 June 2025 to ask the Board to start work to establish a scheduled medicines endorsement for pharmacists under section 14 of the National Law. The Board is seeking your views on a proposal that will help inform our next steps, including whether we need to modify or proceed with the proposal.

The consultation will be open for eight weeks. Feedback can be submitted using the template attached to this consultation paper or via an online survey.

A Consumer consultation guide to support understanding of the Pharmacy Board's proposal and the participation by members of the public is also available on the Board's website.

Making a submission

The Board is releasing this public consultation paper to seek feedback on:

- a draft Registration Standard: Endorsement for scheduled medicines
- draft Guidelines: Endorsement for scheduled medicines.

Specific questions are set out in this consultation paper which you may wish to address in your response.

You are invited to give feedback on the draft standard and guidelines at Appendices A and B.

Feedback should be provided as a Word document (not PDF) using the template provided at by email to PharmBAFeedback@ahpra.gov.au or via the survey by close of business on 15 June 2026.

Publication of submissions

Submissions are published at the discretion of the Board and Australian Health Practitioner Regulation Agency (Ahpra). Generally, submissions are published on our websites to inform the community and stakeholders about consultation responses. Please advise us if you do not want your submission published.

We will not place on our websites, or make available to the public, submissions that contain offensive or defamatory comments or are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

The Board and Ahpra can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be

[1] The Health Practitioner Regulation National Law, as in force in each state and territory.

determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is requested.

Next steps

The Board will review and consider your feedback. More information about your submission may be requested if clarification is needed, however in general, individual stakeholder feedback will not be provided.

Your feedback will inform advice and any submission to Ministerial Council about an approval to endorse health practitioners under section 94 of the National Law.

Acknowledgement of Country

The Board and the Australian Health Practitioner Regulation Agency (Ahpra) through implementation of the National Registration and Accreditation Scheme (the National Scheme), would like to acknowledge the Traditional Custodians of the lands in which we regulate registered pharmacists in Australia.

We acknowledge Aboriginal and Torres Strait Islander culture as the oldest continuing culture in the world. Aboriginal and Torres Strait Islander Peoples never ceded sovereignty and we recognise the impact colonisation continues to have on the health of Aboriginal and Torres Strait Islander Peoples to date.

We acknowledge Aboriginal and Torres Strait Islander Peoples for their continuing connection to culture, language and country; along with Elders past and present and the ancestors who walk with Aboriginal and Torres Strait Islander Peoples every day.

Contents

1. Who we are and what we do

The Pharmacy Board of Australia (the Board) works with the Australian Health Practitioner Regulation Agency (Ahpra) and other National Boards to protect public safety by registering and regulating health practitioners. The Board also develops registration standards, codes and guidelines under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). These documents:

- set out the requirements for registration
- set expectations about professional practice.

As the regulator of pharmacists in Australia, the Board ensures that only suitably qualified and competent pharmacists are registered. The Board also manages notifications (complaints and concerns) about pharmacists and pharmacy students.

2. About this consultation

The Board is seeking feedback on a proposal to be able to endorse the registration of suitably qualified pharmacists under section 94 of the National Law as being able to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of medicines.

If approved by Ministerial Council, the Board would endorse the registration of pharmacists who have completed an approved qualification or a qualification that the Board considers to be substantially equivalent to an approved qualification, to prescribe scheduled medicines. Prescribing by endorsed pharmacists would be limited by the authorisation to prescribe granted in the state or territory of practice and by their scope of prescribing practice.

The Board is consulting on the:

(i) draft *Registration standard: Endorsement for scheduled medicines* at Appendix A, and

(ii) draft *Guidelines: Endorsement for scheduled medicines* at Appendix B.

The Board is not consulting on the current and emerging pharmacist prescribing initiatives (health conditions and medicines that may be prescribed by pharmacists) according to corresponding authorisations in local legislation that have been approved in states and territories as these are matters determined by state and territory governments. A Consumer Consultation Guide is also available to help members of the public understand the Pharmacy Board's proposed changes in the public consultation documents.

3. Prescribing in Australia

The National Prescribing Competencies Framework - Embedding quality use of medicines into practice — 3rd edition[2] (NPCF) states the following definition of prescribing, which applies to all health professions:

Prescribing is a dynamic process involving the steps of information gathering, clinical and shared decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine.

In state and territory drugs and poisons legislation, some types of health practitioners are authorised to write a prescription or prepare an electronic prescription that is issued to a patient to enable legal access to medicines requiring a prescription. The act of preparing a prescription may be the outcome of health practitioner prescribing, as defined in the NPCF.

4. Pharmacist prescribing

Prescribing as defined in the NPCF is an embedded core component of the pharmacists' role. This service has been safely delivered to the public through the appropriate provision of medicines classified as Schedule 2 - Pharmacy Only or Schedule 3 - Pharmacist Only medicines giving a defined scope and level of regulatory control to protect public health and safety. Pharmacists are also authorised to prescribe

[2] The National Prescribing Competencies Framework - Embedding quality use of medicines into practice (3nd Ed.) Available at: https://www.ahpra.gov.au/About-Ahpra/Our-engagement-activities/National-Prescribing-Competencies-Framework.aspx

Schedule 4 – Prescription Only medicines, in limited situations to support continued therapy. Pharmacists have completed accredited education and training programs, supervision and assessment to gain general registration to practise and in doing so have demonstrated their capability to deliver these services (See Appendix C for more information).

In recent years, pharmacist prescribing of a range of Schedule 4 medicines[3] for specific health conditions has been authorised in state and territory medicines and poisons legislation, subject to completion of locally approved education (see Appendix D for more information).

Currently, the Board is required to approve qualifications suitable for registration in the pharmacy profession, but it cannot approve qualifications for pharmacist prescribing, which are set and approved, by states and territories.

The pharmacist Schedule 4 prescribing initiatives currently in place or emerging in states and territories have progressed on different timelines with differences in the scope. This has resulted in inconsistencies not only in the range of services that pharmacists are authorised to deliver in each state and territory, but also in the education and training that must be completed to ensure pharmacists demonstrate that they have the required prescribing and clinical competencies to safely deliver these services.

Given that there isn't a national education requirement for pharmacist prescribing that is accepted across states and territories, through this consultation, the Board is seeking feedback on an endorsement for scheduled medicines for pharmacist as the appropriate regulatory approach to standardise qualifications for safe prescribing across Australia and improve workforce mobility across states and territories.

This approach would enable the Board to approve qualifications for pharmacist prescribing that are suitable for endorsing the general registration of pharmacists and set the endorsement of registration eligibility requirements in a registration standard which would need to be approved by Ministerial Council. The Board would set out any additional practice guidance and requirements for endorsed pharmacists in guidelines.

5. What is an endorsement for scheduled medicines?

If an endorsement for scheduled medicines for a profession is approved by Ministerial Council under section 14 of the National Law, it enables a National Board to endorse the registration of health practitioners practising the profession as qualified to administer, obtain, possess, prescribe, sell, supply and/or use a scheduled medicine or class of scheduled medicines. The endorsement of a practitioner's registration enables a National Board to publish this information on the public Register of practitioners.

Note regarding the terms scheduled medicine or class of scheduled medicines:

The relevant classes of scheduled medicines are described below, as set out in the *Reader's guide to the Therapeutic Goods (Poisons Standard—June 2025) Instrument 2025* with examples of medicines in each schedule*:*

Schedule	***Title***	***Description***	***Examples of medicines***
Schedule 2	*Pharmacy medicines*	*Substances, the safe use of which may require advice from a pharmacist and which should be available from a pharmacy or, where a pharmacy service is not available, from a licensed person.*	*Pain relievers like paracetamol and ibuprofen* *Antihistamines like fexofenadine*
Schedule 3	*Pharmacist only medicines*	*Substances, the safe use of which requires professional advice but which should be available to the public from a pharmacist without a prescription.*	*Antibiotic eye drops like chloramphenicol eye drops* *Asthma inhalers like salbutamol inhaler*

[3] Schedule 4 medicine means Prescription Only Medicine in the Poisons Standard within the meaning of the *Therapeutic Goods Act 1989* (Cth).

Schedule	*Title*	*Description*	*Examples of medicines*
Schedule 4	*Prescription only medicines and prescription animal remedies*	*Substances, the use or supply of which should be by or on the order of persons permitted by State or Territory legislation to prescribe and should be available from a pharmacist on prescription.*	*Antibiotics like amoxycillin Medicines for high blood pressure, depression and high cholesterol*
Schedule 8	*Controlled drugs*	*Substances which should be available for use but require restriction of manufacture, supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence.*	*Pain medicines like oxycodone and tapentadol*

For the legal definitions, however, it is necessary to check with each relevant State or Territory authority.

An endorsement for the pharmacy profession

If approved for pharmacists, an endorsement for scheduled medicines would enable the Board to set national prescribing education requirements and to endorse the general registration of pharmacists who meet this and other eligibility requirements.

A registration standard for an endorsement for scheduled medicines for pharmacists needs to describe:

- the education and training requirements (an approved program of study) that a pharmacist must meet to be eligible to apply for an endorsement of registration
- the scheduled medicines or classes of scheduled medicines that the endorsed pharmacist is **qualified** to administer, obtain, possess, prescribe, sell, supply and/or use in accordance with relevant state and territory legislation for the purposes of the practise of pharmacy.

If the registration of a pharmacist were endorsed for scheduled medicines by the Board, it would not authorise the pharmacist to prescribe the scheduled medicines. The authorisation to prescribe particular medicines in specific circumstances is determined by states and territories and set out in state and territory medicines and poisons legislation. Further information on the legal authorisations determined by states and territories can be found in Appendix D.

Pharmacists would not be required to become endorsed for scheduled medicines and would be able to continue to practise as they currently do and provide pharmacy services to the public. If they choose not to become endorsed pharmacists, they would not be able to prescribe medicines that require an endorsement.

Scope of the endorsement

Consulting on a registration standard for an endorsement for scheduled medicines includes consulting on the scope of the endorsement, that is, the scheduled medicines or classes of scheduled medicines that a pharmacist should be **qualified to prescribe**. The scope of the endorsement needs to be stated in the draft registration standard that the Board will submit to Ministers to consider for approval. Refer to Appendix A to review the draft registration standard that is part of this consultation.

Pharmacists are currently **qualified and authorised** to prescribe and supply Schedule 2 medicines[4], Schedule 3 medicines[5] and in some circumstances, Schedule 4 medicines, but are not authorised to prescribe Schedule 8 medicines[6]. The Board is asking stakeholders to provide feedback and reasons on whether the scope of an endorsement for pharmacists should include Schedule 4 medicines only, which addresses current authorised pharmacist prescribing initiatives, or whether Schedule 8 medicines should

[4] Schedule 2 medicine means Pharmacy Medicine in the Poisons Standard within the meaning of the *Therapeutic Goods Act 1989* (Cth).
[5] Schedule 3 medicine means Pharmacist Only Medicine in the Poisons Standard within the meaning of the *Therapeutic Goods Act 1989* (Cth).
[6] Schedule 8 medicine means Controlled Drug in the Poisons Standard within the meaning of the *Therapeutic Goods Act 1989* (Cth)

also be included, should the prescribing of Schedule 8 medicines by pharmacists in particular circumstances be considered for authorisation by one or more state or territory.

The options for the scope of the registration standard that the Board is seeking feedback on are:

Option A:

> An endorsed pharmacist is qualified to administer, obtain, possess, prescribe, sell, supply and/or use **Schedule 2, 3 and 4 medicines**, in accordance with this standard and associated guidelines and relevant state and territory legislation for the purposes of practice of pharmacy.

Option B:

> An endorsed pharmacist is qualified to administer, obtain, possess, prescribe, sell, supply and/or use **Schedule 2, 3, 4 and 8 medicines**, in accordance with this standard and associated guidelines and relevant state and territory legislation for the purposes of practice of pharmacy.

Health Ministers have requested the Board to develop an endorsement for scheduled medicines due to the variation in state and territory authorisations, which are currently limited to Schedule 4 medicines for the treatment of locally specified conditions.

Feedback on the proposal to establish an endorsement received from stakeholders at an in-person forum, via a post-forum survey of forum invitees and during additional targeted stakeholder meetings conducted by the Board demonstrated that there are a range of views about the inclusion of Schedule 8 medicines in the scope of the endorsement. Some stakeholders expressed concerns that there are risks to the public, particularly in some practice settings if pharmacists prescribed Schedule 8 medicines whereas others expressed support in circumstances including hospital discharge, emergency care and continuity of access to medicines in palliative care and opioid substitution treatment.

The Board has proposed that the scope of the endorsement be as set out in Option B, which also includes Schedule 8 medicines.

If further changes to the scope of pharmacist prescribing were to be explored by states and territories, for example, authorisation to prescribe certain Schedule 8 medicines in particular circumstances and practice settings, safe prescribing of Schedule 8 medicines would need to be underpinned by competence to manage patient needs in presenting circumstances. Under Option B, pharmacists would be qualified to prescribe such medicines, within the parameters of authorisations set out in medicines and poisons legislation.

Prescribing Schedule 8 medicines carries additional risks to patients. Mandatory use of real-time prescription monitoring systems that inform practitioner decisions about prescribing and supply and mitigates against unsafe prescribing of monitored medicines.

Regulatory restrictions that limit or prevent the prescribing of Schedule 8 medicines by some prescribers are important measures to keep the public safe. For example, state and territory medicines and poisons legislation restricts the prescribing of some Schedule 8 medicines to certain registered practitioners in certain professions, who are required to apply for, and hold, a permit to prescribe certain medicines.

There are also Commonwealth approval pathways such as the Special Access Scheme and Authorised Prescriber Scheme which restrict the prescribing of unapproved medicines via these pathways to registered practitioners in some health professions and exclude other professions. If pharmacists were to be authorised to prescribe Schedule 8 medicines, in the public interest, they could be prevented from prescribing certain Schedule 8 medicines including unapproved medicines through appropriate existing or revised regulatory measures.

Pharmacists currently play an important role by independently assessing those risks in accordance with their legal and professional obligations before supplying medicines (including Schedule 8 medicines) when they are prescribed by prescribers in other professions.

The Board supports the separation of prescribing and dispensing of medicines to enhance public safety and is aware of stakeholder discussions around managing potential conflicts of interest and keeping a clear separation between clinical decision-making and the commercial supply of medicines. National Boards' codes of conduct, standards of practice and guidelines contain important guidance in relation to

conflicts of interest. Ahpra in collaboration with National Boards has published additional guidance on managing conflicts of interests in practice settings where the prescribing and supply of a single type of medication occurs and about 'closed loop prescribing', where the prescriber and supplier of medication are not independent. The Board has also included guidance for endorsed pharmacists about managing conflicts of interest and the separation of prescribing and dispensing medicines in the draft *Guidelines: Endorsement for scheduled medicines* at Appendix B. The Board is working with Ahpra on developing further targeted guidance to ensure pharmacists appropriately balance conflict between their clinical responsibilities and retail or commercial interests across their practice to safeguard patient care.

6. What did the Board consider during the development of this proposal for consultation?

The Board began exploring prescribing capability of pharmacist in 2015 in the context of emerging pharmacist prescribing both locally and overseas, and the Health Practitioner Prescribing Pathway[7] Project Final Report, which proposed three models of non-medical prescribing (set out in the table below) stating that health professionals may work within one or more models in practice:

Health Practitioner Prescribing Pathway model	**Description**
Autonomous prescribing	The prescriber can prescribe medicines within their scope of practice without the approval or supervision of another health professional. The prescriber ensures that he or she communicates appropriately with all team members. Autonomous prescribers are educated to prescribe. They are authorised to autonomously prescribe within a specified area of clinical practice.
Prescribing under supervision	The prescriber can prescribe medicines within their scope of practice under the supervision of an authorised autonomous prescribing health professional. The prescriber and their supervisor ensure to communicate appropriately with all team members. Supervised prescribers are educated to prescribe. They have limited authorisation to prescribe medicines determined by legislation, the National Board and policies of the jurisdiction, employer or health service
Prescribing via a structured prescribing arrangement	The prescriber has limited authorisation to prescribe medicines under a guideline, protocol or standing order. Sufficient documentation of the structured prescribing arrangement is required to describe responsibilities and communication between team members.

