Medicines and Poisons (Medicines) Amendment Regulation (No. 3) 2025

Explanatory notes for SL 2025 No. 90

made under the

Medicines and Poisons Act 2019

General Outline

Short title

Medicines and Poisons (Medicines) Amendment Regulation (No. 3) 2025.

Authorising law

Sections 54 and 240 of the *Medicines and Poisons Act 2019*.

Policy objectives and the reasons for them

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

The *Medicines and Poisons (Medicines) Regulation 2021* (Medicines Regulation) regulates medicines and complements the 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 certain regulated substances (medicines); and
- providing flexible requirements for 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 Regulation is amended from time to time to reflect changes to Queensland Health policies and practices and to address practical and operational issues. These periodic updates enable the Medicines Regulation to remain fit for purpose, ensuring that medicines continue to be subject to appropriate regulatory controls, that health practitioners are authorised to practice to the full extent of their professional qualifications and training, and that individuals have improved access to medicines and health services across all parts of Queensland.

The objective of the *Medicines and Poisons (Medicines) Amendment Regulation (No. 3) 2025* (Amendment Regulation) is to amend the Medicines Regulation to:

- authorise medical practitioners and nurse practitioners to deal with an approved opioid for the continuing institutional treatment of a patient under the Queensland opioid treatment program when the patient is admitted to a hospital or taken into custody at a custodial facility;
- extend the dealings authorised for nuclear medicine technologists to allow them to administer schedule 4 and schedule 8 medicines to the extent necessary to conduct diagnostic nuclear medicines investigations, where the medicine is administered either on a prescription or in accordance with a clinical protocol; and
- make minor administrative amendments.

Continuing institutional treatment of patients under the Queensland opioid treatment program

The Queensland opioid treatment program (QOTP) provides treatment to people experiencing opioid dependence. Opioid dependence is a disorder characterised by a loss of control over the use of opioids with repeated or continuous use despite associated harms. The treatment of opioid dependence under the QOTP involves the provision of medicines (that is, approved opioids), within a wider treatment and harm minimisation framework to assist in the reduction of opioid withdrawal symptoms and cravings associated with opioid dependence. The program aims to reduce the health, social and economic harms caused by opioid dependence.

Patients under the QOTP generally receive treatment in community-based settings under the care of a practitioner who holds a prescribing approval, which is typically a general practitioner or nurse practitioner. However, if admitted to a hospital or taken into custody at a custodial facility, QOTP patients may require continuing institutional treatment (CIT) to ensure safe, timely and clinically appropriate medical care. Discontinuation of approved opioids can result in significant opioid withdrawal, complicate analgesia and treatment of other disorders and contribute to non-prescribed drug use or behavioural disturbances. Treatment with an approved opioid should not be withheld, or withdrawal attempted, without the specific consent of the patient.

Current legislative framework

Under the Medicines Regulation, approved opioids are those medicines approved for treating patients under the QOTP. These approved medicines are currently limited to buprenorphine and methadone, and only when provided in certain dosage forms. When used to treat opioid dependence, buprenorphine and methadone are regulated as restricted medicines, due to the specific health risks and clinical considerations involved.

Restricted medicines are tightly regulated by the medicines and poisons legislative framework[1], limiting availability to mitigate associated health risks. Dealings with restricted medicines (for example, prescribing and administering) can only be undertaken by:

- certain classes of registrars and specialist medical practitioners;
- a person who holds a prescribing approval; or
- medical practitioners and nurse practitioners for providing continuing institutional treatment.

[1] *Medicines and Poisons Act 2019* and *Medicines and Poisons (Medicines) Regulation 2021*.

Current CIT authorisations

For medical practitioners, schedule 6, part 1, division 3 of the Medicines Regulation provides that CIT of a patient means the medical practitioner is treating the patient in a hospital, prison, watch-house or detention centre and the patient was being treated with the medicine prior to the admission. Dealings authorised include:

- prescribing a restricted medicine under the supervision of a registrar or specialist medical practitioner authorised to prescribe the medicine, for administration by a health practitioner and for the CIT of a patient; and
- administering and possessing a restricted medicine under the supervision of a registrar or specialist medical practitioner authorised to administer or possess the medicine, for the CIT of a patient.

