Medicines and Poisons (Medicines) Amendment Regulation 2023

Explanatory notes for SL 2023 No. 6

made under the

Medicines and Poisons Act 2019

General Outline

Short title

Medicines and Poisons (Medicines) Amendment Regulation 2023

Authorising law

Section 240 of the *Medicines and Poisons Act 2019.*

Policy objectives and the reasons for them

The *Medicines and Poisons (Medicines) Regulation 2021* (Medicines Regulation) regulates medicines and complements the *Medicines and Poisons Act 2019* (Act) by:

- ensuring regulated substances are used safely and effectively to reduce harm;
- setting out the 'authorised way' for a person to perform regulated activities with medicines; and
- providing flexible requirements for several authorised activities, such as storage and disposal, that are commensurate with the approved person's qualifications and activities and the public health and safety risk of the medicines.

The *Medicines and Poisons (Medicines) Amendment Regulation 2023* (Amendment Regulation) amends the Medicines Regulation to:

- update references to new versions of the extended practice authorities for the following health practitioners to enable them to administer the COVID-19 vaccine:
    - midwives;
    - registered nurses;
    - Aboriginal and Torres Strait Islander health practitioners; and
    - Indigenous heath workers.

- update a reference to a new version of the Pharmacists extended practice authority to remove the age restriction for pharmacists administering the COVID-19 and influenza vaccines;
- update references to new versions of the extended practice authorities for the following health practitioners to align the authorised medicines listed in the extended practice authority with the medicines contained in the 11th edition of the Primary Clinical Care Manual:
  - midwives;
  - registered nurses;
  - Aboriginal and Torres Strait Islander health practitioners;
  - Indigenous health workers; and
  - Queensland Ambulance Service isolated practice area paramedics.
- update references to the new versions of the registered nurses and midwives extended practice authorities to enable registered nurses working under a sexual and reproductive health program and midwives to administer a long-acting reversible contraceptive;
- update a reference to the new version of the registered nurses extended practice authority to enable sexual and reproductive health nurses to administer vaccines for influenza and pneumococcal and medicines such as adrenaline, lidocaine and hydrocortisone;
- enable Aboriginal and Torres Strait Islander health practitioners to practice state-wide and to update a reference to the new version of their extended practice authority; and
- include Aboriginal and Torres Strait Islander health workers as a new class of person authorised to deal with certain medicines.

Extended Practice Authorities

Section 232 of the Act enables the chief executive or their delegate to make an extended practice authority and states that the extended practice authority must be approved by regulation (section 232(4)).

Schedule 1, part 1 of the Medicines Regulation lists the approved extended practice authorities (name and version number). When new versions of an extended practice authority are made by the chief executive or their delegate, the Medicines Regulation requires an amendment to reflect the new version so it can take effect.

Schedules 3 to 15 of the Medicines Regulation provide authorisations for certain classes of persons to deal with certain medicines. Extended practice authorities provide additional authorisations for a specific class of person to deal with certain medicines beyond the authorisations in the Medicines Regulation. The following changes to clinical practice have resulted in the need to create new versions of extended practice authorities for specific classes of persons.

<u>COVID-19 and Influenza Vaccines</u>

The Pharmacist extended practice authority permits pharmacists to administer the COVID-19 vaccine to children 16 years and over, and the influenza vaccine to children 10 years and over.

On 29 January 2020, under the *Public Health Act 2005*, the Minister for Health and Ambulance Services made an order declaring a public health emergency in relation to COVID-19. As part of the public health emergency response, an Emergency Order was made under section 58 of the Act to authorise a wide range of health and community workers to provide COVID-19 vaccination services to the Queensland population. Pharmacists were authorised to administer COVID-19 and influenza vaccines to younger ages during the pandemic. The proposed amendments transition the arrangements from the current Emergency Order to business as usual.

It is proposed to update the Pharmacists extended practice authority to remove these age restrictions and maintain the arrangements for pharmacists that have been in place during the Emergency Order. The Amendment Regulation will enable pharmacists to continue to administer COVID-19 and influenza vaccines to children in accordance with the Australian Immunisation Handbook and the Therapeutic Goods Administration. Currently, the Australian Technical Advisory Group on Immunisation has recommended the COVID-19 vaccination for children aged 6 months to under 5 years for children with severe immunocompromise, disability and those with complex or multiple health conditions, and 5 years or older for children who are not in the risk categories. For influenza, the vaccination is currently recommended for children aged 6 months and above.