The Board:

- commissioned research mapping the National Competency Framework for Pharmacists in Australia 2010, pharmacy program curricula and pharmacy practice standards to the NPS Prescribing Competencies Framework 2012
- gauged the views about pharmacists prescribing of a wide range of stakeholders via a discussion paper, forum and stakeholder meetings in 2018
- published position statements on pharmacist prescribing confirming:
    - in 2019 *"Under the National Law, the Board has no regulatory barriers in place for pharmacists to prescribe via a structured prescribing arrangement or under supervision within a collaborative healthcare environment. The Board's view is that autonomous prescribing by pharmacists requires additional regulation via an endorsement for scheduled medicines.*"
    - In 2023 *"The Board maintains its view stated in its 2019 position statement that proposals for appropriately trained and qualified pharmacists in Australia to undertake some types of prescribing that are broader and more complex may reach the threshold for additional*

[7] Health Workforce Australia. Health Professional Prescribing Pathway (HPPP) Project Final Report 2013.

regulation, for example, via an endorsement for scheduled medicines, which would need to be approved by Ministerial Council."

In 2023, the Board funded Australian Pharmacy Council (APC) to develop Accreditation standards for pharmacist prescriber education programs and an accompanying Performance Outcomes Framework, currently used by APC to accredit pharmacist prescriber programs required by states and territories.

Once the scope of the endorsement is confirmed in a registration standard (and if Ministerial Council approves the registration standard) this will inform the review by the Australian Pharmacy Council[8] (APC) of the Accreditation standards for pharmacist prescriber education programs (the accreditation standards) and an accompanying Performance Outcomes Framework which is scheduled to commence after the Board's consultation on an endorsement for pharmacists has concluded. The next iteration of the accreditation standards and Performance Outcomes Framework will inform curriculum development by providers of future pharmacist prescriber education programs. Programs that are accredited by APC and approved by the Board would enable graduates of those programs to apply to have their registration endorsed. For more information on the Accreditation Standards see Appendix E.

Further details of the Board's extensive work and stakeholder engagement are available on its website.

Reviews and reports

Primary care is often a person's first contact with the health system and plays a key role in preventing, detecting, diagnosing and managing chronic conditions. Due to an ageing population and rising chronic disease burden[9], more chronic disease means more use of health services. The Board has monitored a number of reviews that explored options to improve access to healthcare through the existing workforce.

The Unleashing the Potential of our Health Workforce – Scope of Practice Review Final Report (October 2024) identifies the prescribing of medicines as an example of an activity for which a range of professions have proven competence. This review identified that the recent expansion of services provided by pharmacists, such as prescribing, has enabled them to provide care for a range of conditions commonly seen in primary care, but there are inconsistencies with how these services are provided. The likely results, according to the review, are consumer confusion, pharmacist frustration, fragmented care, inconsistent care provision and patient inequity. The review identifies pharmacists as one member of the primary care workforce whose full scope is underutilised and recommends reforms to enable pharmacists to contribute more fully, aligning with broader health system goals of improving access, efficiency, and patient outcomes.

The Strengthening Medicare Taskforce Report highlights the importance of increasing access to primary care and supporting all parts of the primary care workforce, including pharmacists.

For some states and territories, rural and remote community needs may be a driver for implementing these expanded pharmacy services. Geographic maldistribution of the health workforce and inequality in healthcare access is a known problem throughout regional and remote Australia. The National Rural Health Commissioner's June 2020 report underlined both "*undersupply and a maldistribution of allied health services*" in rural and remote Australia, leading to unequal access. Similarly, the Australian institute for Health and Welfare (AIHW) highlights the uneven distribution of health professionals across regions, stating: *"Rural and remote Australians… have poorer access to, and use of, primary health care services, than people living in Major cities[10]."*

Stakeholder engagement on action to support prescribing by pharmacists

Given the variation in prescribing authorisations for pharmacists across states and territories, in early 2025, the Board engaged with individual states and territories to explore whether additional regulation of the profession via an endorsement for scheduled medicines under the National Law, would facilitate a national and consistent approach to pharmacist prescribing, in the public's interest.

[8] Further information on the review of the Accreditation standards for pharmacist prescriber education programs and the accompanying Performance Outcomes Framework is available at www.pharmacycouncil.org.au.
[9] Commonwealth Government Australian Institute of Health and Welfare: Australia's Health and Data Insights 2024. Available at: https://www.aihw.gov.au/reports/australias-health/chronic-conditions-challenge
[10] Commonwealth Government Australian Institute of Health and Welfare: Rural and Remote Health Available at: https://www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health

Pharmacy stakeholders also engaged with the Board about their views on the emerging challenges on expanded pharmacist prescribing practices. They provided feedback on how a scheduled medicines endorsement for pharmacists could:

- support pharmacist prescribing in the public interest by addressing inconsistencies in prescribing education requirements
- harmonise prescribing authorisations across Australia
- meet the National Medicines Policy aim to ensure that Australians have: e*quitable, timely, safe and affordable access to a high quality and reliable supply of medicines and medicines-related services*
- support one workforce solution for access to alternate, appropriately trained and competent prescribing health professionals, addressing shortages in rural and remote areas, reducing Emergency Department presentations and improved access to GP consultations.

However, some possible challenges for a scheduled medicines endorsement for pharmacists include:

- costs to pharmacists for obtaining qualifications
- access and affordability for consumers if services are not subsidised
- potential impacts on initiatives already implemented in some states and territories
- opposition from some key stakeholders.

The Board, together with Ahpra, then sought advice from the Health Chief Executives Forum about whether states and territories would support a scheduled medicines endorsement for pharmacists to provide a national pharmacist prescribing qualification for current and future prescribing by pharmacists.

Ministers' response

At the June 2025 Health Ministers' Meeting, Ministers noted that the jurisdictional expansion of community pharmacist's scope of practice is at differing stages and approaches, and there are risks associated with states and territories progressing these trials independently.

Ministers:

- asked the Board to commence a program of work exploring formal recognition of endorsed pharmacist prescribers, who can perform advanced clinical diagnosis and management in the National Registration and Accreditation Scheme
- specified that the work is to include establishment of practice, registration, and accreditation standards for this group of practitioners
- expect that patient history taking, examination, diagnostic investigation, electronic record keeping and referral as part of a multidisciplinary team will be areas for national standardisation to ensure clinical appropriateness
- confirmed that they will consider a proposal for an endorsement for scheduled medicines from the Board through an expedited process supported the Boards next steps, which included wide-ranging consultation on the content of the proposal.

The development of the Board's proposal leading to this public consultation paper is also aligned with:

- Australian Health Ministers' Advisory Council *Guidance for National Boards: Applications to the Ministerial Council for approval of endorsements in relation to scheduled medicines under section 14 of the National Law* (the Guidance)
- the *Guide for National Boards developing submissions under the Australian Health Ministers' Advisory Council's Guidance for National Boards: Applications to the Ministerial Council for approval of endorsements in relation to scheduled medicines under section 14 of the National Law* (the Guide)
- Procedures for the development of registration standards, codes and guidelines
- Consultation process of National Boards.

Preliminary consultation

If a National Board proposes a registration standard, code or guideline, the National Law requires the Board to ensure there is wide-ranging consultation on the content of the proposal. The Board is also required to adhere to the policy directions handed down by the Ministerial Council. In 2019:

- paramountcy of public protection when administering the National Scheme

- the requirement to consult with patient safety bodies and healthcare consumer bodies on every new and revised registration standard, code and guideline.

Prior to releasing this public consultation paper, the Board provided a briefing paper and draft registration standard on an endorsement for scheduled medicines to a wide range of stakeholders for preliminary consultation on its proposal. Participants considered the current range of pharmacist prescribing and emerging initiatives in Australia and overseas countries with comparable regulatory systems. Feedback on the endorsement proposal was received from stakeholders at an in-person forum, via a post-forum survey of forum invitees and during additional targeted stakeholder meetings.

The Board also sought advice from the National Scheme's Scheduled Medicines Expert Committee (SMEC) and Community Advisory Council in line with the Guide and the Board's Expert Advisory Committee (EAC) on Pharmacist Prescribing, established by the Board to advise it on matters relevant to establishing an endorsement for scheduled medicines for pharmacists.

The Board received valuable feedback and advice from stakeholders, SMEC and the EAC on a broad range of issues relevant to the proposed endorsement for scheduled medicines for pharmacists which it has addressed in this public consultation paper and incorporated into the revised draft registration standard (at Appendix A) and the revised draft guidelines (at Appendix B).

The Board is part of a broad and complex health regulatory environment which consists of several regulators with unique responsibilities. The Board has engaged with these agencies throughout the development of its proposal for an endorsement and shared feedback and recommendations received during consultation and stakeholder engagement that were found to be outside of the Board's remit. The Board acknowledges the importance of advancing these issues in the public interest and will continue to convey important feedback to relevant agencies, governments and other decision makers.

In this public consultation on establishing the endorsement for scheduled medicines for pharmacists requested by Health Ministers, the Board is focused on seeking feedback on the following components that fall within its remit under the National Law:

- a draft registration standard that sets out:
    - how a pharmacist can qualify and meet the eligibility requirements for a scheduled medicines endorsement
    - the scope of the endorsement
    - any other requirements for pharmacists with an endorsement
- draft guidelines setting out expectations about professional practice that are in the public interest and that support safe and competent prescribing when practising with an endorsement.

Important issues raised during preliminary consultation and stakeholder engagement that impact the public have been addressed in draft guidelines at Appendix B that would apply to endorsed pharmacists, including:

- obligations to complete additional continuing professional development that addresses prescribing
- obligations to meet other registration requirements around the minimum annual recency of practice and professional indemnity insurance requirements when practising as an endorsed pharmacist
- documenting scope of prescribing practice and meeting all professional and legal requirements that ensure safe and competent prescribing within that scope and the legal authority to prescribe
- good prescribing practice, informed by the shared Code of conduct published by Ahpra and National Boards, professional practice standards and guidelines including delivering patient centred care, with patient consent that respects the privacy of the patient
- clinical governance including quality assurance and quality use of medicines
- interprofessional practice and collaboration in the public interest including patient referral when required and communicating prescribing and other relevant information to the patient's other treating practitioners
- managing conflicts of interest and patient requests to prescribing pharmacists to supply the medications, to ensure patient safety.

Other consultation relevant to the endorsement for scheduled medicines

To support national consistency in pharmacist prescriber education, with funding by the Board, the Australian Pharmacy Council (APC) developed the Accreditation standards for pharmacist prescriber education programs (the accreditation standards) and an accompanying Performance Outcomes Framework. The Performance Outcomes are aligned with the NPS MedicineWise Prescribing Competency Framework (2nd Edition) which describes the competencies that must be met by Australian prescribers regardless of profession. Current pharmacist prescriber education programs that have been accredited by APC against the accreditation standards are published on the APC's website. For more information on the accreditation standards, see Appendix E.

To ensure the accreditation standards are aligned with the Board's work to develop an endorsement for scheduled medicines, APC will undertake its own public consultation following the Board's public consultation on the Draft Registration Standard: Endorsement for Scheduled Medicines. Stakeholders and the public will be invited to provide feedback on APC's draft revised accreditation standards when consultation opens in 2026.

7. What are we consulting on?

The Board is consulting on a proposal to establish an endorsement for scheduled medicines that includes:

(i) a draft registration standard for an endorsement for scheduled medicines that sets out:

- national prescribing education requirements for pharmacists
- other eligibility requirements they need to meet to have their general registration endorsed by the Board
- the scope of the endorsement

(ii) draft guidelines on an endorsement for scheduled medicines that set out:

- further information on how to obtain an endorsement
- how to maintain and renew general registration with an endorsement
- guidance about professional practice for endorsed pharmacists when prescribing medicines to ensure public safety
- the Board's expectations of pharmacists about documenting their scope of prescribing practice and maintaining competence to prescribe scheduled medicines.

The Board is seeking feedback on whether the registration standard and guidelines are appropriate to enable competent and safe prescribing by pharmacists whose registration is endorsed and to enhance professional practice by prescribing pharmacists across Australia to protect the public. Refer to section *10 Consultation questions* to assist you to provide feedback on the Board's proposal.

8. Estimated impacts of the endorsement

If an endorsement for scheduled medicines for pharmacists is approved by Ministerial Council under section 14 of the National Law, it would require the Board to endorse the registration of pharmacists as qualified to administer, obtain, possess, prescribe, sell, supply and/or use a scheduled medicine or class of scheduled medicines. The endorsement would impact pharmacists by requiring them to meet the eligibility requirements set out in the Board's registration standard and to comply with the supporting guidelines. If jurisdictions choose to use this endorsement as the basis for amending local legislation to expand or clarify authorisations, resulting in changes to the practise of endorsed pharmacists, this may also impact people receiving health services, including pharmacy services. The introduction of additional regulation can have both positive and negative effects on the profession, the public and the wider health system. The potential benefits and barriers of a pharmacist endorsement for scheduled medicines are outlined below.

Benefits of an endorsement

States and territories have explored the benefits and impacts of introducing pharmacist prescribing initiatives, which are not currently subject to pharmacists having their registration endorsed by the Board. Through this consultation, the Board is exploring the benefits and impacts of introducing an endorsement (if approved by Health Ministers) on pharmacist prescribing initiatives.

Consumer confidence and access to health services

The National Scheme works to advance community confidence in regulated health practitioners. One of the aims of the 2022 National Medicines Policy in Australia is to ensure that medicines are used safely, optimally and judiciously, with a focus on informed choice and well-coordinated person-centred care.

A national education requirement for pharmacist prescribing that is accepted across states and territories would facilitate the provision of high-quality education and training. It would provide assurances that pharmacist prescribers who have their registration endorsed by the Board have achieved the same education standard that supports safe prescribing.

An endorsement would also increase visibility of the pharmacists who are qualified to prescribe scheduled medicines. This improved transparency helps build trust in the profession and supports greater public confidence in accessing pharmacist-delivered health services.

Through this consultation, the Board is exploring how its proposal impacts the health and safety of patients, particularly those vulnerable to harm in the community, and Aboriginal and Torres Strait Islander Peoples. The Patient and Consumer Health and Safety Impact Statement at Appendix G provides additional information and the Board is seeking stakeholder feedback about their views on the potential impacts. Appendix F includes pharmacist prescriber scenarios that demonstrate the potential impact on health services received by the public

Workforce mobility

Each state and territory currently determines its own education requirements for pharmacists to be authorised to prescribe medicines. This results in a lack of portability of pharmacist prescriber qualifications and is a significant barrier to workforce mobility. One of the objectives of the National Registration and Accreditation Scheme (the National Scheme) is to facilitate workforce mobility by reducing the administrative burden on health practitioners who move between jurisdictions or practise in more than one state or territory. An endorsement for scheduled medicines would establish a national pharmacist prescriber education standard. If adopted by states and territories in local authorisations, it would support greater portability of qualifications and enable pharmacists to move more easily between jurisdictions, supporting the Board in achieving improved workforce mobility across Australia.

Potential costs of an endorsement

There will be a cost to members of the public who access health services that would be delivered by endorsed pharmacists, including the cost of any required diagnostic tests and medicines, if these are not subsidised.

Obtaining a qualification for an endorsement will come at a cost to pharmacists who will need to:

- pay the full cost of completing an approved education program that qualifies them for the endorsement unless part of the cost of the program can be subsidised (limited funding may be available for a period of time in some jurisdictions)
- commit time and resources to successfully complete the qualification, while practising
- pay an initial application fee for the endorsement of registration in addition to the registration fee for general registration
- pay the annual costs associated with completing at least 10 hours of additional continuing professional development activities, to meet the Board's annual CPD requirements.