For nurse practitioners, schedule 7, part 1 of the Medicines Regulation provides that CIT of a patient means the nurse practitioner is treating the patient in a hospital, prison, watch-house or detention centre, the patient was being treated with the medicine prior to the admission, and the treatment with the medicine is under the supervision of a registrar or specialist medical practitioner authorised to deal with the medicine. Dealings authorised relating to CIT of restricted medicines include prescribing for administration by a health practitioner, giving a treatment dose, administering, repackaging and possessing, for the CIT of a patient.

Reliance on prescribing approvals

The current CIT requirements have proved difficult to comply with when patients are being treated under the QOTP and require CIT to manage their opioid dependence.

Under the Medicines Regulation, there are no specific classes of registrars or specialist medical practitioners who are authorised to deal with approved opioids. This means the CIT supervision requirements are unable to be met and dealing with approved opioids in institutional settings relies on prescribing approvals. However, most practitioners who hold a prescribing approval under the QOTP are general practitioners in community-based settings. Most health professionals who practice in institutional settings are unlikely to hold a QOTP prescribing approval and are therefore not authorised to deal with approved opioids.

Consequently, every medical practitioner or nurse practitioner intending to continue treatment with an approved opioid for administration to a patient in an institutional setting must apply for a prescribing approval. A prescribing approval can authorise a person to prescribe, buy, possess, dispense or give a treatment dose of a medicine in the stated circumstances of the approval.[2] The requirement to apply for a prescribing approval creates a significant administrative burden for individual practitioners and for Queensland Health in reviewing applications. Individual prescribers must apply for a prescribing approval to be considered by the chief executive or delegate, and approvals are typically granted for a two-year period. The renewal process for prescribing approvals creates further administrative burden.

Amendments

To address these challenges and ensure continuity of care for QOTP patients, the Medicines Regulation is being amended to authorise medical practitioners and nurse practitioners in hospitals and custodial settings to deal with approved opioids for the limited purpose of continuing treatment of patients with opioid dependence under the QOTP, without the

[2] *Medicines and Poisons Act 2019,* section 67.

requirement for supervision by a registrar or specialist medical practitioner. These authorisations will be subject to established QOTP clinical governance arrangements and professional practice requirements to mitigate any associated risks.

The amendments only apply to prescribing an approved opioid for a patient under the QOTP for administration by a health practitioner. As with other restricted medicines under the CIT provisions, the amendments will not authorise a medical practitioner or nurse practitioner to prescribe an approved opioid for CIT for a patient under the QOTP for the purposes of dispensing or giving a treatment dose. The amendments also do not capture initiation of a restricted medicine[3] for a patient in a hospital or a custodial facility, which will continue to require the practitioner to be authorised to prescribe the restricted medicine under the Medicines Regulation or hold a prescribing approval.

Nurse practitioners are authorised to give a treatment dose of a restricted medicine under the existing CIT provisions in the Medicines Regulation. However, an additional amendment will remove this authorisation for approved opioids. This is to reflect that current CIT provision requirements cannot be met for approved opioids and aligns nurse practitioners with the dealings authorised for medical practitioners under the CIT provisions which include prescribing, administering, and possessing a restricted medicine.

Safeguards for dealing with approved opioids

Dealings with approved opioids for CIT are subject to established QOTP clinical governance arrangements and professional practice requirements to mitigate any associated risks. The *Queensland opioid dependence treatment guidelines 2023*[4] developed by Queensland Health provide clinical advice for continuing treatment with approved opioids when a patient under the QOTP is in a hospital or a custodial facility. While the guidelines are not a legislative instrument and are not intended to replace professional judgement, practitioners are expected to refer to the guidelines when treating a patient under the QOTP and variation in practice from the guidelines should be carefully considered and the rationale clearly documented.

The *Queensland Opioid Treatment Program (QOTP) Prescriber Course*[5] is available for medical practitioners and nurse practitioners seeking to become authorised to deal with approved opioids in Queensland. While the QOTP prescriber course is mandatory for certain practitioners to be granted a prescribing approval to deal with approved opioids, it is available for any practitioner to complete to upskill in the treatment of opioid dependence.

The clinical governance arrangements for CIT with approved opioids for patients under the QOTP should include an assessment and consideration of mitigation strategies for any potential risks, including who is accountable in the event of a clinical incident. The relevant clinical governance arrangements should be detailed in the substance management plan for the place (where one is required).