The Amendment Regulation will allow midwives, registered nurses, Aboriginal and Torres Strait Islander health practitioners and Indigenous health workers to administer the COVID-19 vaccine through their respective extended practice authorities without a prescription or standing order.

Primary Clinical Care Manual

On 8 June 2022, Queensland Health in partnership with the Queensland Royal Flying Doctor Service, published the 11th edition of the Primary Clinical Care Manual (PCCM). The PCCM is the principal health management protocol for clinicians working in rural and isolated practice areas. The PCCM is adapted to the rural and remote context and ensures Queensland residents living in rural and remote areas have safe and timely access to medicines.

The PCCM review process is based on the National Health and Medical Research Council guideline development standards. The amendment process is a rigorous three yearly cycle, starting with a critical review of each Health Management Protocol by clinical experts across Australia, such as specialists, professors and senior medical officers in tertiary hospitals. Each Health Management Protocol is then considered by the rural and remote experts of the editorial committee. The editorial committee recommends any changes to the use of medicines under the extended practice authority.

The proposed amendments are not considered a change to the scope of practice for the relevant health practitioners. Rather, they are a result of changes to medical evidence and the availability of some forms of medicines. The Amendment Regulation will allow midwives, registered nurses, Aboriginal and Torres Strait Islander health practitioners, Indigenous health workers and Queensland Ambulance Service – isolated practice area paramedics to provide health services in line with the changes in the PCCM.

<u>Long-acting reversible contraceptives</u>

Long-acting reversible contraceptives are used for both contraceptive purposes and in the management of irregular menstrual bleeding. There is a high unmet need for effective contraception in Australia. There are barriers to accessing contraceptives, including high costs, misinformation among women and health practitioners, and limited health practitioners who can insert and remove long-acting reversible contraceptives.

One quarter of women have experienced an unintended pregnancy in Australia. Rates of unintended pregnancy are higher in non-urban areas. Unintended pregnancies may be attributed to non-use of contraception, inconsistent use of contraception, or contraception failure, and can place significant physical, social and financial strain on women and their families.

Younger women are more likely to experience an unintended pregnancy than older women and are more likely to use less effective methods of contraception such as the oral contraceptive pill, condoms and withdrawal. The uptake of more effective methods such as long-acting reversible contraceptives is relatively low in Australia, with only 11 per cent of women aged 15-44 years using a long-acting reversible contraceptives method in 2018. Increasing access to effective contraception could be achieved through addressing health literacy and health workforce barriers.

The uptake of long-acting reversible contraceptives is impacted by the limited availability of healthcare practitioners authorised and trained in the insertion and removal of the implants, particularly in rural and remote areas of Australia.

Midwives are autonomous practitioners who are specialists in pregnancy, childbirth, and postpartum care. They operate under the Midwives extended practice authority to provide essential services to women throughout Queensland, including preventative healthcare. Registered nurses working under part C of the Registered Nurses extended practice authority, provide essential services to women all over Queensland for sexual and reproductive health matters, including preventative health care.

Midwives and registered nurses working under their respective extended practice authority are authorised to administer the oral contraceptive pill, but not long-acting reversible contraceptives. The Amendment Regulation will allow the midwives and registered nurses to administer etonorgestrel implants, such as Implanon, and to administer lidocaine with adrenaline by infiltration, to facilitate the comfortable insertion and removal of implants.

<u>Sexual and reproductive health nurses</u>

Registered nurses who are working in a sexual and reproductive health program under a Hospital and Health Service or other program provide both planned and unplanned healthcare. General practitioners and sexual health and HIV physicians also provide healthcare to this cohort of patients, but there is a shortage of these specialist medical practitioners, particularly in rural and remote locations. For example, in Townsville there is one sexual health and HIV physician providing specialist care to three Hospital and Health Services. There is also a shortage of nurse practitioners working in sexual and reproductive health who are also authorised prescribers.

Part C of the Registered Nurses extended practice authority does not allow sexual and reproductive health nurses to administer contemporary treatments for sexual and reproductive health conditions. For example, Benzathine-Penicillin is restricted to the administration of one dose only, whereas the Australian Sexually Transmitted Infection Management Guidelines advise that different syphilis stages of infection require different treatment schedules.