Employers may also face costs in supporting prescribing practice, such as providing private consultation spaces, equipment to support clinical decision-making, systems for secure and confidential patient records, and processes for timely communication with other treating practitioners.

For further information on the Boards assessment of the potential costs see Appendix H.

Likely Barriers

The Board acknowledges there are likely barriers to operationalising endorsed pharmacists and maximising their impact in the healthcare system. While many of these issues are beyond the Board's regulatory remit, it remains committed to ongoing engagement with stakeholders and governments.

The authorisations for pharmacists to prescribe are determined by states and territories and are not currently harmonised. As a result, endorsed pharmacists may be qualified to deliver prescribing services but not authorised to provide them in all jurisdictions, limiting their scope of practice and public access to their services.

9. Options

The Board has considered the following options in developing this proposal.

Option 1 – Retain the status quo

Option 1 is to continue without any additional regulation by the Board via an endorsement for scheduled medicines to support pharmacist prescribing. States and territories would continue to independently determine the education requirements and authorisations necessary for pharmacists to provide prescribing services. However, jurisdictions and stakeholders have expressed concern that the current approach leads to inconsistent expectations, variable education standards, and limited transparency for consumers. Strengthened national regulation and guidance have been requested to support safer and more consistent prescribing practices.

Option 2 – Proposed new registration standard, and new Guidelines

Option 2 (a new registration standard and new guidelines) directly responds to the Jurisdictions and Health Ministers request to strengthen regulation to apply a nationally consistent approach to the qualification of pharmacists providing prescribing services and improve patient safety through consistency and the implementation of practice guidelines. An endorsement for scheduled medicines was considered the most effective mechanism to achieve this.

The Board has drafted:

(i) a draft registration standard for an endorsement for scheduled medicines that sets out:

- national prescribing education requirements for pharmacists
- other eligibility requirements that pharmacists would need to meet to have their general registration endorsed by the Board
- the scope of the endorsement

(ii) draft guidelines on an endorsement for scheduled medicines that set out:

- further information on how to obtain an endorsement
- how to maintain and renew general registration with an endorsement
- guidance about professional practice for endorsed pharmacists when prescribing medicines to ensure public safety
- the Board's expectations of pharmacists about documenting their scope of prescribing practice and maintaining competence to prescribe scheduled medicines.

National prescribing education requirements will be enabled by the accreditation of pharmacist prescriber education programs against the Accreditation standards for pharmacist prescriber education programs and accompanying Performance Outcomes Framework which are currently being reviewed in preparation for a separate consultation by the Australian Pharmacy Council.

The Board is seeking feedback on whether the proposed registration standard and guidelines are appropriate to enable competent and safe prescribing by pharmacists whose registration is endorsed and to enhance professional practice by prescribing pharmacists to protect the public across Australia.

Preferred option

The Board prefers Option 2.

10. Consultation questions

The Board is inviting feedback on the draft *Registration Standard: Endorsement for scheduled medicines* and draft *Guidelines: Endorsement for scheduled medicines* as well as the following questions:

Consultation questions

The draft *Registration standard: Endorsement for scheduled medicines* at Appendix A sets out the requirements to be eligible for an endorsement for scheduled medicines.

1. **Is the information in the draft registration standard clear? If no, please explain why.**

Pharmacists with general registration in Australia are qualified and authorised to prescribe and supply Schedule 2 and Schedule 3 medicines.

Currently, some pharmacist prescribing of a range of Schedule 4 medicines for specific health conditions is occurring in some states and territories. See Appendix D and Appendix F for examples of current pharmacist prescribing and scenarios to assist with answering this question.

The Board is consulting on the scope of the endorsement and is seeking feedback on the following two options:

Option A: An endorsed pharmacist is **qualified** to administer, obtain, possess, prescribe, sell, supply and/or use **Schedule 2, 3 and 4 medicines**

Option B: An endorsed pharmacist is **qualified** to administer, obtain, possess, prescribe, sell, supply and/or use **Schedule 2, 3, 4 and 8 medicines**

2. **Which option best describes what you think pharmacists should be qualified to administer, obtain, possess, prescribe, sell, supply and/or use? Include your reasons if possible.**

3. **If considering Option B:**
   a. **Which Schedule 8 medicines, and in what situations do you believe that pharmacist prescribing of Schedule 8 medicines could support patient care?**
   b. **What safeguards would you consider essential to support safe practice in these situations?**

4. **Are there any specific medicines that you believe pharmacists should not be qualified to prescribe? If yes, please list the medicines and your reasons.**

The proposed draft registration standard sets out the eligibility requirement that an applicant must complete an education program approved by the Board (which would include course work and work-integrated learning experience) to be eligible for an endorsement for scheduled medicines. The proposed draft registration standard does not set any minimum time practising as a pharmacist with general registration to be eligible to apply for an endorsement.

5. **Do you agree with the eligibility requirement for an endorsement as set out in the draft registration standard? If not, please describe why and include information to support your position if possible.**

The proposed draft registration standard states that completion of an approved program qualifies a pharmacist to have their registration endorsed. Approved programs need to meet the accreditation standards for pharmacist prescriber programs and providers have to show that graduates have met relevant performance outcomes and prescribing competencies. This means that the Board does not need to specify that an approved qualification needs to align with a particular level in the Australian Qualifications Framework (AQF). Appendix E provides further information on the Accreditation standards for pharmacist prescriber programs.

6. **Do you agree with this approach? Please provide an explanation for your answer and include information to support your position if possible**.

The proposed draft registration standard has two pathways to qualify for an endorsement. These are:

- completing an approved program of study leading to endorsement for scheduled medicines

Consultation questions
• completion of another program of study that the Board assesses as substantially equivalent to, or based on similar competencies to, an approved program of study leading to endorsement for scheduled medicines (*pharmacists who have completed an overseas prescribing qualification*). **7. Are the proposed pathways in the draft registration standard clear and do you think they are suitable to support all pharmacists who have completed appropriate prescriber education to be eligible for the proposed endorsement?**
The draft guidelines at Appendix B provide information for pharmacists with an endorsement, including guidance on good prescribing practice, managing conflicts of interest and separating prescribing and dispensing. **8. Is there anything that needs to be changed, added or removed from this guideline?** **9. Does the guidance on managing conflicts of interest and separating prescribing and dispensing need to be changed? If so, please outline the risks that you have identified about these issues and evidence that supports the need for additional or alternative guidance.**
10. Are there any key issues about the proposed endorsement for scheduled medicines that haven't been addressed in the guidelines? If yes, please describe and provide information if possible.
11. Could there be unintended impacts from the proposed endorsement for scheduled medicines that haven't been addressed in the guidelines? If yes, please describe and provide information if possible.
12. Could the proposed draft standard and guidelines have potential negative or unintended impacts on Aboriginal and Torres Strait Islander peoples? If yes, please describe.
13. Could the proposed draft standard and guidelines result in any adverse cost implications for consumers, practitioners or other stakeholders? If yes, please describe.
14. Could the proposed draft standard and guidelines result in any potential negative or unintended impacts for people vulnerable to harm in the community, such as culturally and linguistically diverse, LGBTQI+ peoples, children, the aged, those living with disability, and people who are the potential targets of family and domestic violence? If yes, please describe.
15. Can you identify any other potential regulatory impacts that the Board needs to consider?
16. Are there alternative or additional options not presented that could address the problems identified? If yes, what are they and what are the benefits and costs associated with the other option(s) you have identified?
17. Do you have any other comments or feedback?

11. Relevant section of the National Law

The relevant sections of the National Law are Sections 14, 38, 39, 40, 41 and 94.

12. Appendices

Appendix A

Pharmacy Board Ahpra

Draft

Registration standard: Endorsement for scheduled medicines

Consultation – April 2026

Type

Endorsement for scheduled medicines

Effective from <<date>>

This registration standard describes how a pharmacist can qualify for endorsement for scheduled medicines, the scope of this endorsement and what the Pharmacy Board of Australia expects of practitioners with this type of endorsement.

Does this standard apply to me?

This registration standard applies to pharmacists:

- applying[11] to have their general registration endorsed for scheduled medicines, and/or
- whose general registration is endorsed for scheduled medicines.

Scope of endorsement

For the purposes of the practice of pharmacy, an endorsed pharmacist is qualified to administer, obtain, possess, prescribe, sell, supply and/or use Schedule 2, Schedule 3, Schedule 4 and Schedule 8[12] medicines.

How can I qualify for endorsement?

You can qualify for endorsement through one of the following pathways:

- completing an approved program of study leading to endorsement for scheduled medicines, or
- completion of another program of study that the Board assesses as substantially equivalent to, or based on similar competencies to, an approved program of study leading to endorsement for scheduled medicines.

What must I do when I am endorsed?

Guidelines

The *Guidelines: Endorsement for scheduled medicines* provide more information about what the Board expects of you when your registration is endorsed. You are expected to understand and apply these guidelines together with this registration standard.

At renewal of registration

When you apply to renew your registration, you need to declare that you comply with the ongoing requirements for endorsement as set out in this registration standard.

Under section 109 of the National Law, when applying to renew registration, endorsed pharmacists are required to make an annual declaration, amongst other requirements, that they have met the professional indemnity insurance and recency of practice requirements and completed the required continuing professional development (CPD), including an additional 10 hours of CPD related to prescribing of scheduled medicines.

[11] Applications for endorsement may be made by those pharmacists who hold general registration with the Board or are applying for general registration at the same time as the endorsement. General registration must be granted before the endorsement application can be granted.

[12] *Note: the Board is consulting on the scope of the proposed Registration standard: Endorsement for scheduled medicines and is seeking feedback on which classes of scheduled medicines should be included in the scope of endorsement, to inform the final proposal to be submitted to Ministerial Council to consider for approval.*

State or territory authority

The endorsement of your registration indicates that you are qualified to administer, obtain, possess, prescribe, sell, supply and/or use the Schedule 2, 3, 4 and 8 medicines specified in the endorsement but does not authorise you to do so.

The authorisation for you to administer, obtain, possess, prescribe, sell, supply and/or use the Schedule 2, 3, 4 and 8 medicines in a state or territory will be provided by or under legislation of the state or territory.

You must only administer, obtain, possess, prescribe, sell, supply and/or use the Schedule 2, 3, 4 and 8 medicines in the scope of this state or territory authority at all times.

What happens if I don't meet this standard?

If you don't meet the requirements of this registration standard, you will not be eligible for initial or ongoing endorsement for scheduled medicines.

The National Law establishes possible consequences if you do not meet the ongoing requirements of this registration standard and guidelines, including that:

- conditions may be imposed on your registration and/or endorsement or
- renewal of registration and/or endorsement may be refused (sections 82 and 112 of the National Law).

Registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice or conduct, for the pharmacy profession (section 41 of the National Law).

Wording to appear on the Register of practitioners

Endorsed as qualified to administer, obtain, possess, prescribe, sell, supply and/or use Schedule 2, 3 and 4 and 8 medicines for the purposes of the practice of pharmacy.

Authority

The Ministerial Council has decided that the Board may endorse pharmacists to the extent described in this registration standard.

This standard has been approved by the Ministerial Council under section 12 of the National Law on <<date>>.

Registration standards are developed under section 38 of the National Law and are subject to wide-ranging consultation.

Definitions

Approved program of study for a health profession or for endorsement of registration in a health profession, means an accredited program of study:

a. approved under section 49(1) by the National Board established for the health profession, and
b. included in the list published by the National Agency under section 49(5).

Endorsed pharmacist means a pharmacist who is qualified to prescribe scheduled medicines and who has had their general registration endorsed by the Board.

Ministerial Council means Australian Health Workforce Ministerial Council.

National Law means the Health Practitioner Regulation National Law as in force in each state and territory.

Schedule 2 medicine means Pharmacy Medicine in the Poisons Standard within the meaning of the *Therapeutic Goods Act 1989* (Cth).

Schedule 3 medicine means Pharmacist Only Medicine in the Poisons Standard within the meaning of the *Therapeutic Goods Act 1989* (Cth).

Schedule 4 medicine means Prescription Only Medicine in the Poisons Standard within the meaning of the *Therapeutic Goods Act 1989* (Cth).

Schedule 8 medicine means Controlled Drug in the Poisons Standard within the meaning of the *Therapeutic Goods Act 1989* (Cth).

Scheduled medicine means a substance included in a schedule to the current Poisons Standard within the meaning of the *Therapeutic Goods Act 1989* (Cth).

Review

This standard for endorsement of registration will be reviewed from time to time as necessary. The Board will review this standard at least every five years.

Appendix B

Pharmacy Board Ahpra

Draft

Guidelines: Endorsement for scheduled medicines

Consultation – April 2026

Appendix B – Draft Guidelines: Endorsement for scheduled medicines

Effective from: <<<date>>

Contents

Introduction

These guidelines provide information about:

- meeting the requirements of the Board's Registration standard: *Endorsement for scheduled medicines* (the registration standard)
- applying for an endorsement for scheduled medicines as a pharmacist
- the Board's expectations when you practise with an endorsement and administer, obtain, possess, prescribe, sell, supply and/or use scheduled medicines, to ensure that you do so competently, safely and effectively.

These guidelines must be considered in the context of the broad range of information that supports professional practice as a pharmacist, including relevant competency standards frameworks, legislation, codes of ethics and conduct, professional practice and quality standards and guidelines for the pharmacy profession.

These guidelines use 'patient' to mean a person receiving healthcare from a registered health practitioner. The term 'patient' includes 'clients' and 'consumers'. Depending on the context of practice and recognising the importance of patient-centred care, the term patient can also extend to families and carers (including kinship carers), and to groups and/or communities as users of health services. The term 'person-centred care' is also referenced as it can be relevant to a person's circumstances and context for seeking care.

Cultural Safety

In 2022, Cultural safety was enshrined in the National Law (see Section 3A of the National Law).

The National Registration and Accreditation Scheme's (the National Scheme) statement of intent[13] includes a commitment to apply the National Law to ensure a culturally safe health workforce supported by nationally consistent standards, codes and guidelines across all professions in the National Scheme. Aboriginal and Torres Strait Islander health and cultural safety is addressed in Part 2 of the Board's Code of conduct.

The definition of cultural safety for the National Scheme can be found in the *Definitions* section of these guidelines.

In developing the *Guidelines: Endorsement for scheduled medicines*, the Board is guided by the principles as set out in the National Law, including:

- protection of the public
- public confidence in the safety of services provided by registered health practitioners and students
- development of a culturally safe and respectful health workforce.

Therefore, whenever pharmacy services are delivered, it is fundamental to ensure that the care that is given:

- is responsive to Aboriginal and Torres Strait Islander Peoples and their health; and
- contributes to the elimination of racism in the provision of health services.

There are a range of initiatives relevant to pharmacy practice that address the health needs of Aboriginal and Torres Strait Islander Peoples and contribute towards addressing inequity.

The Pharmaceutical Society of Australia has published *Guideline for pharmacists supporting Aboriginal and Torres Strait Islander peoples with medicines management* which describes the professional obligations of pharmacists when supporting Aboriginal and Torres Strait Islander peoples with culturally safe and responsive care and medicines management.

[13] Refer to https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx#statement-of-intent

Do these guidelines apply to me?

These guidelines apply to pharmacists:

- applying[14] for endorsement for scheduled medicines, and/or
- whose registration is endorsed for scheduled medicines.

How can these guidelines be used?

The purpose of these guidelines is to assist the Board in its functions under the National Law relating to the protection of the public, by setting and maintaining standards of practice to guide endorsed pharmacists in their practice.

Conduct that is not consistent with these guidelines and/or laws, practice standards or other guidelines may result in a notification to the Board or jurisdictional regulatory body. Such notifications may be made by an individual or through other processes such as audits carried out by a regulatory body.