[3] Initiation of a restricted medicine means commencing treatment when the patient has never been treated with the medicine before, or where there has been a break in treatment.
[4] Queensland opioid dependence treatment guidelines 2023. Accessed from www.health.qld.gov.au/_data/assets/pdf_file/0024/1246605/Queensland-Opioid-Dependence-Treatment-Guidelines-2023.pdf.
[5] Queensland Opioid Treatment Program (QOTP) Prescriber Course. Accessed from: www.insight.qld.edu.au/toolkits/qotp/detail.

Under schedule 17 of the Medicines Regulation, hospitals, prisons and detention centres are regulated places and are required to have a substance management plan in place to assist individuals and entities at the regulated place to identify and manage known and foreseeable risks specific to how they deal with medicines. Regulated places are required to have clinical governance processes in place and local policies and procedures for the way in which medicines must be dealt with in the authorised way, including to support continuing treatment with restricted medicines.

Minor additional CIT related amendments

It is proposed to amend the Medicines Regulation to ensure all relevant corrective services facilities are captured by amending the settings where the existing CIT provisions apply from 'hospitals, prisons, watchhouses and detention centres' to 'hospitals and custodial facilities'.

A further amendment is being made to update the definition for methadone and buprenorphine as restricted medicines under the Medicines Regulation to reflect updated terminology used in clinical practice.

Nuclear medicine technologists

Nuclear medicine technologists (NMTs) are skilled health professionals that perform diagnostic procedures using radiopharmaceuticals that aid in the diagnosis, assessment and treatment of a wide variety of diseases, including many forms of cancer. NMTs work in both public and private facilities.

NMTs are registered under the Health Practitioner Regulation National Law to practise in the nuclear medicine technology division of the medical radiation practice profession. They are registered with Ahpra under the Medical Radiation Practice Board of Australia (MRPBA). The MRPBA professional capabilities define safe use and administration of medicines as within the scope of practice of NMTs. The role of a NMT is essential in the delivery of nuclear medicine services. Key responsibilities encompass radiopharmaceutical management, evaluating patient suitability for referred procedures, and ensuring patient care and advocacy. NMTs must have theoretical knowledge of all aspects of nuclear medicine clinical imaging procedures, including the indications, mode of action, and side effects of interventional and adjunct medicines.

The MRPBA professional capabilities for medical radiation practitioners contain specific direction on what is deemed within the scope of practice for NMTs working with medicines, based on their skills and training. This includes recognising risks and precautions, knowledge of pharmacology, safe delivery of medicines and monitoring for effects and adverse reactions. NMTs also work in accordance with the *National Safety and Quality Health Service - Medication Safety Standard*.[6]

The Medicines Regulation is being amended to extend the authorised medicines NMTs can administer for nuclear medicine procedures to optimise utilisation of the NMT workforce. This will ensure patient safety and diagnostic accuracy is maintained while increasing availability of services, especially in regional areas.

[6] National Safety and Quality Health Service Standards (3rd edition) – Medication Safety Standard. Accessed from: www.safetyandquality.gov.au/standards/nsqhs-standards/medication-safety-standard.

Current authorisation

NMTs are authorised under the Medicines Regulation to:

- administer on a clinical protocol[7] applying to the NMT or on a written prescription:
  - a schedule 2 (S2) or schedule 3 (S3) medicine, other than an adrenaline (epinephrine) autoinjector;
  - an adrenaline (epinephrine) autoinjector, if the NMT has completed anaphylaxis training and the medicine is administered to treat anaphylaxis;
  - particular schedule 4 (S4) medicines (an angiotensin converting enzyme inhibitor, or angiotensin II receptor antagonist whether alone or in combination with a diuretic, a diuretic, and a histamine H_2 receptor antagonist); and
- possess an S4 medicine listed above, if the medicine is possessed for administration to the extent mentioned above.

The administration of specific medicines is essential in nuclear medicine procedures to improve the quality and definition of imaging. NMTs are not authorised to administer a number of S4 and schedule 8 (S8) medicines used in the provision of routine nuclear medicine procedures, requiring these medicines to be administered by other authorised health practitioners (primarily registered nurses and medical practitioners). Due to ongoing workforce constraints, authorised health practitioners often have limited or no availability to administer these medicines within procedural timeframes, which significantly impacts the ability for NMTs to carry out important nuclear medicine services. These issues are exacerbated by an increasing demand for nuclear medicine services in both the public and private sector. This disproportionately impacts patient access to services in regional areas, where a lack of available authorised health practitioners to administer the relevant medicines has resulted in patients being required to travel significant distances to access necessary procedures.