For patients with HIV infection, the Queensland Immunisation Program recommends additional vaccination against influenza and pneumococcal. Authorising registered nurses to administer a range of medicines would provide best practice symptomatic, preventative and opportunistic sexual and reproductive health care to patients, including those with HIV, allowing the patients to receive all recommended treatments in one location.

The Amendment Regulation updates the Registered Nurses extended practice authority to authorise sexual and reproductive health nurses to administer vaccines for influenza and pneumococcal and medicines such as adrenaline, lidocaine and hydrocortisone.

Aboriginal and Torres Strait Islander health practitioners

The Aboriginal and Torres Strait Islander Health Practitioners extended practice authority allows them to possess, administer, give a treatment dose, give a purchase order, repackage and dispose of scheduled medicines listed in the extended practice authority, when working in an isolated practice area. An isolated practice area includes local government areas such as Aurukun, Cloncurry, Mount Isa, the Torres Strait Islands and Yarrabah. It also includes a clinic conducted by the Royal Flying Doctor Service in an area isolated from medical, pharmaceutical and hospital services or a plane operated by the Royal Flying Doctor Service.

By limiting the practice area for Aboriginal and Torres Strait Islander health practitioners to isolated practice areas, only 20 per cent of First Nations people across Queensland are able to have care provided by Aboriginal and Torres Strait Islander health practitioners working to their full scope of practice. Just under 80 per cent of First Nations people reside in the narrow coastal strip excluded by applying the isolated practice area footprint. Restricting medicine authorisations to isolated practice areas represents a significant missed opportunity to improve enhanced care to these First Nations peoples.

Disparities persist in First Nations health status when compared to other Queenslanders, and access to health care differs between remote and coastal communities. The Amendment Regulation will remove the limitation of practising in an isolated practice area for Aboriginal and Torres Strait Islander health practitioners, allowing them to work to their full scope of practice state-wide.

Aboriginal and Torres Strait Islander health workers

Aboriginal and Torres Strait Islander health workers do not have an as-of-right authority to deal with medicines under the Medicines Regulation.

Under the Emergency Order, Aboriginal and Torres Strait Islander health workers in clinical roles were trained via a nationally accredited course to vaccinate against COVID-19 and influenza. The Emergency Order authorised Aboriginal and Torres Strait Islander health workers, working in a clinical role for a COVID-19 vaccination service provider, to possess, administer and dispose of waste from COVID-19 and influenza vaccines.

The expanded workforce authorisation under the Emergency Order allowed appropriately trained Aboriginal and Torres Strait Islander health workers to administer COVID-19 vaccines safely during the state-wide rollout. The mobilisation of Aboriginal and Torres Strait Islander health workers has been instrumental in improving access and uptake of the vaccine within First Nations communities.

Aboriginal and Torres Strait Islander health workers working in a clinical role to administer the vaccinations will be required to undertake an approved training program and to operate under a practice plan. This practice plan will be developed by the health worker in consultation with their primary clinical supervisor and an approved person who is authorised under the Medicines Regulation to administer the specified vaccines in the extended practice authority and approved by the Chief Executive of their organisation. Aboriginal and Torres Strait Islander health workers operate under the direct supervision of a medical practitioner, nurse practitioner, registered nurse or physician assistant who is responsible for the response to, and management of, an adverse vaccination incident.

The Amendment Regulation allows Aboriginal and Torres Strait Islander health workers to continue to vaccinate for COVID-19 and influenza and also enables them to administer low-complexity vaccines, such as diphtheria, tetanus and meningococcal.

Achievement of policy objectives

Extended Practice Authorities

<u>COVID-19 and Influenza Vaccines</u>

The Amendment Regulation updates references to new versions of the following extended practice authorities that add the COVID-19 vaccine to the list of medicines these health workers can deal with:

- midwives;
- registered nurses;
- Aboriginal and Torres Strait Islander health practitioners; and
- Indigenous health workers.

The Amendment Regulation updates the reference to the new version of the Pharmacists extended practice authority to remove the age restriction for pharmacists administering the COVID-19 and influenza vaccines.