Whilst these guidelines are not legally binding rules or regulations, under section 41 of the National Law and other jurisdictional laws, these guidelines can be used in disciplinary proceedings, as evidence of what constitutes appropriate professional conduct or practice for pharmacists. When considering notifications against pharmacists, the Board considers whether the pharmacist's conduct is consistent with these guidelines. The Board will also consider legislation, practice standards and guidelines relevant to pharmacy practice as well as the shared Code of conduct for health practitioners published by the Australian Health Practitioner Regulation Agency (Ahpra) and National Boards (the shared Code of conduct) and its other guidelines for pharmacists.

If a pharmacist's professional conduct varies significantly from these guidelines, the pharmacist should be prepared to explain and justify their decisions and actions. Serious or repeated failure to meet these guidelines may have consequences for a pharmacist's registration.

Further information for pharmacists on the possible outcomes of notifications is available on the of the Ahpra website.

What must I do to have my registration endorsed?

You must meet the requirements of the Registration standard: *Endorsement for scheduled medicines* (the registration standard)

Applying for endorsement for scheduled medicines

You must be able to demonstrate that you meet the following requirements of the registration standard at the time of your application for endorsement:

1. that you are a suitable person, as defined under s55 of the National Law, to have your registration endorsed for scheduled medicines
2. that you have successfully completed:
    a. a Board-approved program of study leading to endorsement for scheduled medicines, or
    b. another program of study that the Board assesses as substantially equivalent to, or based on similar competencies to, an approved program of study leading to endorsement for scheduled medicines.

An approved program of study is one that has been accredited by the Australian Pharmacy Council of Australia and approved by the Pharmacy Board of Australia for the purpose of qualifying a pharmacist for a scheduled medicines endorsement. A list of approved programs of study is available on the Board's website.

[14] *Applications for endorsement may be made by pharmacists who hold general registration with the Board or persons who are applying for general registration as a pharmacist. Registration as a pharmacist must be granted before the endorsement can be granted.*

Scope of endorsement

The Board's *Registration standard: Endorsement for scheduled medicines* sets out that, for the purposes of the practice of pharmacy, an endorsed pharmacist is qualified to administer, obtain, possess, prescribe, sell, supply and/or use Schedule 2, Schedule 3, Schedule 4 and Schedule 8[15] medicines.

The endorsement relates to relevant scheduled medicines in the meaning of the current poisons standard under section 52D of the Therapeutic Goods Act 1989 (Cth).

What must I do when I am endorsed?

When practising with the endorsement, you must meet:

- the relevant requirements in Commonwealth, state and/or territory legislation
- the Board's registration standards
- the shared Code of conduct
- the relevant quality and practice standards and related guidelines
- these guidelines.

Registration standards

When practising with an endorsement, you are required to:

- maintain appropriate professional indemnity insurance arrangements for your scope of practice in accordance with the Board's *Registration standard: Professional indemnity insurance arrangements*
- meet the minimum annual requirements for recency of practice in accordance with the Board's *Registration standard: Recency of practice*
- complete the minimum annual requirements for continuing professional development (CPD) for general registration and an additional 10 hours of CPD related to prescribing of scheduled medicines in accordance with the Board's *Registration standard: Continuing professional development*.

State or territory authority

The endorsement of your registration by the Board indicates that you are qualified to administer, obtain, possess, prescribe, supply or use schedule 2, 3, 4 or 8[15] medicines but does not authorise you to do so.

The scheduled medicines or class of scheduled medicines that pharmacists are authorised to administer, obtain, possess, prescribe, supply or use in a state or territory is set out in state and territory legislation. Your practice in relation to the endorsement must always be within the scope of the state or territory authority.

Scope of practice

A pharmacist's scope of practice is defined by training, qualifications, competence, experience, practice context and legal authorisation to practice. Over time, your scope of prescribing may change in line with changes to some or all of these factors.

Documenting scope of prescribing practice

To ensure that your individual scope of prescribing practice as an endorsed pharmacist is transparent, justifiable, and aligned with contemporary expectations for safe, competent and ethical prescribing, you should develop and maintain an individual scope of prescribing practice document. In this document, you should:

- demonstrate a clear understanding of your practice context
- consider community, stakeholder and system needs

[15] *Note: the Board is consulting on the scope of the proposed Registration standard: Endorsement for scheduled medicines and is seeking feedback on which classes of scheduled medicines should be included in the scope of endorsement to inform the final proposal to be submitted to Ministerial Council to consider for approval.*

- define your individual clinical scope
- link your prescribing scope to your education, training, skills and competence
- reference all relevant regulatory authorisations and professional requirements
- commit to continual review and improvement of your practice.

The development of your individual scope of prescribing practice document should be informed by frameworks such as:

- the Pharmaceutical Society of Australia *Competency Standards Framework for Pharmacists in Australia, 2016*[16], which includes guidance on creating an individualised professional practice profile, and
- the third edition of the *National Prescribing Competencies Framework – Embedding quality use of medicines into practice*[17].

For further information on developing a scope of prescribing practice document, refer to Appendix A of these guidelines.

Maintaining competence to prescribe

To practise safely as an endorsed pharmacist, you are required to maintain your competence in your scope of prescribing practice and meet the requirements set out in the Board's:

- *Registration standard: Continuing professional development*
- *Registration standard: Recency of practice*.

This means that when renewing your annual general registration with an endorsement, you are required to have completed at least 10 additional hours of continuing professional development related to prescribing and quality use of medicines and maintained recency of practice relevant to the endorsement to prescribe.

You should review your individual scope of prescribing practice document annually and in preparation to incorporate any changes in your scope of practice to:

- ensure that the competencies specific to your current or changing role as a prescriber are included
- identify any gaps in your knowledge and skills
- identify any required improvements in your practice and the areas of professional development that you need to complete.

You must take such necessary actions in accordance with the Board's CPD registration standard to ensure competence to practise within your scope of practice. Before implementing a change to your scope of practice, you must have documented evidence of your competence to do so.

Good prescribing practice

Prescribing is a dynamic process involving the steps of information gathering, clinical and shared decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine[17]. Prescribing is a complex task that requires the application of specific knowledge, skills and attributes to a unique person at a given point in time[17].

The National Prescribing Competencies Framework (the framework) supports prescribing by defining the competencies necessary to prescribe medicines through each stage of the process. It provides a focused description of the core competencies considered essential to prescribing, grounded in the principles of person-centred, rational, safe and effective medicines use. The framework describes the competencies prescribers require for the safe, person-centred and quality use of medicines.[17]

Prescribers are in a pivotal position to support optimal use of medicines through effective partnerships with consumers and a collaborative, multidisciplinary approach to medicines use. Collaboration with the

[16] Pharmaceutical Society of Australia. *Competency Standards Framework for Pharmacists in Australia,* 2016. www.psa.org.au/practice-support-industry/national-competency-standards/

[17] Commonwealth of Australia (Department of Health, Disability and Ageing). *National Prescribing Competencies Framework – Embedding quality use of medicines into practice, Third Edition* 2025. www.ahpra.gov.au/About-Ahpra/Our-engagement-activities/National-Prescribing-Competencies-Framework.aspx

person's primary healthcare provider, usually their general practitioner, is essential to the prescribing process and to achieving optimal health outcomes from medicines use[17].

Health professionals must be aware of and meet prescribing requirements at local, organisational, jurisdictional and national levels. This is particularly important in the context of fast-evolving technological environments and emerging models of care[17]. The prescribing environment is dynamic, complex and involves multiple settings, health practitioners, regulators, processes and systems[17].

To prescribe safely and effectively as an endorsed pharmacist, you must:

- maintain competence within your scope of prescribing practice
- maintain a person-centred approach
- effectively navigate the prescribing environment including utilising technology such as real-time prescription monitoring and health record platforms
- work collaboratively with the patient and other treating health practitioners
- make decisions that are ethical, legal and evidence-based, within appropriate governance frameworks
- communicate effectively
- maintain accurate documentation in accordance with professional and legal requirements.

Good prescribing practice as an endorsed pharmacist does not include:

- self-prescribing
- prescribing excessive quantities of medicines
- asynchronous prescribing by text, email or online (or equivalent), or
- prescribing for a person without a real-time direct consultation, whether in-person, via video or telephone[18] (within state and territory authorisations and permissions).

Providing care to those close to you

Whenever possible, avoid prescribing to anyone with whom you have a close personal, familial or professional relationship. In some cases, this may be unavoidable, for example in an emergency. Whenever this is the case, good practice requires recognition and careful management of these issues.

Code of conduct

The shared Code of conduct[19] published by Ahpra and National Boards sets out expectations about professional behaviour and conduct for registered health practitioners and outlines the conduct that the public can expect from health practitioners.

Pharmacists must practise safely, effectively and in partnership with patients and colleagues, within their scope of practice, using patient-centred approaches that are culturally safe, and informed by the best available evidence to achieve the best possible patient outcomes. Pharmacists should minimise risk by maintaining their professional capability through ongoing professional development and self-reflection and understanding and applying the principles of clinical governance[20], risk minimisation and management in practice.

The Board uses the shared Code of conduct to evaluate pharmacists' conduct, therefore, when practising with an endorsement you must apply the entire code and any relevant documents referenced in the code (not just the references set out in these guidelines) to your practice.

Conflicts of interest

The shared Code of conduct (8.10 conflicts of interest) states:

[18] National Boards and Ahpra have published guidance on telehealth and virtual care which is relevant to consultations via video or telephone. www.ahpra.gov.au/Resources/Information-for-practitioners-who-provide-virtual-care.aspx. Where the use of these models is authorised and appropriate to deliver services, compliance with the guidance is expected.

[19] Ahpra. *Shared Code of Conduct* 2022. www.ahpra.gov.au/Resources/Code-of-conduct/Shared-Code-of-conduct.aspx

[20] For a definition of clinical governance see the *Definitions* section. For additional information see ACSQHC National Model Clinical Governance Framework and ACSQHC Clinical Governance Standard. Pharmacy member organisations may also have customised clinical governance resources.

"Patients rely on the independence and trustworthiness of practitioners for any advice or treatment offered. A conflict of interest in practice arises when a practitioner, entrusted with acting in the interests of a patient, also has financial, professional or personal interests or relationships with third parties which may affect or be perceived to affect their care of the patient.

Multiple interests are common. They require identification, careful consideration, appropriate disclosure and accountability. When these interests compromise or might reasonably be perceived by an independent observer to compromise the practitioner's primary duty to the patient, practitioners must recognise and resolve this conflict in the best interests of the patient."[19]

In accordance with the shared Code of conduct, good practice by endorsed pharmacists includes that you:

- recognise potential conflicts of interest that may arise in relation to initiating or continuing a professional relationship with a patient
- act in the best interests of patients when making referrals, and when giving or arranging treatment or care
- inform patients about an interest that could affect or could be perceived to affect patient care
- do not offer inducements to colleagues or enter into arrangements that could be perceived to provide inducements
- not allow any financial or commercial interest in a hospital, pharmacy, other healthcare organisation or company providing healthcare services or products to adversely affect the way in which patients are treated and inform patients when interest could be perceived to influence the care provided
- not set performance targets or quotas for employed registered health practitioners or engaging in business practices that are inconsistent with the code, and/or may compromise patient safety.

For further information about managing conflicts of interest, refer to section 8.10 of the Ahpra shared code of conduct[19], and any other professional practice standards and guidelines relevant to your practice.

Clinical governance

The shared Code of conduct states that *"Clinical governance describes a systematic approach to maintaining and improving the quality of patient care within a clinical setting. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of safe, effective and high-quality services."* It also outlines that good practice in relation to risk management includes understanding the importance of clinical governance and reminds practitioners of their obligations to understand and apply the principles of clinical governance.

Pharmacists in leadership/management roles and/or other individuals/entities may be responsible, either wholly or in part, for identifying, assessing and managing risks to patients, staff, and their organisation including establishing and maintaining clinical governance arrangements. If you are a pharmacist in a leadership/management role, you must adequately address these responsibilities.

In your practice setting as an endorsed pharmacist, you are required to understand your obligations and work within established clinical governance arrangements, and you should contribute towards the improvement of safety and quality of health care for patients. You should be satisfied that the prescribing service that you deliver is supported by any additional standard policies and processes for assessment, monitoring and evaluation. As an endorsed pharmacist you are accountable for ensuring that the prescribing services you provide in your practice setting are safe, and in accordance with:

- all applicable state, territory or Commonwealth legislation
- applicable professional practice standards
- quality-assurance standards and guidelines (those that apply to relevant practice settings, for example, aged care, primary care, hospital or other settings)
- Pharmacy Board of Australia registration standards, codes and guidelines, including codes, guidelines, position statements and other relevant documents jointly developed with Ahpra and National Boards.
- suitable employer protocols, policies and procedures.

Quality Assurance

To support continual improvement in prescribing practice and ensure high-quality, safe and effective patient care, you should engage in a range of quality assurance activities. These activities should review both your individual practice and the systems, processes and environments in which prescribing occurs. Quality assurance activities should include:

- seeking feedback from patients, service providers and other stakeholders (e.g. evaluation tools, satisfaction surveys) to assess the quality, accessibility and impact of prescribing services, and to implement improvements where appropriate
- participating in the review and analysis of risks, complaints and incidents, including identifying underlying causes and contributing factors; this should occur collaboratively with the healthcare team and employer, within your scope of responsibility, to support safer systems of prescribing
- regularly reviewing policies, procedures and clinical workflows to ensure they reflect contemporary, evidence-based practice and incorporate input from consumers and community representatives
- conducting regular self-assessment and reflection on your current prescribing practice, including evaluating alignment with the National Prescribing Competencies Framework and identifying areas for further development or support
- undertaking routine audit and monitoring of your prescribing activities, such as peer review of your prescribing scope, decision-making processes and clinical outcomes, followed by reflection and discussion with the healthcare team to inform quality improvement initiatives.The quality assurance activities listed above may also inform these discussions. The audit activities undertaken, including outcomes should be documented ensuring patient confidentiality and privacy.

Additional or alternative quality assurance and improvement activities may be appropriate for your prescribing practice and should be incorporated into your activities.

Person-centered care

The shared Code of conduct states *"Practitioners should practise safely, effectively and in partnership with patients and colleagues, using patient-centred approaches, and informed by the best available evidence to achieve the best possible patient outcomes."*[19]

The Professional Practice Standards[21] state that person-centred care is fundamental to the pharmacy profession and applies to all registered pharmacists, regardless of the practice setting.

The Australian Charter of Healthcare Rights[22] describes the rights a patient can expect when receiving healthcare. It addresses principles such as patients having their choices recognised and respected, and shared decision-making with their healthcare provider, to the extent that they choose and can do so.

To effectively deliver person-centred care when prescribing, you should:

- establish relationships based on respect, trust and effective communication
- ensure culturally safe and respectful practice for all patients
- ensure patient privacy and confidentiality
- work in partnership with patients
- provide explanations that enable patients to understand available evidence-based treatment options (pharmacological and non-pharmacological)
- ensure patients have enough information to make an informed decision about their current and future care
- recognise and respect the rights of patients to make their own decisions about their current and future healthcare.

When carrying out assessments and consultations and providing care (in-person or via secure phone/video systems) you must do so in an appropriate environment and meet your ethical and legal

[21] Pharmaceutical Society of Australia. *Professional Practice Standards Version 6* 2023. www.psa.org.au/practice-support-industry/pps/

[22] Australian Commission on Safety and Quality in Healthcare. *The Australian Charter of Healthcare Rights second addition* 2019 www.safetyandquality.gov.au/our-work/partnering-consumers/australian-charter-healthcare-rights

obligations to protect the privacy of patients. The shared Code of conduct[19] (section 3.3 Confidentiality and privacy) provides further detail on confidentiality and privacy.

Consent

Pharmacists must seek and obtain patient consent at various points when delivering health care to a patient. The shared Code of conduct[19] (section 4.2 Informed consent) states "Informed consent is a person's voluntary decision about healthcare that is made with knowledge and understanding of the benefits and risks involved."