Delays in administration of these medicines can impact diagnostic accuracy and, in some cases, requires procedures to be cancelled or rescheduled. Repetition of procedures places additional pressure on constrained resources and exposes patients to unnecessary levels of radiation. It also results in the underutilisation of NMTs, as they typically cannot continue with other clinical tasks while waiting for a medicine to be administered by an authorised health practitioner.

Safeguards for medicine administration

Throughout the course of training and in day-to-day clinical practice, NMTs practice the safe use of medicines through an applied understanding of pharmacology, contraindications, side effects, and clinical therapeutics in the delivery of agents as part of nuclear medicine procedures. NMTs are experts in the storage, reconstitution, quality assurance and administration via various routes (intravenous, oral, inhaled) of radiopharmaceuticals in these procedures. The safe use of radiopharmaceuticals is synonymous with the safe use of medicines. NMTs are required to assess patient suitability, prepare the prescribed dose, meet labelling requirements and perform patient identification and procedure checks.

[7] A clinical protocol is a form of standing order that applies to a specific location and medicines and takes the place of a prescription when a NMT is performing a designated procedure or diagnostic test. A clinical protocol made by an authorised prescriber must be in writing and state detailed information including the circumstances to which it applies and the way each medicine may be administered. Chapter 4, part 7, division 3 of the Medicines Regulation.

NMTs also perform peripheral intravenous cannulation and are trained to use venous access devices for intravenous administration of radiopharmaceuticals. As such, NMTs are familiar with the complications associated with vascular access (phlebitis, extravasation, haemorrhage) and can manage these appropriately.

The amendments apply to any S4 or S8 medicine. Several of the S4 medicines used in nuclear medicine procedures require parenteral administration[8] and all S8 medicines are classed as monitored medicines. Some medicines will also need to be administered for children. As such, caution is exercised where a medicine is administered under these or any other high-risk circumstances.

Across public and private clinical settings in Queensland, it is commonly required that monitored medicines, medicines for parenteral administration, and for paediatric patients are checked prior to administration and then co-signed by two authorised health professionals (registered nurse, medical practitioner or a pharmacist). The requirement to involve a second authorised health professional to check and co-sign is a procedural control implemented across a range of health settings. This requirement is usually outlined within facility/health service medicine management procedures, medicine record keeping protocols and policies and/or the relevant substance management plan.

Amendments

The Medicines Regulation is being amended to extend the dealings authorised for NMTs to allow them to administer S4 and S8 medicines to the extent necessary to conduct diagnostic nuclear medicine investigations, where the medicine is administered:

- on a written prescription; or
- on a clinical protocol applying to the NMT.

To support this, the Amendment Regulation will authorise NMTs to possess S4 and S8 medicines for administration per the above and to dispose of any waste from a diversion-risk medicine.

Minor amendments

An administrative amendment is being made to the Medicines Regulation to correct typographical errors and ensure drafting consistency throughout the Medicines Regulation.

Achievement of policy objectives

The Amendment Regulation commences on notification.

Continuing institutional treatment of patients under the Queensland opioid treatment program

The Amendment Regulation makes changes to a number of Medicines Regulation CIT provisions, as detailed below. The amendments will allow medical practitioners and nurse practitioners to continue institutional treatment of a patient under the QOTP with an approved opioid to ensure safe, timely and clinically appropriate medical care for patients under the QOTP when they are in hospitals or in custodial facilities.

[8] Parenteral administration refers to the delivery of medications or nutrients directly into the bloodstream or tissues, bypassing the digestive system. This is commonly achieved through injections or intravenous infusions.

CIT with approved opioids

Schedule 6, part 1, division 3 and schedule 7, part 1 are amended to authorise medical practitioners and nurse practitioners respectively, to continue institutional treatment of a patient under the QOTP with an approved opioid. This includes providing a definition for 'continuing opioid dependence treatment'.

An additional amendment is made to schedule 7, part 1 to remove the authorisation for nurse practitioners to give a treatment dose of an approved opioid to reflect that nurse practitioners are unable to give a treatment dose under the current CIT provisions and to align nurse practitioner authorisations with medical practitioners.

Schedule 2 has been amended to update the entries for methadone and buprenorphine to replace 'when treating opioid dependency' to 'when treating opioid dependence' to reflect updated terminology in clinical practice.