<u>Primary Clinical Care Manual</u>

The Amendment Regulation updates the references to new versions of the following extended practice authorities to align the authorised medicines listed in the extended practice authority with the medicines contained in the 11th edition of the PCCM. This will enable suitably qualified rural and remote members of the health workforce to deal with medicines as specified in the extended practice authorities for:

- midwives;
- registered nurses;
- Aboriginal and Torres Strait Islander health practitioners;
- Indigenous health workers; and
- Queensland Ambulance Service isolated practice area paramedics.

Long-acting reversible contraceptives

The Amendment Regulation updates the references to new versions of the Midwives and Registered Nurses extended practice authorities to authorise midwives and registered nurses to insert and remove contraceptive etonorgestrel implants, such as Implanon, and administer lidocaine with adrenaline by infiltration to facilitate the procedure. The Amendment Regulation also enables nurses and midwives to administer long-acting reversible contraceptives without a prescription.

Sexual and reproductive health nurses

The Amendment Regulation updates the reference to the new version of the Registered Nurses extended practice authority, which authorises sexual and reproductive health nurses to administer influenza and pneumococcal vaccines to provide patient-centred care to patients with HIV. This allows patients to receive all recommended treatments in one location, which facilitates preventative health care for patients with HIV. The Amendment Regulation also enables sexual and reproductive health nurses to administer medicines such as adrenaline, lidocaine and hydrocortisone.

Aboriginal and Torres Strait Islander health practitioners

The Amendment Regulation enables Aboriginal and Torres Strait Islander health practitioners to practice state-wide, so that a further 80 per cent or 190,000 First Nations people will have access to more flexible health care.

The amendments:

- maintain the existing authority in isolated practice areas for Aboriginal and Torres Strait Islander health practitioners to give a purchase order of medicines, to allow a future opportunity for health practitioner led clinics within these areas;
- remove the limitation to practice in an isolated practice area for Aboriginal and Torres Strait Islander health practitioners employed by a relevant health service to enable them to work to their full scope of practice state-wide;
- amend the definition of isolated practice area to include Goondiwindi and Cherbourg, as these areas are remote and have large First Nation populations;
- allow Aboriginal and Torres Strait Islander health practitioners to repackage for the purpose of giving a treatment dose of Schedule 4 medicines – if a pharmacist is not immediately available; and
- reflect the changes in version 3 of the Aboriginal and Torres Strait Islander health practitioner extended practice authority.

While the amendments have the effect of making Goondiwindi and Cherbourg local government areas isolated practice areas, the Goondiwindi and Cherbourg hospitals retain their classification as rural hospitals.

Aboriginal and Torres Strait Islander health workers

The Amendment Regulation inserts Aboriginal and Torres Strait Islander health workers as a class of person in the Medicines Regulation to enable them to vaccinate against COVID-19

and influenza under a new extended practice authority. The proposed amendment ensures Aboriginal and Torres Strait Islander health workers can continue to administer COVID-19 and influenza vaccinations following the cessation of the Emergency Order. In addition, the amendment authorises Aboriginal and Torres Strait Islander health workers to administer a range of low complexity vaccines, for example diphtheria, tetanus and meningococcal.

Consistency with policy objectives of authorising law

The Amendment Regulation is consistent with the policy objectives of the authorising Act.

Inconsistency with policy objectives of other legislation

No inconsistencies with the policy objectives of other legislation have been identified.

Alternative ways of achieving policy objectives

The Amendment Regulation is the only effective means of achieving the policy objectives.

Benefits and costs of implementation

The Amendment Regulation does not impose significant costs on persons or organisations. The cost of implementing the amendments will be met within existing budget allocations. The amendments do not impose any new or increased fees.

The proposed COVID-19 and influenza vaccine amendments promote a health system that is adaptive and responsive to public health needs and will provide greater access to vaccination services.

The proposed PCCM amendments will enable best clinical practice in defined rural hospitals and isolated practice areas by lawfully authorising clinicians to work to their full scope and apply evidence-based practice to patient care. The amendments ensure rural and remote Queenslanders have timely access to medicines by enabling specific health professionals to deal with medicines that have been included in the PCCM.