In the context of providing healthcare as an endorsed pharmacist, which may or may not include the prescribing of scheduled medicines, it is essential that you provide enough information to enable a patient to make an informed decision and that you seek informed consent at appropriates stages of an interaction with a patient. Your practice must meet the requirements set out in section *4.2 Informed consent* of the shared Code of conduct[19], including:

- seeking financial consent before delivering care
- seeking consent to access a patient's medical records, to gather other reliable information about the persons health and medicines, to create records and to share information about the care delivered with the patient's other treating practitioners
- seeking consent from the patient or where the patient does not have the capacity, from their parent, carer, guardian or other substitute decision-maker before carrying out any examination or investigation, providing treatment (this may not be possible in an emergency), or involving patients in teaching or research

If during the consultation, you determine that it is appropriate to prescribe a medicine, you must inform the patient:

- whether the legal authorisation to do so requires you to supply the medicine to the patent directly
- whether the legal authorisation to prescribe requires you to provide the patient with a prescription (written or electronic token), and that you inform the patient that they have the right to have that prescription dispensed at a pharmacy of their choosing.

Patients who request or consent to having their prescriptions exclusively dispensed at a particular pharmacy can choose to withdraw their consent at any time without providing a reason.

Working with other practitioners

The shared Code of conduct[19] (section 5.2 Teamwork and collaboration) states *"Effective collaboration is a fundamental aspect of good practice and teamwork. Good patient care requires coordination between all treating practitioners. Healthcare is improved when there is mutual respect and clear, culturally safe communication, as well as an understanding of the responsibilities, capacities, constraints and ethical codes of each other's health professions. Working in a team or collaboratively does not alter your personal accountability for professional conduct and the care you provide."*

In any health care arrangement or service, it is essential that effective and timely communication between the treating health practitioners involved in the care of the patient, occurs within the bounds of relevant privacy requirements, for the benefit of the patient. Communication between parties can only occur with consent[23]. If the patient refuses to consent to you sharing such information, you should explain the risks of not doing so. If the patient continues to refuse to give consent, you should consider which course of action (including not prescribing) would be in the best interests of the patient. You must document this in the patient's records.

Patients and the practitioners treating them must understand which practitioner is responsible for providing the various aspects of care. The shared Code of conduct[19] (5.2 Teamwork and collaboration) advises that when working in a team or collaboratively, good practice includes that you:

[23] The Office of the Australian Information Commissioner (OAIC) has also published the Guide to health privacy which provides further guidance on how the Australian Privacy Principles relate to healthcare environments including the circumstances where confidential information may be disclosed.

- understand your role and the role of other team members and attend to the responsibilities associated with that role
- advocate for a clear delineation of roles and responsibilities, including that there is a recognised team leader or coordinator even though care within the team may be provided by different practitioners from different health professions within different models of care
- communicate effectively with other team members or practitioners, including to support continuity of care
- inform patients about the roles of team members or other practitioners and be clear who has ultimate responsibility for coordinating the patient's care.

Referral

Patient care is a pharmacist's primary concern in clinical practice. Providing good care includes that you *"recognise and work within the limits of your skill and competence and when necessary, refer a patient to another practitioner when this is in the best interests of the patient."*[19] Referral is also required if you are not authorised to provide the treatment that the patient is likely to require. Your decision to refer a patient to another health practitioner or health service provider (e.g. clinic or hospital) for care must be documented in the patient's record.

Quality use of medicines

When prescribing scheduled medicines you must observe the *Quality Use of Medicines* (QUM)[24] principles as they apply to the scope of your endorsement.

Quality use of medicine means:

a. selecting management options judiciously by:

- considering the place of medicines in treating illness and maintaining health
- recognising there may be better ways than medicine to manage many disorders

b. choosing suitable medicines (if a medicine is considered necessary) so that the best available option is selected by taking into account:

- the individual
- the clinical condition
- risks and benefits
- dosage and duration of treatment
- any coexisting conditions
- other therapies
- monitoring considerations
- costs for the individual, the community and the health system as a whole

c. using medicines safely and effectively to get the best possible results by:

- monitoring outcomes
- minimising misuse, over-use and under-use
- improving people's ability to solve problems related to medication, such as negative effects, and managing multiple medications.

Separating the prescribing and dispensing of medicines

The Board maintains that a pharmacist prescriber should not dispense the medicine that they have prescribed.

The division of these roles, enabling a different pharmacist to provide independent clinical oversight and an opportunity to identify any potential error in prescribing, is an important safeguard. It also supports two-

[24] Commonwealth of Australia (Department of Health, Disability and Ageing). *National Medicines Policy resources collection* 2025. www.health.gov.au.

way communication about any aspect of the prescription that is unclear or potentially unsafe and collaboration between health practitioners in the patient's interest.

In circumstances where the authorisations require pharmacists to issue an electronic prescription token or hard copy prescription for a prescribed medicine, you must ensure that the patient is aware that they may choose to have the prescription dispensed at another pharmacy (refer to the section 'Consent' in these guidelines).

There may be extenuating circumstances when the patient seeks to have a medicine that you prescribed supplied by you. For example, when initiation of treatment is time-sensitive, in areas where there is no other pharmacist available, or when the person needs the medicine urgently.

In all cases, any decision that you make to prescribe and supply a medicine must be made in the person's best interests, and you must make sure that the person's health and safety are not compromised.

If you prescribe, carry out the clinical check and supply the medicines at the same time, you should document your reasons for your decision.

Adverse event reporting

The Therapeutic Goods Administration (TGA) is part of the Australian Government Department of Health and Ageing, and is responsible for regulating therapeutic goods including medicines, medical devices, blood and blood products.

The TGA also collects reports of adverse events associated with medicines and medical devices. Monitoring of adverse events allows the TGA to investigate and act on medicines safety issues.

Pharmacists can help the TGA in safeguarding public health by reporting suspected adverse events associated with medicines, particularly those associated with new products.

This information forms an important part of the TGA's monitoring activities and plays a key role in helping identify potential relationships between a therapeutic good and a series of adverse events. When a link can be established, the TGA takes action to ensure that medicines available in Australia continue to meet appropriate standards of safety, efficacy and quality.

Further information can be found on the TGA website.

Antimicrobial resistance

When prescribing antimicrobial preparations, you must understand all issues relating to the emergence of antimicrobial resistance and mechanisms for limiting this. Selection of an antimicrobial must always be judicious and involve consideration of the risk that treatment may promote the development of antimicrobial resistance. In particular, treatment regimens should be avoided that could result in:

- inappropriate drug selection
- insufficient therapeutics (i.e. drug regimen inadequate to control infection, either in duration or therapeutic effect)
- overuse, or
- inappropriate dosage.

The Australian Government Antimicrobial Resistance[25] website and the Australian Commission on Safety and Quality in Health Care Antimicrobial Stewardship[26] websites provide a range of information for prescribers to help them understand the risks of antimicrobial resistance and what they can do to help contain this. Guidance on evidence-based prescribing can be accessed through reference texts such as

[25] Commonwealth of Australia (Department of Health, Disability and Ageing and Department of Agriculture, Fisheries and Forestry). *Antimicrobial Resistance.* www.amr.gov.au/

[26] Australian Commission on Safety and Quality in Healthcare. *Antimicrobial stewardship* 2025. www.safetyandquality.gov.au/our-work/antimicrobial-stewardship

the Therapeutic Guidelines: Antibiotic[27] and Advanced Pharmacy Australia's *Standard of practice in infectious diseases for pharmacy services*[28].

Prescriptions

A prescription is a legal document. It is a precise written instruction from a prescriber to a pharmacist for preparing and dispensing a drug for a patient.

You have a duty of care to provide a prescription that is legible; this reduces the potential for errors in treatment. Electronically generated prescriptions are generally more legible than those that are handwritten.

Regardless of the format of the prescriptions, you need to systematically check the details of the prescription.

The essential information needed for a legal prescription may vary between states and territories. You need to be aware of these variances if practising in different jurisdictions. The requirements generally include:

- prescribers name, address, telephone number and qualifications
- patient's full name, address and date of birth
- date the prescription is written
- drug name in full
- drug strength
- drug form (e.g. tablet, capsule, or mixture)
- quantity of drug to be supplied
- drug dose, route of administration, frequency, and duration of treatment (if necessary)
- clear instructions for the patient (in English) – it is not appropriate to write 'take as directed'
- any further instructions necessary for the pharmacist, and
- signature of the prescriber (in a form accepted under legislation).

Record keeping

You are required to comply with additional health record keeping requirements relevant to prescribing as set out in legislation that authorises prescribing. Additionally, the shared Code of conduct[19] (section 8.3 Health records) states that maintaining clear and accurate health records is essential for the continuing good care of patients and that good practice includes that you:

- keep accurate, up-to-date, factual, objective and legible records that document relevant details of clinical history, clinical findings, investigations, information given to patients, medication and other management in a form that can be understood by other health practitioners
- ensure that records are held securely and are not subject to unauthorised access. This includes protecting the privacy and integrity of electronic records
- ensure that records show respect for patients and do not include demeaning or derogatory remarks
- ensure that records are sufficient to facilitate continuity of care
- make records at the time of events or as soon as possible afterwards
- recognise the right of patients to access information contained in their health records and facilitate that access, and
- promptly facilitate the transfer or management (including disposal) of health information in accordance with legislation on privacy and health records when requested by patients, or when closing or relocating a practice.

Further information and tools for managing health records are available on the Ahpra website.

[27] Therapeutic Guidelines. Melbourne: Therapeutic Guidelines: Antibiotic. www.tg.org.au

[28] Cairns, K.A., Avent, M., Buono, E., Cheah, R., Devchand, M., Khumra, S., Rawlins, M., Roberts, J.A., Xenos, K. and Munro, C. (2021), Standard of practice in infectious diseases for pharmacy services. J Pharm Pract Res, 51: 247-264. https://doi.org/10.1002/jppr.1744

Authority

The Pharmacy Board of Australia (the Board) has developed these *Guidelines: Endorsement for scheduled medicines* under section 39 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

Definitions

Asynchronous prescribing means prescribing that does not take place in the context of a real-time continuous consultation and is usually based on the patient completing a health questionnaire without speaking to the prescriber.

Code of conduct means the shared code of conduct for health practitioners published by Ahpra and National Boards.

Cultural safety definition

Principles

The following principles inform the definition of cultural safety:

- Prioritising the Ministerial Council's goal to deliver healthcare free of racism supported by the National Aboriginal and Torres Strait Islander Health Plan 2021-2031
- Improved health service provision supported by the National Safety and Quality Health Service (NSQHS) Standards User Guide for Aboriginal and Torres Strait Islander Health
- Provision of a rights-based approach to healthcare supported by the United Nations Declaration on the Rights of Indigenous Peoples
- Ongoing commitment to learning, education and training.

Definition

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism.

How to

To ensure culturally safe and respectful practice, health practitioners must:

- Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health.
- Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism.
- Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.
- Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.

Endorsed pharmacist means a pharmacist with an endorsement for scheduled medicines granted by the Board, who undertakes prescribing within their level of competence and scope of practice. The endorsed pharmacist is responsible and accountable for prescribing within their scope of practice and the authorisation to prescribe medicines that is determined by legislation, will meet the requirements of the Board related to the endorsement and the relevant policies of the jurisdiction, employer or health service.

National Law means the Health Practitioner Regulation National Law as in force in each state and territory.

Prescribe a medicine for the purpose of this endorsement, means to authorise the supply and/or administration of a medicine to a person (for example, a nurse who writes a prescription for a person to be dispensed by a pharmacist is exercising their authority to prescribe) – it also includes de-prescribing of medicines.

Referral involves one practitioner sending a patient to obtain an opinion or treatment from another practitioner. Referral usually involves the transfer (in part) of responsibility for the care of the patient,

usually for a defined time and a particular purpose, such as care that is outside the referring practitioner's expertise or scope of practice.

Schedule 2 medicine means Pharmacy Medicine in the Poisons Standard within the meaning of the *Therapeutic Goods Act 1989* (Cth).

Schedule 3 medicine means Pharmacist Only Medicine in the Poisons Standard within the meaning of the *Therapeutic Goods Act 1989* (Cth).

Schedule 4 medicine means Prescription Only Medicine in the Poisons Standard within the meaning of the *Therapeutic Goods Act 1989* (Cth).

Schedule 8 medicine means Controlled Drug in the Poisons Standard within the meaning of the *Therapeutic Goods Act 1989* (Cth).

Scheduled medicine means a substance included in a schedule to the current Poisons Standard within the meaning of the *Therapeutic Goods Act 1989* (Cth).

Scope of practice means, the professional role and services that an individual health practitioner is educated and competent to perform.

Scope of prescribing practice document means, in relation to an endorsed pharmacist, a document detailing the prescribing competencies met that describe the scope of prescribing practice, informed by their training, qualifications, competence, experience, practice setting and legal authorisation to prescribe.

Review

The Board will monitor this guideline for effectiveness and review it at least every five years.

Date of issue: <<insert date>>

Date of review: <<insert date>

Appendix A - Documenting scope of prescribing practice

As an endorsed pharmacist, you must ensure that your individual scope of prescribing practice is transparent, justifiable, and aligned with contemporary expectations for safe, competent and ethical prescribing, you should develop and maintain an individual scope of prescribing practice document. This document should:

1. Demonstrate a clear understanding of practice context

    - Describe the clinical, organisational, practice (e.g. location) and community settings in which you practise.
    - Outline the models of care, service arrangements and health system requirements relevant to your role.

2. Consider stakeholder and system needs

    - Reflect the expectations and needs of the interprofessional team, the employing organisation, and the community you serve.
    - Show how your role integrates with broader care pathways, referral processes and collaborative practices.

3. Define your individual prescribing scope of practice

    - Specify the authorised activities, including the classes of scheduled medicines you are endorsed as qualified to prescribe.
    - Identify the state/territory and Commonwealth legislation that governs, authorises and enables you to prescribe.
    - Articulate the boundaries of your practice, including activities you will *not* undertake due to limitations in your training, competency or practice context.

4. Link scope to education, training, skills and competence

    - Detail your qualifications, credentials, work-integrated-learning, CPD, and practice experience that inform and justify your prescribing scope.
    - Demonstrate alignment between your practice and the knowledge, skills and behaviours expected of a competent prescriber.

5. Reference all relevant professional and regulatory requirements

    - Identify the specific Board standards, codes and guidelines, as well as the professional practice standards and related guidelines, that underpin and guide your practice.
    - Show how these standards are operationalised within your day-to-day clinical decision-making.

6. Commit to continual review and improvement

    - Be updated regularly to reflect changes in your practice, legislation, service models and your competence.
    - Support reflective practice by prompting you to consider opportunities for development, emerging risks, and areas requiring further training.
    - Document changes when introducing new medicines, therapeutic areas, or services into practice.

Key Frameworks Informing Development of the Individual Scope of Practice

The development of your scope of prescribing practice document should be informed by:

- the Pharmaceutical Society of Australia (PSA) Competency Standards Framework for Pharmacists in Australia (2016), including the guidance on developing an individualised professional practice profile and articulating professional capabilities.

- the National Prescribing Competencies Framework (3rd edition) – supporting safe, high-quality prescribing and embedding quality use of medicines principles into practice.

Appendix C – Pharmacy practice, education and registration in Australia

The following information details what pharmacists do in practice and how they become educated and registered to practise in Australia.

Pharmacy practice

Pharmacists form part of the multi-disciplinary healthcare team and contribute significantly to improving patient outcomes through the safe and judicious use of medicines and healthcare via initiatives such as:

- medicines management
- antibiotic stewardship
- aged care on-site pharmacy review and advice services
- hospital and community-based medicines review
- disease-specific management programs
- vaccination services
- continued medicines access and supply
- partnered/collaborative prescribing in hospitals
- clinical interventions
- medicine adherence services
- prescribing medicines.

What does a pharmacist do and where do they work?

After gaining general registration, a pharmacist can work in a variety of roles and workplaces using their skills and knowledge. In their role pharmacists[29-30] may:

- prepare or supervise the dispensing of medicines
- compound medicines to meet the unique needs of patients (either human or animal) when available medicines do not meet those needs
- advise patients on how their medicines (prescribed and those available over the counter) are to be taken or used in the safest and most effective way
- provide members of the public with advice for a variety of common health topics
- advise other health professionals who need advice about medicines
- work collaboratively with other health professionals and members of the public.

Pharmacists working in community pharmacies routinely dispense prescriptions, provide advice on drug selection and usage to health professionals, primary healthcare advice and support, and educating the public on health promotion, disease prevention and the proper use of medicines.

Pharmacists working in hospitals often work as part of a healthcare team and are involved in monitoring medication usage, counselling patients, providing drug information and advice to health professionals to ensure medications are correctly prescribed providing information on discharge to the community, conducting clinical trials and preparing products for patient use. They work collaboratively with other health professionals and members of the public.

Some pharmacists are employed by community pharmacies, Aboriginal Community Controlled Health Organisations hospitals, residential aged care facilities or, are self- employed and contract with community pharmacies to provide medication reviews.

Some pharmacists have completed additional education and training, gained substantial experience and have developed expertise in certain areas of pharmacy practice and healthcare or working with patients with certain health conditions (e.g. mental health, antimicrobial stewardship, women's health etc). This enables them to use their expertise in the quality use of medicines by patients and health professionals in various practice settings.

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[29] Pharmaceutical Society of Australia: Pharmacy as a Career 2026. Available at: https://www.psa.org.au/career-and-support/pharmacy-as-a-career/

[30] Monash University: Careers in pharmacy 2026. Available at: https://www.monash.edu/pharm/superhero/15-careers-in-pharmacy

Non-dispensing (general practice) pharmacists[30] deliver professional services from or within a general practice medical centre such as medicine use evaluation and specific services such as smoking cessation

Clinical Trials pharmacists undertake the development, manufacture, testing, analysis support the management and delivery of clinical trials, research and marketing of pharmaceutical and medical products.

Researcher/ Academic pharmacists[30] contribute to health policy development and services through research and evaluation, grant-funded projects, clinical trials and advocacy. Research areas can vary from research in pharmacy practice, as well as a variety of other areas including pharmacotherapy, drug discovery, toxicology, clinical sciences, public health and much more. Additionally, within academia, there is an opportunity to educate others through tutoring, lecturing and supervising roles.

Pharmacists also work as locums and in fields such as the military, law, journalism, pharmaceutical policy, government departments, drug safety, regulatory affairs, politics, and management.

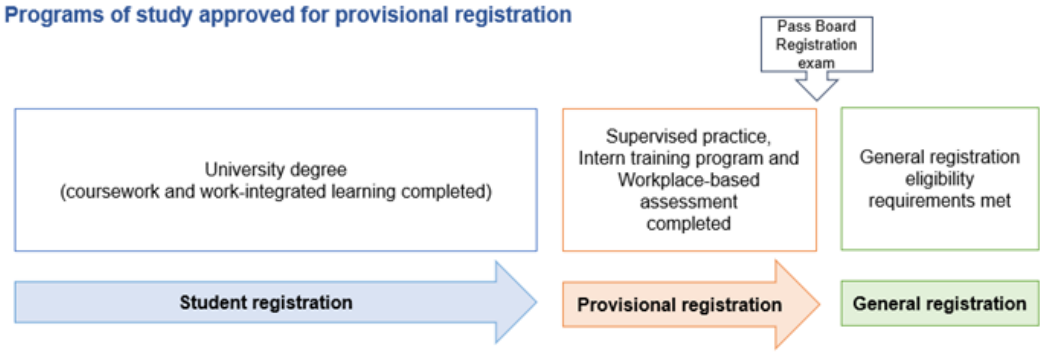
This overview of pharmacists' roles and activities was informed by the Pharmaceutical Society of Australia: Pharmacy as a Career 2026[29] and Monash University Careers in pharmacy 2026[30] resources.

Education and training for general registration as a pharmacist

Before gaining general registration in Australia, pharmacists (except for overseas qualified pharmacists) have satisfactorily completed:

1. an approved pharmacy program (conducted in Australia) or a qualification that the Board considers to be substantially equivalent, or based on similar competencies to an approved qualification (programs conducted in New Zealand)
2. at least 1,575 hours of supervised practice (including satisfactory completion of an accredited intern training program) while holding provisional registration, practising in premises approved by the Board
3. a registration examination comprising:
   a. a written examination, conducted by the Australian Pharmacy Council (APC) on behalf of the Board
   b. an oral examination conducted by the Australian Health Practitioner Regulation Agency on behalf of the Board.

These requirements are set out in the following diagram:



The approved pharmacy programs and the qualifications that the Board considers to be substantially equivalent, or based on similar competencies to an approved qualification are published on the Board's website). All qualifications are aligned with the Australian Qualifications Framework (AQF) at Level 7, 8, or 9 and are either a bachelor's degree or master's degree.

All programs approved by the Board as being suitable for registration have been accredited against the Accreditation Standards for degree and intern training programs by the Australian Pharmacy Council (APC), the accreditation authority for the pharmacy profession.

Overseas qualified pharmacists from countries other than New Zealand, seeking general registration in Australia, are required to pass an examination conducted under the auspices of APC. Successful 'Knowledge Stream' candidates are required to complete an internship in accordance with the Board's

registration standards. Successful ‘Competency Stream’ candidates are required to complete a shorter period of supervised practice under limited registration for supervised practice.

All pharmacists gaining general registration meet the National Competency Standards Framework for Pharmacists in Australia 2016.

Prescribing medicines is an embedded core component of the pharmacists’ role. This service has been safely delivered to the public through the appropriate provision of medicines classified as *Schedule 2 - Pharmacy Only* or *Schedule 3 - Pharmacist Only* medicines giving a defined scope and level of regulatory control to protect public health and safety. Pharmacists are also authorised to prescribe *Schedule 4 – Prescription Only* medicines, in limited situations, to support continued therapy.

Registered pharmacists have completed accredited education and training programs, supervision and assessment to gain general registration to practise and in doing so have demonstrated their capability to deliver these services.

In order to maintain general registration, pharmacists must complete continuing professional development in their scope of practice every year, as well as a requirement for recency of practice.

Pharmacist Prescriber Education Programs

The additional prescribing by pharmacists authorised by states and territories is subject to the successful completion of locally specified education. APC is required by some states and territories to accredit some of the prescriber education programs against the Accreditation standards for pharmacist prescriber education programs and an accompanying Performance Outcomes Framework.

Appendix D – Pharmacist prescribing in Australia

Pharmacists with general registration in Australia are qualified and authorised to prescribe Schedule 2 and Schedule 3 medicines. Pharmacist prescribing of a range of Schedule 4 medicines for specific health conditions is currently authorised in state and territory medicines and poisons legislation, subject to completion of locally approved education.

The Board is not consulting on the current and emerging pharmacist prescribing initiatives (medicines that may be prescribed by pharmacists for particular health conditions) according to corresponding authorisations in local legislation that have been approved in states and territories as these are matters determined by state and territory governments.

Examples of the health conditions that some pharmacists are currently authorised to prescribe specific medicines include:

- Urinary tract infection
- Hormonal contraception – resupply
- Hormonal contraception – initial supply
- Mild to moderate atopic dermatitis (eczema)
- Herpes zoster (shingles)
- Impetigo
- Mild plaque psoriasis
- Acute minor wound management
- Acute nausea and vomiting
- Acute otitis externa and otitis media (ear infection management)
- Allergic and nonallergic rhinitis
- Gastro-oesophageal reflux and Gastro-oesophageal reflux disease
- Obesity
- Mild to moderate acne
- Mild musculoskeletal pain
- Travel health
- Medicines management (e.g. changing medicine formulation or changing to an equivalent medicine within the same class of scheduled medicines)
- Vaccinations[31]
- Smoking cessation
- Oral health risk assessment and fluoride application

There is also a current pilot in community pharmacies in Queensland involving pharmacist prescribing for some chronic conditions management which addresses:

- cardiovascular disease risk reduction (including blood pressure and cholesterol management)
- asthma and,
- chronic obstructive pulmonary disease in community pharmacies.

(Note:

- *this is not an exhaustive list of current or future pharmacist prescribing initiatives in Australia*
- *this list of initiatives is not intended to represent the prescribing that would require an endorsement for scheduled medicines as states and territories would determine which prescribing initiatives would be authorised subject to pharmacists having their registration endorsed).*

Additionally, there are plans for a trial in aged care settings in another state.

[31] Across states and territories, there is some variation in the range of vaccines, the age of administration and the health circumstances for which vaccination prescribing and administration by a pharmacist is authorised. Refer to the state or territory health department websites for further details.

Further details about pharmacist prescribing initiatives

For full details on the state or territory-based pharmacist extended scope or prescribing initiatives, including details on the health conditions, medicines that can be prescribed for eligible patients, please visit the relevant state or territory health website as provided in the table below:

Australian State or Territory	Health Department information on pharmacist prescribing initiatives
Australian Capital Territory	https://www.act.gov.au/health/types-of-health-care-roles/pharmacists Pharmacist extended scope of practice authorization available at: www.legislation.act.gov.au
New South Wales	https://www.health.nsw.gov.au/pharmaceutical/pharmacists/Pages/default.aspx
Northern Territory	https://health.nt.gov.au/professionals/medicines-and-poisons-control2/medicines-and-poisons-notices
Queensland	https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/community-pharmacy-pilots
South Australia	https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/department+for+health+and+wellbeing/office+of+the+chief+pharmacist/community+pharmacy+initiatives/community+pharmacy+initiatives
Tasmania	https://www.health.tas.gov.au/pharmacyscope
Victoria	https://www.betterhealth.vic.gov.au/chemist-care-now
Western Australia	https://www.health.wa.gov.au/Articles/A_E/Enhanced-Access-Community-Pharmacy-Pilot

Note: The information provided in this table represents information published at 1 February 2026. Any updated information should be sought from relevant websites.

Appendix E – Pharmacist prescriber Accreditation Standards

In 2023, to support national consistency in pharmacist prescriber education, the Board funded the Australian Pharmacy Council (APC) to develop the Accreditation standards for pharmacist prescriber education programs (the accreditation standards) and an accompanying Performance Outcomes Framework. The Performance Outcomes are aligned with the NPS MedicineWise Prescribing Competency Framework (2nd Edition) which describes the competencies that must be met by Australian prescribers regardless of profession.

The Accreditation Standards and the accompanying Performance Outcomes Framework and Evidence Guide for education providers were developed through APC's robust, transparent, and consultative approach that aligns with Ahpra's Procedures for the development of accreditation standards. Under the guidance of Governance and Stakeholder Reference Groups, the Accreditation Standards were endorsed by the Board in 2023.

The Accreditation Standards describe the requirements of the education provider and the program in relation to governance, resourcing, educational design, learner experience, outcomes and assessment. Assessment against the Accreditation Standards also requires programs to demonstrate that the curriculum and assessment framework ensures all graduates will have achieved the defined Performance Outcomes.

All accredited programs are required to demonstrate compliance against the 39 criteria of the Accreditation Standards across five domains:

1. Safe and socially accountable practice
2. Governance and quality
3. Program
4. Learner experience
5. Outcomes and assessment.

Performance Outcomes

The Performance Outcome Framework for Pharmacist Prescriber Education Programs describe the performance required to be demonstrated by pharmacist learners, through appropriate assessment methods, prior to graduating from the program. The Performance Outcomes are mapped to the NPS Prescribing Competencies Framework (2021) which describes the expectations for all health professional prescribers.

As part of the accreditation process, education providers seeking accreditation of their program need to demonstrate that all graduates will have demonstrated competence against all of the Performance Outcomes. They provide a framework for education providers to collect and present evidence that their graduates will have demonstrated their ability to safely and effectively prescribe medicines according to the performance outcomes.

The Performance Outcomes are observable, measurable descriptions of expected performance based on the consolidation of required competencies. They aid education providers to design, develop and deliver a contemporary curriculum and authentic assessments that enable learners to demonstrate that they have achieved the required competencies to undertake the role.

The Performance Outcomes Framework consists of five domains that align with the nationally accepted Prescribing Competencies Framework. The table below shows the alignment of the Performance Outcomes with the 2021 Prescribing Competencies Framework.

Performance Outcomes Framework for Pharmacist Prescriber Education Programs Domains	Prescribing Competencies Framework* Competency Areas (CA)
1 Professional Practice	Prescribe safely and effectively (CA6) Prescribe professionally (CA7)
2 Understand the consumer and their needs	Understand the person and their needs (CA1)
3 Person-centred shared decision-making	Understand the management options (CA2) Agree on a plan for the medicines (CA3)
4 Communicate and collaborate	Prescribe medicines and communicate the agreed treatment decision (CA4)
5 Monitor and Review	Review the outcomes of treatment (CA5)

*NPS MedicineWise. Prescribing Competencies Framework: embedding quality use of medicines into practice (Second Edition). Sydney, 2021. Available from: https://www.nps.org.au/assets/NPS/pdf/NPS-MedicineWise_Prescribing_Competencies_Framework.pdf

The Accreditation Standards ensure that accredited programs equip pharmacists with the knowledge, skills and attributes to be competent and safe prescribers within their scope of practice as authorised under relevant legislation.

Programs accredited against the 2023 Accreditation Standards

After the launch of the Accreditation Standards in November 2023, the first Pharmacist Prescriber program was accredited against the Accreditation Standards by APC in March 2024.

Accreditation of education programs follows established accreditation processes used to accredit pharmacy degree programs and intern training programs. Accreditation assessment is undertaken by trained external assessors who have experience in educational design, are health care professionals who are authorised to prescribe, and/or practising pharmacists. This broad expertise allows all aspects of program design and delivery to be considered, prior to an accreditation decision being made by the APC Accreditation Committee (AC). The AC is a skills-based committee comprising of academics, practising pharmacists, accreditation experts, consumers, students and Aboriginal and Torres Strait Islander Peoples.

Programs that have been assessed against the standards and granted accreditation are listed on the APC website. All programs include:

- work integrated learning
- observation/supervision by a designated prescriber and/or support from a prescriber mentor
- final assessment via an Objective Structured Clinical Exam (OSCE).

State and territory regulators currently determine the requirements and scope for a pharmacist to be able to prescribe in their jurisdiction, including the training requirements. For example, Queensland Health includes completion of an APC accredited prescriber program as part of their requirements for pharmacists to be able to prescribe.

Accreditation Standards review

To align with the work it is undertaking to establish a scheduled medicines endorsement for pharmacists, the Board has engaged APC to undertake a review of the 2023 Accreditation Standards for Pharmacist Prescriber education programs.

The project will be conducted with wide stakeholder consultation in accordance with Ahpra's Procedures for the development of accreditation standards, Principles to strengthen the involvement of consumers in accreditation, and Consultation process of National Boards.

The Review of the 2023 Accreditation Standards will include an environmental scan and literature review looking at pharmacist and other health care professional prescribing in Australia and internationally, as well as identifying key changes in practice since the Accreditation Standards were first developed. The draft Accreditation Standards will also be informed by the preliminary and public consultation feedback.

Appendix F – Pharmacist prescribing scenarios

Pharmacists work across many settings such as community pharmacy, aged care, GP clinics and hospitals. As states and territories review their local community needs and make changes to their state or territory authorisations, pharmacist prescribing services may continue to evolve.

A prescriber qualification needs to ensure the education and training provides the required knowledge, skills and capability needed to safely and effectively deliver prescribing services now and into the future. The consistency of education and training requirements across all states and territories in Australia supports consistency in pharmacy services and facilitates workforce mobility which is in the public interest.