The proposed amendments for the administration and removal of long-acting reversible contraceptives will increase the number of healthcare practitioners authorised and trained to administer and remove long-acting reversible contraceptives, particularly in rural and remote parts of Queensland. This will improve access to contraception and potentially reduce the number of unwanted pregnancies.

The proposed amendments for sexual and reproductive health nurses will increase the availability of healthcare practitioners who are authorised and trained to deliver sexual and reproductive health services and is anticipated to reduce the dependence on the limited resources of medical practitioners. The amendments support equitable access to health care for Queenslanders.

The proposed amendments for Aboriginal and Torres Strait Islander health practitioners and Aboriginal and Torres Strait Islander health workers will provide culturally safe vaccination care models. This workforce is integral to improving the health status of First Nations people.

First Nations staff fully integrated into clinical teams and looking after their own communities will drive better engagement with First Nations people and improve health outcomes.

Consistency with fundamental legislative principles

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

Institution of Parliament

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

Section 232 (making extended practice authorities) of the Act empowers the chief executive or delegate to make an extended practice authority, authorising an approved person to deal with a regulated substance. The extended practice authority may state the places or circumstances in which the approved person may deal with the regulated substance, impose conditions on dealing with the regulated substance or require the approved person to hold particular qualifications or training to deal with the registered substances.

Prescribing requirements by reference to an external document may be seen to breach section 4(5)(e) of the Legislative Standards Act. An extended practice authority is a document certified by the chief executive of Queensland Health (or delegate) that sets out matters of technical detail for how an approved person can carry out a regulated activity with a regulated substance. Extended practice authorities include details such as the route of administration, the specific dose, quantity, duration and restrictions placed on substances and the circumstances in which they may be administered. The extended practice authority is monitored and updated, when necessary, to align with best clinical practice and is published on the Queensland Health website. When making or amending an extended practice authority, relevant individuals or organisations with expertise in, or experience of, the matters under consideration are consulted.

Extended practice authorities are updated regularly, with consideration given to the healthcare needs of specific patient populations, how care can be provided in a timely and safe manner and requirements for medical advice, referral or transfer to other individuals qualified to provide higher levels of care, and the individual qualifications, skills and experience of the class of health practitioners who will act under the particular authority. Schedule 1, part 1 (Approved extended practice authorities) of the Medicines Regulation details the name of each extended practice authority made by the chief executive and its version number. The regulation is updated to reflect the name and new version number of the extended practice authority each time a new version is made. A copy of the updated extended practice authority is tabled as extrinsic material each time the regulation is amended, to reflect the updated document. The Act provides that an extended practice authority has effect in relation to an approved person only if a provision of a regulation states it applies to the particular class of persons, as approved persons.

Including a list of extended practice authorities in the schedule of the Medicines Regulation creates certainty for the relevant professions and the public about the status of extended practice authorities published on the Queensland Health website and the date when these took effect.

It is considered the rigour surrounding the development of extended practice authorities and the level of parliamentary oversight afforded by the requirement that an extended practice authority must be approved by regulation justifies the need to sub-delegate by referring to external documents in the Medicines Regulation. Queensland Health has made a commitment to table any extrinsic material referenced in legislation in the Legislative Assembly, so the updated extended practice authority will be tabled, providing the Legislative Assembly with an opportunity to consider the extended practice authority and any conditions imposed under it.

Consultation

COVID-19 and influenza vaccines

The Australian Medical Association Queensland (AMAQ), Pharmacy Guild of Australia (Queensland Branch) (Pharmacy Guild), Pharmaceutical Society of Australia (Queensland Branch) (PSA), Queensland Aboriginal and Islander Health Council, Queensland Nurses and Midwives' Union (QNMU) and the Royal Australian College of General Practitioners (RACGP) were consulted on the COVID-19 and influenza vaccine amendments. The AMAQ, Pharmacy Guild, PSA, QNMU, and RACGP provided in-principle support to add the COVID-19 vaccine to the extended practice authorities for midwives, registered nurses, Aboriginal and Torres Strait Islander health practitioners and Indigenous health workers.