Below are some examples of prescribing by pharmacists who would need to have completed additional education and training.

Scenario 1

The father and his 2-year-old boy attend a local pharmacy on a Sunday evening. His son, previously well and fully immunised, presents with a 48-hour history of fever, irritability, and increasing ear-pulling on the left side. The child attends childcare three days per week and has experienced several recent upper respiratory infections over the preceding winter months. The father reports a peak temperature of 38.9°C at home, decreased appetite, and disturbed sleep. He has noted a runny nose, initially clear, which became more mucousy over the past day. There was no vomiting, rash, or lethargy was reported. The child's temperature settled with Panadol. There was no history of chronic ear disease, speech delay, or previous ear surgery.

The endorsed pharmacist takes the father and the boy into the private consultation room, with their consent. They note the child is alert but clingy, intermittently crying and tugging at his left ear. His temperature was 38.3°C and respiratory rate 28 breaths per minute. Otoscopic examination of the right ear is unremarkable. Examination of the left ear reveals a bulging, erythematous tympanic membrane There is no mastoid tenderness or swelling, and no discharge was present. The remainder of the examination, including oropharynx, cardiovascular, and respiratory systems, is normal.

The endorsed pharmacist makes a diagnosis of acute otitis media, most likely viral in origin given the preceding upper respiratory tract infection and absence of severe systemic symptoms. He explains the diagnosis to the father.

Given the mild–moderate severity and absence of red flags, the endorsed pharmacist recommends a watchful waiting approach, consistent with contemporary guidelines. He suggests regular paracetamol or ibuprofen for pain and fever, hydration, and comfort measures. He advises the father that symptoms often peak within 24–48 hours and typically resolve within 72 hours.

Plain language version

A father brought his two-year-old son to a pharmacy because the child had been unwell for two days with a fever, irritability, poor sleep, and was pulling at his left ear. The child also had a runny nose that had become thicker over time, which followed several recent colds. Paracetamol helped bring the fever down. The child had no vomiting, rash, or signs of serious illness, and had no previous ear problems.

The pharmacist examined the child in the private consultation room, with his father present and found that he was alert but uncomfortable. His temperature remained mildly raised. On checking the ears, the pharmacist found the right ear to be normal, but the left ear showed signs of an inflamed middle ear, consistent with acute otitis media (an ear infection). There were no signs of complications such as discharge, mastoid infection, or severe illness.

The pharmacist explained to the father that this type of ear infection is common in young children and often follows a cold. As the child's symptoms were mild to moderate and there were no warning signs, the pharmacist recommended watchful waiting rather than antibiotics. Pain relief, fluids, and comfort measures were advised. A follow-up call was arranged, with clear advice on when to seek further medical care if the child worsened.

A phone review is arranged in 48 hours. The endorsed pharmacist advises the father to seek medical attention sooner if the child's condition deteriorates, including if he has a persistently high temperature which does not settle with Panadol and/or ibuprofen.

The pharmacist records the consultation and treatment advice and provides a summary for the child's usual GP.

Summary

The pharmacist who has completed the required education and training to qualify for an endorsement, including in the use of equipment to examine ears, and in how to conduct physical examinations, adequately and appropriately assessed the child and provide evidence-based management, providing reassurance to the father and avoiding the use of unnecessary antibiotics. The medicines recommended (paracetamol and ibuprofen) are Schedule 2 medicines which don't require a prescription and can be purchased at the pharmacy.

Scenario 2

A 72-year-old woman presents to her local pharmacy with a two-day history of unilateral burning pain over her right upper back. Her past medical history includes well-controlled hypertension, osteoarthritis, and type 2 diabetes managed with metformin. She lives independently and reports no recent illnesses, new medications, or immunosuppressive therapy. Her weight is stable, and she has not had any falls. She has not received the shingles vaccine.

In the private consultation room, she describes to the endorsed pharmacist the onset of a deep, aching pain over the right posterior thoracic region, which she initially attributed to muscular strain. Over the next 24 hours, the pain intensified, becoming sharp in character. She noted increasing hypersensitivity to clothing and movement. She denies fever, malaise, anorexia or shortness of breath.

The endorsed pharmacist notes that she appears well but moves cautiously due to discomfort.

Her pulse, temperature, blood pressure, respiratory rate and random blood sugar level are within normal range. Cardiovascular and respiratory examinations are normal. Dermatological examination reveals a unilateral cluster of small red bumps on an erythematous base limited to the right T4 dermatome. There is no facial involvement, ocular symptoms, fever or neurological deficit.

The endorsed pharmacist makes a diagnosis of acute herpes zoster. Her age and diabetes place her at increased risk of reactivation and complications such as post-herpetic neuralgia (PHN). Because she presents within 72 hours of rash onset, she remains within the optimal window for antiviral therapy.

The endorsed pharmacist explains the diagnosis and the expected course of the shingles. She recommends a 7-day course of oral valaciclovir, with guidance regarding adherence, hydration, and potential gastrointestinal side effects. For pain control, she is advised to use regular paracetamol. The patient is counselled to avoid direct contact with individuals at risk of severe varicella infection, including pregnant women, immunocompromised people, and unvaccinated children, until all vesicles crust.

Plain language version

A 72-year-old woman visited her local pharmacy because she had been experiencing a burning and painful sensation on the right side of her upper back for two days. At first, she thought the pain was due to a muscle strain, but it became sharper and more intense over time. She also noticed that the area was very sensitive to touch, especially when clothing rubbed against it. She did not have a fever or feel generally unwell. Her medical history included well-controlled high blood pressure, arthritis, and type 2 diabetes. She had not previously received the shingles vaccine.

The pharmacist examined her in the private consultation room, with her consent to do so, and found that her vital signs were normal. On checking her skin, the pharmacist noticed a cluster of small red bumps on one side of her back, following a clear nerve pattern. Based on her symptoms and the appearance of the rash, the pharmacist diagnosed shingles.

The pharmacist explained that shingles is caused by reactivation of the chickenpox virus and is more common in older adults. Because the rash had appeared within the last 72 hours, antiviral treatment was started promptly to reduce the severity of the illness and the risk of long-term nerve pain. The woman was advised on pain relief, possible side effects, and how to avoid spreading the virus to vulnerable people. Follow-up with her GP was arranged.

The endorsed pharmacist records the consultation and management and provides a summary for their usual GP to be taken to a review in 1 week. The pharmacist counsels the patient to seek an earlier urgent medical review if she starts to feel systemically unwell e.g. fever, headache, myalgia or shortness of breath.

Summary

The pharmacist who has completed the required education and training to qualify for an endorsement, including in the use of equipment to measure observations (e.g. pulse, temperature, blood pressure, blood sugar levels) and in how to conduct physical examinations, accurately diagnosed and treated the patient's shingles. By prescribing anti-viral medication early in the course of the illness, the severity of the shingles was reduced as was the risk of complications. The medicine prescribed by the pharmacist (valaciclovir tablets) is a Schedule 4 medicine which requires a prescription.

Scenario 3

A 15-year-old boy and his mother consult the local endorsed pharmacist. They are from a property 20 minutes away from the small local town where the pharmacist is based and where there is no regular available medical service. The nearest medical centre is a further 40-minute drive.

The endorsed pharmacist ascertains that the boy fell off his dirt bike 24 hours previously and sustained multiple abrasions to his right leg and arm. He was wearing a helmet, did not hit his head and did not lose consciousness. He was able to get up straight away and is feeling a bit sore but has had no difficulty using his limbs since the fall.

His mum cleaned the abrasions with saline, and they all seem to be superficial apart from one on his right shin where he thinks he landed on a small rock. He has had no fever or loss of appetite and is feeling well. He has no history of illness and is not on any regular medication. He is up to date with his immunisations including a tetanus booster dose when he was 11 years old.

Plain language version

A 15-year-old boy who lives on a property was brought into the local pharmacy by his mum as she was worried about a wound on his leg that he got after falling from his bike. There is no regular medical service in their local town.

The pharmacist clarified that the fall was not a serious one and the boy was not badly injured, and that he was up to date with his tetanus vaccinations.

After examining the wound in the private consultation room, she explained that it was not infected, but that there was potential for infection as he had fallen onto a rock and into dirt. She took a swab to check for any infection, cleaned and dressed the wound and arranged for the boy to be reviewed the following day by the GP in the next town.

On examination in the private consultation room, he is alert and well with no evidence of a fever. He has a graze on his right shin. There is exudate without pus and no offensive smell. The edges of the wound are slightly inflamed but there is no erythema suggestive of cellulitis.

The endorsed pharmacist explains to the patient and his mother that whilst there is currently no evidence of infection, as the wound was from a fall into the dirt, there is a potential risk of infection. The endorsed pharmacist takes a swab to send for microscopy and culture, cleans the wound using a saline and then chlorhexidine solution. With the patient's consent she takes photos of the wound and then applies an alginate dressing. She asks the patient and his mum if they would like her to arrange with the GP in the next town to review and redress the wound the following day. So that the GP can also receive the pathology results, she also includes their details when submitting the pathology request. She also advises them to attend the ED in the next town earlier if he starts feeling unwell with a fever, or if the skin surrounding the wound becomes red and hot.

The endorsed pharmacist provides the patient with a summary of the consultation to promote continuity of care between health professionals. With their consent, she provides a copy of the consultation to the GP who will be reviewing the wound the next day.

Summary

The pharmacist who has completed the required education and training to qualify for an endorsement, including in the use of equipment to correctly take a sample and in how to conduct physical examinations, adequately and appropriately assessed and treated the patient's wound, and arranged appropriate follow up.

Scenario 4

A 93-year old woman with moderate dementia is discharged back to her Residential Aged Care Facility (RACF) on a Friday after a two-week hospital admission following a fall. Her medication was changed substantially whilst she was an in-patient. Both the discharge medicines and medication chart were left behind during patient transfer from the hospital to RACF.

The RACF has a contractual arrangement with a local endorsed pharmacist who works collaboratively with the residents' GPs. The resident's GP will be unable to see her until the following week.

The endorsed pharmacist liaises with the hospital pharmacist to confirm discharge medicines, doses and durations and any changes that may have occurred to her usual medicines. Having satisfied herself that the new medicines list is correct, she reviews the resident with the duty RN, checks that her vital signs are within normal limits and that the resident is comfortable and in no distress.

Scenario 4 plain language

An elderly Residential Aged Care Facility (RACF) resident was discharged back to her RACF on a Friday afternoon after a stay in hospital during which her medications were changed. Unfortunately, due a mix up with patient transport, her new medication chart and medications were not with her when she arrived back at the RACF.

The pharmacist assessed the resident and liaised with the hospital pharmacist to check what medications the resident was taking.

The pharmacist completed the resident's new medication chart, prescribed the medications and arranged for the local pharmacy to dispense and deliver the medications that day.

The endorsed pharmacist completes the new medication chart, prescribes medications to ensure that the resident will not run out over the weekend and arranges for the prescriptions to be sent to the local pharmacy to be dispensed and delivered later in the day.

The endorsed pharmacist writes up her consultation notes in the resident's RACF medical records.

Summary

The patient's medicines are schedule 4 medicines, which require prescriptions. The endorsed pharmacist was able to prescribe the required medicines to ensure that the resident's transition from hospital back to the RACF was smooth and not disrupted by lack of medication.

Appendix G – National Boards Patient and Consumer Health and Safety Impact Statement

Endorsement for scheduled medicines for pharmacists

Statement purpose

The National Boards Patient and Consumer Health and Safety Impact Statement (Statement)[32] explains the potential impacts of a proposed registration standard, code or guideline on the health and safety of the public.

The Statement particularly focuses on potential impacts for:

- people vulnerable to harm in the community which includes those subject to stigma or discrimination in health care
- people experiencing health disadvantage
- Aboriginal and Torres Strait Islander Peoples.

The four key components considered in the Statement are:

1. the potential impact of the proposed revisions to the registration standard, code or guideline on the health and safety of patients and consumers, particularly those vulnerable to harm in the community, including approaches to mitigate any potential negative or unintended effects
2. the potential impact of the proposed revisions to the registration standard, code or guideline on the health and safety of Aboriginal and Torres Strait Islander Peoples, including approaches to mitigate any potential negative or unintended effects
3. engagement with patients and consumers, particularly those vulnerable to harm in the community about the proposal
4. engagement with Aboriginal and Torres Strait Islander Peoples about the proposal.

The National Boards Patient and Consumer Health and Safety Impact Statement aligns with the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025, National Scheme engagement strategy 2020-2025 , the National Scheme Strategy 2020-25 and reflects key aspects of the Ahpra Procedures for the development of registration standards, codes, guidelines and accreditation standards.

Below is our initial assessment of the potential impact of the Pharmacy Board of Australia's proposal for a pharmacist endorsement for scheduled medicines (the proposal) on the health and safety of patients, particularly those vulnerable to harm in the community, and Aboriginal and Torres Strait Islander Peoples. This statement will be updated after consultation feedback.

1. How will this proposal impact on patient health and safety, particularly those vulnerable to harm in the community? Will the impact be different for people vulnerable to harm in the community compared to the general public?

The Pharmacy Board of Australia (the Board) has carefully considered the impacts that the proposal could have on patient health and safety, particularly those vulnerable to harm in the community, in order to put forward what it think is the best option for consultation. The Board considers that this endorsement

[32] This statement has been developed by Ahpra and the National Boards in accordance with section 25(c) and 35(c) of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law). Section 25(c) requires Ahpra to establish procedures for ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice. Section 35(c) assigns the National Boards functions to develop or approve standards, codes and guidelines for the health profession including the development of registration standards for approval by the Ministerial Council and that provide guidance to health practitioners registered in the profession. Section 40 of the National Law requires National Boards to ensure that there is wide-ranging consultation during the development of a registration standard, code or guideline.

proposal is the best option to establish a national qualification standard for an endorsement for scheduled medicines for pharmacists whilst assuring public safety and confidence.

The Board recognises that patients are particularly vulnerable to risks involving medicines. The proposal aims to remove uncertainty for consumers, who at present cannot easily access information about whether the pharmacist providing a prescribing service is qualified to do so. An endorsement would provide standardised education qualifications for pharmacists who prescribe scheduled medicines and greater visibility of prescribing qualifications which helps assure consumers that the prescribing service they are receiving is safe. The proposal also aims to support greater access to prescribing services for consumers, which contributes to improving their health.

There is a potential risk that the costs for pharmacists to obtain the endorsement may become prohibitive which may have a negative impact on consumers if this results in less access to prescribing services by pharmacists.

Our engagement through public consultation will help us to better understand possible outcomes and meet our responsibilities to protect patients and the community.

2. How will National Boards engage with patients, particularly those vulnerable to harm in the community during consultation?

In line with our consultation processes and our obligations under the National Law, the Board is undertaking wide-ranging consultation. We will engage with patients, peak bodies, consumer representative groups, other relevant organisations and the community to get input and views from people vulnerable to harm in the community. We have included specific questions about impacts on patients, particularly those people who are vulnerable to harm in the community.

3. What might be the unintended impacts for patients, particularly people vulnerable to harm in the community? How will these be addressed?

The Board has carefully considered what the unintended impacts of the proposal might be, as the consultation paper explains. Consulting with relevant organisations and those vulnerable to harm in the community will help us to identify any other potential impacts. We will fully consider and take actions to address any potential negative impacts for patients that may be raised during consultation particularly for people vulnerable to harm in the community.

There may be unintended effects of pharmacist delivering private prescribing services such as:

- if perceived business conflicts of interest arise, for example, the pharmacist has a financial interest in the pharmacy business, prescribes and supplies the medicine.
- A reduction in collaborative care without access to effective systems that facilitate timely communication to the patient's other healthcare professional such GPs.

The Board has carefully considered these issues, and others, and developed an endorsement proposal that includes guidelines for endorsed pharmacists to mitigate these issues and to support prescribing services to address these issues.