The AMAQ and RACGP raised concerns about removing the age limits in the Pharmacists extended practice authority to initiate the administration of COVID-19 and influenza vaccine. The requirements and obligations stated in the extended practice authority enable pharmacists to safely administer vaccines for children and adults. Prior to administering any vaccines under the extended practice authority, pharmacists must complete additional immunisation training. Pharmacists must also complete the Commonwealth Government's mandatory COVID-19 vaccine immunisation training prior to administering the COVID-19 vaccine. Pharmacists are required to administer vaccines in accordance with the Australian Immunisation Handbook, which provides evidenced clinical guidelines for doctors and other healthcare professionals about using vaccines safely and effectively. In addition, all vaccines administered must be recorded in the Commonwealth Government's Australian Immunisation Register, to allow doctors and other health practitioners to access the vaccination status and records of individuals, including children.

Primary Clinical Care Manual

The PCCM is reviewed based on the National Health and Medical Research Council guideline development standards. The review is considered by the rural and remote experts of the editorial committee, made up of medical officers from Queensland Health, the Royal Flying Doctors Service, Australian Defence Force, Aboriginal Medical Services, senior pharmacists from rural hospitals and isolated practice areas, Rural and Isolated Practice Area Registered Nurses, nurse educators, midwives, nurse practitioners, Aboriginal and Torres Strait Islander health practitioners and Health Consumers Queensland. All stakeholders consulted support the proposed amendments to align the PCCM with the relevant extended practice authorities.

Long-acting reversible contraceptives

The AMAQ, Australian College of Midwives, Australian College of Nurses, My Midwives, Pharmacy Guild, PSA, QNMU, and RACGP were consulted on the long-acting reversible contraceptives amendments. The Australian College of Nurses and QNMU were supportive of the amendments.

The AMAQ only supported the administration after prescription by, and in collaboration with, a medical practitioner. The intent of the amendments is to enable registered nurses and midwives to administer long-acting reversible contraceptives without a prescription, to improve access to this form of contraception. The requirements of the relevant extended practice authorities ensure that registered nurses and midwives are appropriately qualified to perform these procedures without reference to a medical practitioner.

No response was received from other stakeholders consulted.

Sexual and reproductive health nurses

The AMAQ, Health Consumers Queensland, Pharmacy Guild, QNMU and TRUE Relationships and Reproductive Health were consulted on the sexual and reproductive healthcare nurses amendments. The QNMU and TRUE Relationships and Reproductive Health were supportive of the amendments. The AMAQ provided general feedback and noted that the extended practice authority does not refer to patient follow up responsibilities. This is not the purpose of the extended practice authority, as follow up instructions are documented in the Health Management Protocol. No response was received from other stakeholders consulted.

Aboriginal and Torres Strait Islander health practitioners and Aboriginal and Torres Strait Islander health workers

The AMAQ, Health Consumers Queensland, Pharmacy Guild, PSA, QNMU, Queensland Aboriginal and Islander Health Council, RACGP, Reform Consultative Group and Together Queensland, Industrial Union of Employees (Together Union), were consulted on the Aboriginal and Torres Strait Islander health practitioner and Aboriginal and Torres Strait Islander health worker amendments.

In September and October 2022, preliminary consultation was undertaken with the AMAQ, Pharmacy Guild, PSA and Reform Consultative Group on the proposed Aboriginal and Torres Strait Islander health practitioner and Aboriginal and Torres Strait Islander health worker amendments. The stakeholders provided in-principle support to a team-based model of care.

In December 2022, formal consultation was undertaken with the Pharmacy Guild and QNMU. The Pharmacy Guild provided in-principle support to a team based model of care during preliminary consultation but expressed concerns regarding the effect of the Aboriginal and Torres Strait Islander health practitioner and Aboriginal and Torres Strait Islander health worker amendments on existing primary healthcare providers during formal consultation. The QNMU did not support the initial proposal to enable Aboriginal and Torres Strait Islander health workers to vaccinate, particularly those who are only qualified at a Certificate II level. As a result of that feedback, the minimum qualification for Aboriginal and Torres Strait Islander health workers was upgraded to Certificate III ensuring more training in health assessment and intervention. The QNMU also expressed concern regarding the indemnity insurance available to workers, but this is the responsibility of the employer organisation.

Together Union was supportive of the amendments for the Aboriginal and Torres Strait Islander health practitioners. Together Union sought clarity on the vaccination training and indemnity requirements for Aboriginal and Torres Strait Islander health workers. Queensland Health has confirmed that Aboriginal and Torres Strait Islander health workers have received the appropriate vaccination training and that the workers will be covered by the employer's indemnity insurance.