Additionally, consumers who may have the costs of their healthcare subsidised when seeking care from some health practitioners would need to pay the full cost of medicines prescribed by pharmacists and any related pathology tests, unless changes in the Pharmaceutical Benefits Scheme (PBS) or other funding mechanisms are introduced by government. Pharmacists will continue to ensure informed financial consent from patients in line with the shared *Code of conduct*.

The Board intends to engage with government and peak professional bodies to explore whether the subsidies in the PBS or other mechanisms can be extended to cover services provided by pharmacists with an endorsement approved by Health Ministers.

4. How will this proposal impact on Aboriginal and Torres Strait Islander Peoples? How will the impact be different for Aboriginal and Torres Strait Islander Peoples compared to non-Aboriginal and Torres Strait Islander Peoples?

The Board has carefully considered any potential impact of the proposal on Aboriginal and Torres Strait Islander Peoples and how the impact compared to non-Aboriginal and Torres Strait Islander Peoples might be different, in order to put forward the proposed option for feedback as outlined in the consultation paper.

The Board's initial assessment is that there will be no negative impacts on Aboriginal and Torres Strait Islander peoples. Our engagement through consultation will help us to identify any other potential impacts and meet our responsibilities to protect safety and healthcare quality for Aboriginal and Torres Strait Islander Peoples.

5. How will consultation about this proposal engage with Aboriginal and Torres Strait Islander Peoples?

The Board is committed to the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 which focuses on achieving patient safety for Aboriginal and Torres Strait Islander Peoples as the norm, and the inextricably linked elements of clinical and cultural safety.

As part of our consultation process, the Board will continue to engage with Aboriginal and Torres Strait Islander stakeholders to ensure there are no unintended consequences for Aboriginal and Torres Strait Islander Peoples. We will also invite Ahpra's *Aboriginal and Torres Strait Islander Health Strategy Unit* (HSU) to comment on the public consultation proposal and any proposed changes to the registration standard and guidelines after public consultation.

6. What might be the unintended impacts for Aboriginal and Torres Strait Islander Peoples? How will these be addressed?

The Board has carefully considered and has not identified any unintended impacts for Aboriginal and Torres Strait Islander Peoples from the proposal. Continuing to engage with relevant organisations and Aboriginal and Torres Strait Islander Peoples will help us to identify any other potential impacts. We will consider and take actions to address any other potential negative impacts for Aboriginal and Torres Strait Islander Peoples that may be raised during public consultation.

7 How will the impact of this proposal be actively monitored and evaluated?

Part of the Board's work in keeping the public safe is ensuring that all Board standards, codes and guidelines are regularly reviewed.

In developing the proposal, and in keeping with this, the Board will regularly review the endorsement process to check it is working as intended.

Appendix H – Statement of assessment against Ahpra's *Procedures for the development of registration standards, codes and guidelines*

Proposal for an endorsement for scheduled medicines for pharmacists

Introduction

Section 25 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) requires Australian Health Practitioner Regulation Agency (Ahpra) to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

The Ahpra *Procedures for the development of registration standards, codes and guidelines* (2023) is available on the Ahpra Resources webpage

Context – issue or problem statement

At their June 2025 meeting, Health Ministers agreed to ask the Board to start work to establish an endorsement for scheduled medicines for pharmacists under section 14 of the National Law. The Pharmacy Board is consulting on a proposal to endorse suitably qualified pharmacists to administer, obtain, possess, prescribe, sell, supply or use scheduled medicines.

The role of pharmacists has evolved over many years beyond the role of dispensing medicines, to one that provides more of a focus on patient-centred health service delivery. Prescribing medicines is an embedded core component of the pharmacists' role. This service has been safely delivered to the public through the appropriate provision of medicines classified as *Schedule 2 - Pharmacy Only* or *Schedule 3 - Pharmacist Only* medicines within a defined scope and regulatory framework that protects public health and safety. Pharmacists are also authorised to prescribe *Schedule 4 – Prescription Only* medicines in limited situations to support continuity of therapy.

State and territory governments authorisations (under their own drugs and poisons legislation) have increased public access to health services delivered by pharmacists. This includes administering a wider range of vaccines and supplying medicines in accordance with jurisdictional approved protocols. Several pharmacist prescribing pilot programs and trials are underway across Australia, with some already concluded. In these cases, pharmacists have been authorised to incorporate these primary health services into their ongoing scope of practice.

While pharmacist prescribing has demonstrated effectiveness, concerns remain about the variability of these initiatives across jurisdictions. Differences exist not only in the range of services pharmacists are authorised to deliver, but also in the education and training required to ensure pharmacists possess the necessary prescribing and clinical competencies to deliver these services safely.

The Board is working on a proposal for suitably qualified pharmacists to have an endorsement on their registration for scheduled medicines to create a national standard. Pharmacists would also continue to require authorisation under relevant state or territory legislation to prescribe particular medicines. If the proposal is supported, it would ensure that endorsed pharmacists are trained to a nationally consistent standard, with prescriber programs accredited by the Australian Pharmacy Council against the Accreditation Standards for Pharmacist Prescriber programs and approved by the Board.

Assessment

Below is the Pharmacy Board's assessment of the proposed pharmacist endorsement for scheduled medicines proposal taking account of the Ahpra procedures.

1. Describe how the proposal

1.1 takes into account the paramount principle, objectives and guiding principles in the National Law[33]

[33] See section 3 and section 3A of the National Law

1.2 draws on available evidence, including regulatory approaches by health practitioner regulators in countries with comparable health systems

The Pharmacy Board's proposal for an endorsement for scheduled medicines takes into account the National Scheme's paramount principle of protecting the public and maintaining public confidence in the safety of services provided by health practitioners by providing a nationally consistent endorsement which ensures that pharmacists who engage in an expanded prescribing scope are suitably qualified.

The proposal has considered the objectives of the national registration and accreditation scheme (the National Scheme) set out in the National Law:

- providing for the protection of the public by ensuring only health practitioners who are suitably trained and qualified to have their registration endorsed to prescribe scheduled medicines in a competent and ethical manner.
- facilitating workforce mobility across Australia by setting a national standard for qualifications for endorsement of registration which reduces the administrative burden for health practitioners wishing to move between jurisdictions or practice in more than one jurisdiction.
- facilitating the provision of high-quality education and training of health practitioners by developing nationally consistent accreditation standards which all prescriber education program providers wishing to seek accreditation will be assessed against.
- facilitating the capacity of the Australian health workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples by ensuring that accreditation standards for the education programs required will address cultural safety for a suitable endorsement standard for pharmacists endorsed to prescribe scheduled medicines
- facilitating the rigorous and responsive assessment of overseas-trained health practitioners by developing a framework to assess prescribing pharmacist qualifications obtained overseas and determine if the prescribing elements are substantially equivalent for an endorsement for scheduled medicines.
- facilitating access to healthcare services and medicines provided by health practitioners in accordance with the public interest by increasing capacity and capability of the pharmacist workforce and enabling new models of care.
- enabling the continuous development of a flexible, responsive and sustainable Australian health workforce and innovation in the education of, and service delivery by, health practitioners and supporting them to respond to a changing workforce and healthcare system and meet community need.

In developing this proposal, the Board is engaging with stakeholders to examine closely, any issues or impacts arising from an endorsement on a practitioner's registration.
The Board also considered the following:

- The Regulatory principles of the National Scheme
- Policy Direction 2019-02 – Requirements to consult with patient safety bodies and health care consumer bodies on every new and revised registration standard, code and guidelines issued by the Ministerial Council
- The request from Health Ministers to commence work to establish an endorsement for scheduled medicines for pharmacists in their July 2025 letter to the Board
- *Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025*.
- Ahpra's procedures for the development of registration standards, codes and guidelines

The development of an endorsement for scheduled medicines supports the National Scheme to operate in a transparent, accountable, efficient, effective and fair way by providing a registration standard that sets out the requirements to become qualified and apply for an endorsement of registration to prescribe scheduled medicines, which supports safe prescribing and enables the public to identify which pharmacists have qualified for an endorsement. The Board has drawn from available evidence to inform the endorsement proposal, including:

- research of international approaches to the regulation of pharmacist prescribers that support safe prescribing by pharmacists
- input and feedback from stakeholders, consumers and community members during engagement sessions and an initial consultation process
- feedback from members of the profession
- feedback from the Board's Expert Advisory Committee on Pharmacist Prescribing
- feedback from Ahpra's Scheduled Medicines Expert Advisory Committee.

2. Outline steps that been taken to:

- achieve greater consistency within the National Scheme (for example, by adopting any available template, guidance or good practice approaches used by National Scheme bodies)
- meet the wide-ranging consultation requirements of the National Law

The proposal has been developed with reference to:

- Ahpra's *Guide for National Boards developing submissions under the Australian Health Ministers' Advisory Council's Guidance for National Boards: Applications to the Ministerial Council for approval of endorsements in relation to scheduled medicines under section 14 of the National Law* (the Guide).
- the *Australian Health Ministers' Advisory Council Guidance for National Boards: Applications to the Ministerial Council for approval of endorsements in relation to scheduled medicines under section 14 of the National Law* (the Guidance).

The National Law requires wide-ranging consultation on the proposed standards, codes and guidelines. The National Law also requires National Boards to consult each other on matters of shared interest.

The Board has also engaged with other National Boards with an endorsement for scheduled medicines with the aim of facilitating consistency across the professions under the National Scheme. The structure and wording of the proposed endorsement registration standard has been aligned to other professions' registrations standards where possible.

The Board also held a discussion forum that included representatives from other National Boards and Ahpra. It has also consulted with Ahpra's Scheduled Medicines Expert Committee (SMEC) regularly during development of the proposal, a committee whose role is to advise all National Boards.

Preliminary consultation was the first step in our consultation process to enable the proposal to be tested with key stakeholders This feedback helped the Board to refine the endorsement proposal before proceeding to public consultation.

The Pharmacy Board will now ensure that there is the opportunity for broader public comment via an eight week public consultation. This includes publishing a consultation paper on the Pharmacy Board and Ahpra websites and informing health practitioners and the community of the review via direct communications with stakeholders, via the Pharmacy Boards newsletter and via Ahpra's social media channels.

The Pharmacy Board will consider the feedback received before finalising the pharmacist endorsement for scheduled medicines proposal for submission to the Health Chief Executives forum for consideration. Only Health Ministers may approve an endorsement for scheduled medicines for pharmacists as recommended by the Board.

3. Address the following principles:

a. whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

The Pharmacy Board considers that this proposal is the best option for supporting the safe expanded scope of pharmacist prescribers while assuring public safety and confidence.

Maintaining the status quo is not considered a viable option. It does not respond to Health Minister's request for the Board to explore an endorsement and it will not provide a consistent national standard for an endorsement or address the variation that currently exists in states and territories with pharmacist prescribing. National consistency is expected to contribute to improving patient outcomes, strengthening the healthcare workforce, and enhancing the sustainability of the health system, both now and into the future..

The Scope of Practice Review (2024) highlighted concerns about significant variation in pharmacist prescribing initiatives across states and territories. These differences relate not only to the range of services pharmacists are authorised to provide, but also to the education and training requirements needed to ensure pharmacists demonstrate the necessary prescribing and clinical competencies to deliver these services safely.

A pharmacist endorsement for scheduled medicines can support harmonisation by providing a nationally consistent education and training standard and aligns with the feedback from Health Ministers to develop an endorsement for scheduled medicines to address jurisdictional differences and varying scope across the country.

A pharmacist endorsement for scheduled medicines sets a national standard to support education providers, employers, pharmacists, other health professionals and the community to understand what capability is needed for expanded prescribing by pharmacists. This will support pharmacists, to work to their full scope of practice and to collaborate across the health and other care systems, meeting the recommendation of regulatory reforms to harness the full strengths and skills of the diverse health workforce highlighted in the Strengthening Medicare Taskforce Report, particularly in rural and remote communities. This aligns with broader health system goals of improving access, efficiency, and patient outcomes.

b. whether the proposal results in an unnecessary restriction of competition among health practitioners

The proposal is unlikely to restrict competition. Prescribing is currently within the scope of pharmacists practice, with expanded prescribing trials and implementation already occuring across the jurisdictions. Pharmacists already work within inter-professional teams, working within their defined scope of practice. Other health professions report challenges with meeting public needs due to an ageing population and rising burden of chronic disease resulting in more complex care needs.The Board anticipates that an endorsement for scheduled medicines would be one avenue to support the health system and public need by providing qualified pharmacist prescribers to deliver prescribing services in the community. The Board is consulting with stakeholders to test the proposal, identify any issues and address any unintended consequences.

c. whether the proposal results in an unnecessary restriction of consumer choice

The proposal is unlikely to restrict consumer choice. A pharmacist endorsement for scheduled medicines is expected to support nationally standardised prescriber education, and support pharmacists working to their full scope of practice, to help meet community healthcare needs. This is expected to result in greater options for consumers and the public to identify qualified pharmacist prescribers and seek healthcare through additional pathways.

d. whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

The Pharmacy Board is considering the potential costs associated with the proposal during the development of this consultation. The Board anticipate's costs will be reasonable when considered against the opportunities and benefits from pharmacists be supported to work to their top of scope and mitigated wherever possible.

To qualify for an endorsement for scheduled medicines, pharmacists would have to complete a prescriber program approved by the Board. This comes at a financial cost to pharmacists, which may be reduced if local subsidies are available which may cover a proportion of the costs and may be time limited. Obtaining a qualification for an endorsement will also come at a personal cost to pharmacists who will need to commit time and resources to successfully complete the qualification, while concurrently practising.

Endorsed pharmacists will be required to pay an application fee for endorsement of registration in addition to the registration fee for general registration. The Board and Ahpra will need to cost the additional fee but anticipate it will be reasonable to account for the increased regulation.

There may be a cost to the public if they need to pay for prescribing services from pharmacists such as for consultations, diagnostic tests, or medicines or are referred to other health practitioners for additional care. If the proposal progresses, costs to the public could be reduced if subsidies were available which would support prescribing services delivered by pharmacists to be accessible, affordable and sustainable. An example of cost reduction measures may be subsidisation of medicines prescribed by pharmacists under the Pharmaceutical Benefits Scheme.

It is unlikely that there will be significant increased costs for governments from establishing an endorsement for scheduled medicines for pharmacists. The proposal may ultimately result in increased efficiencies and savings within healthcare services, however, subsidies to address costs to the public to support them to access these services may be a cost to governments. The issue of costs is expected to be addressed by stakeholders participating in the public consultation.

Feedback is being sought on whether there are any other costs or impacts that the Board needs to be aware of that could arise from this proposal.

e. whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants, and

The Pharmacy Board is committed to a plain English approach that will help practitioners and the public understand and apply the requirements of a pharmacist endorsement for scheduled medicines. The endorsement proposal has been written in plain language and complementary material is being developed to support public and practitioner understanding of what to expect from endorsed pharmacists such as frequently asked questions.

The Pharmacy Board will seek feedback on the regulatory documents as part of public consultation and Ahpra's Community Advisory Council and Ahpra's Aboriginal and Torres Strait Islander Health Strategy Unit will be consulted to confirm plain language is used, to facilitate understanding and use culturally safe terminology.

f. whether the Board has procedures in place to ensure that the proposed standard remains relevant and effective over time.

The Pharmacy Board has procedures in place to support a review of the pharmacist endorsement for scheduled medicines at least every five years as it is good regulatory practice to do so.

However, the Board may choose to review the pharmacist endorsement for scheduled medicines earlier, in response to any issues which arise, or new evidence which emerges to ensure its continued relevance and workability.

4. Closing statement

Feedback on any regulatory impacts identified during the consultation process and/or in developing the new or revised registration standard, will be provided to the Pharmacy Board and/or Ministerial Council to inform decision-making.

The Board has completed a **patient health and safety impact statement** for consultation and will provide a patient and safety impact assessment (if the proposal is approved).