The Amendment Regulation was assessed by the Office of Best Practice Regulation in accordance with *The Queensland Government Guide to Better Regulation* as being excluded from further regulatory impact analysis under category (k) – regulatory proposals designed to reduce the burden of regulation, or that clearly do not add to the burden, and it is reasonably clear there are no significant adverse impacts.

Notes on provisions

Short title

Clause 1 states the short title is the *Medicines and Poisons (Medicines) Amendment Regulation 2023*.

Commencement

Clause 2 provides for the commencement of the regulation on 1 March 2023.

Regulation amended

Clause 3 provides that the regulation amends the *Medicines and Poisons (Medicines) Regulation 2021* (Medicines Regulation).

Amendment of s 104 (Making other standing orders)

Clause 4 amends section 104(2)(a) by replacing 'to provide' with 'by' in relation to a standing order that is not for a relevant institution. The amendment clarifies that the order must relate to a place used by an Aboriginal and Torres Strait Islander health service.

Amendment of sch 1 (Extended practice authorities and departmental standards)

Clause 5 amends schedule 1, part 1, table by replacing the extended practice authority version numbers with new version numbers.

Amendment of sch 3 (Aboriginal and Torres Strait Islander health professions)

Clause 6 amends the entry for Aboriginal and Torres Strait Islander health professions.

Clause 6(1) amends schedule 3, part 1, heading by omitting the phrase 'in isolated practice areas'.

Clause 6(2) amends schedule 3, section 1, by omitting the definition of *relevant health service*, which has been relocated to schedule 22 (Dictionary).

Clause 6(3) amends schedule 3, section 2, by clarifying that the provision applies to an Aboriginal and Torres Strait Islander health practitioner who is employed by a relevant health service'.

Clause 6(4) replaces schedule 3, section 3, table, item 4, column 3 with 'the purchase order is given under the extended practice authority; and is for stock for the relevant health service to be used in a place in an isolated practice area.' The amendment clarifies the circumstances in which a purchase order may be given.

Clause 6(5) amends schedule 3 to insert a new class of authorised person in part 1A (Aboriginal and Torres Strait Islander health workers). The amendment enables Aboriginal and Torres Strait Islander health workers working in a clinical role under an extended practice authority to deal with certain medicines.

New part 1A consists of division 1 (Preliminary), section 3A (Definitions for part), division 2 (Aboriginal and Torres Strait Islander health workers) and sections 3B (Class of person) and 3C (Dealing authorised). New section 3A provides for part 1A definitions of *Aboriginal and Torres Strait Islander health worker, practice plan,* and *primary clinical supervisor.* New section 3B provides that an Aboriginal and Torres Strait Islander health worker is employed by a relevant health service. New section 3C provides that an Aboriginal and Torres Strait Islander health worker can perform the following regulated activities:

- administer a medicine mentioned in the Aboriginal and Torres Strait Islander health worker extended practice authority, if the medicine is administered under the extended practice authority and in accordance with the practice plan for the Aboriginal and Torres Strait Islander health worker;
- possess an S4 medicine mentioned in the Aboriginal and Torres Strait Islander health worker extended practice authority, if the medicine is possessed under the extended practice authority.

Amendment of sch 20 (Isolated practice areas—local governments)

Clause 7 amends schedule 20 to insert 'Cherbourg' and 'Goondiwindi' to the list of local government isolated practice areas.

Amendment of sch 22 (Dictionary)

Clause 8 amends schedule 22 to insert a definition for *relevant health service* and amends the definition of *Aboriginal and Torres Strait Islander health service*.

Clause 8(1) inserts a definition of relevant health service to mean a Hospital and Health Service or an Aboriginal or Torres Strait Islanders health service. The definition was relocated from schedule 3 of the Medicines Regulation.

Clause 8(2) amends the definition of Aboriginal and Torres Strait Islander health service to mean 'either of the following entities providing a service for maintaining, improving, restoring or managing the health of Aboriginal people or Torres Strait Islanders:

- a corporation registered under the *Corporations (Aboriginal and Torres Strait Islander) Act 2006* (Cwlth); or
- a registered entity under the *Australian Charities and Not-for-profits Commission Act 2012* (Cwlth).

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