CIT generally

Schedule 6, part 1, division 3 and schedule 7, part 1 are amended to update the settings where the existing CIT provisions apply from 'hospitals, prisons, watchhouses and detention centres' to 'hospitals and custodial facilities'. Under the Medicines Regulation, 'custodial facility' means a corrective services facility (prison, community corrections centre or work camp), detention centre or watchhouse. This amendment ensures the CIT provisions encompass all relevant corrective services facilities, not just prisons.

The Amendment Regulation also amends the definition of CIT from applying to patients being treated with a restricted medicine 'prior to admission' to a hospital or custodial facility to applying to patients being treated with the medicine within a reasonable period before being admitted to the hospital or being taken into custody at the custodial facility; or within a reasonable period before being treated by the practitioner. This is intended to capture scenarios where a patient may have been initiated on a restricted medicine during the admission to hospital or being taken into custody at a custodial facility by a person authorised to prescribe the medicine and another prescriber is required to continue that treatment in the institutional setting. It is also intended to capture circumstances where there may be a short break in treatment with the restricted medicine before the prescriber can continue treatment under the CIT provisions, and the prescriber makes a clinical and professional determination that it is reasonable to continue treatment with the medicine.

Nuclear medicine technologists

The Amendment Regulation will amend schedule 12, part 3, section 6 to extend the dealings authorised for NMTs to allow them to administer S4 and S8 medicines, where the medicine is administered:

- on a written prescription; or
- on a clinical protocol applying to the NMT.

To support this, NMTs will be authorised to possess S4 and S8 medicines for administration and to dispose of any waste from a diversion-risk medicine.

Authorising NMTs to administer any S4 or S8 medicine captures any medicines routinely required for nuclear medicine procedures. The amendments also future proofs the legislation where changes may be made to the medicines that may be used in these diagnostic procedures. This is considered appropriate given:

- the administration of the medicine must be carried out in accordance with a written prescription or a clinical protocol;
- NMTs' skills, training and experience in dealing with medicines for nuclear medicine procedures; and
- the local protocols in place to support the safe use of medicines, such as the requirement for co-signing of monitored medicines and medicines for parenteral administration (that is, injection or infusion).

The amendments will support NMTs to utilise their clinical training and skills to administer essential medicines for nuclear medicine investigations. This will reduce procedural delays, increase accessibility of nuclear medicine procedures, and enhance healthcare delivery across Queensland.

Minor amendments

The Amendment Regulation amends schedule 14, sections 4 and 6 to correct a typographical error. These corrections will ensure drafting consistency with other provisions in the Medicines Regulation.

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

Continuing institutional treatment

Under the Medicines Regulation, medical practitioners and nurse practitioners are unable to utilise the CIT provisions to deal with approved opioids for patients under the QOTP. The only way an individual practitioner can be authorised is if they apply for and are granted a prescribing approval to deal with approved opioids. These applications are considered on a case-by-case basis by the chief executive or delegate and are typically granted for a two-year period. If a large cohort of prescribers in hospitals and custodial facilities were to apply for prescribing approvals to enable continuity of care, this would carry a significant administrative burden for Queensland Health in reviewing and deciding applications. Delays in processing applications would remain a potential barrier to CIT of persons under the QOTP.

Given the established QOTP clinical governance arrangements and professional practice requirements in place for dealings with approved opioids for CIT to mitigate any associated risks, it is appropriate to enable medical practitioners and nurse practitioners to deal with approved opioids for CIT of a patient under the QOTP.

Nuclear medicine technologists

Currently, the Medicines Regulation does not support NMTs to utilise the full scope of their clinical training and skills when it comes to administering routine medicines for nuclear medicine investigations, instead having to wait for an authorised health practitioner to administer the relevant medicines. Due to limited or no availability of authorised health practitioners, there are delays for essential diagnostic procedures and accessibility issues (particularly in regional areas).

An alternative way of addressing this issue would be for Queensland Health and private health facilities to employ additional registered nurses in nuclear medicine services. This is not considered a reasonable alternative as it would result in significant and unnecessary costs to Queensland Health and the private sector, particularly when the NMT workforce has the necessary skills and training to deal with these medicines and is currently being underutilised.

Minor amendments

There are no reasonable alternatives to making the minor amendments. The proposed amendments are minor and administrative in nature.

Benefits and costs of implementation

There are no significant financial or resource implications associated with the proposed amendments. Any financial impacts for government will be managed within existing budget allocations.

Consistency with fundamental legislative principles

The Amendment Regulation is consistent with the fundamental legislative principles in section 4 of the *Legislative Standards Act 1992*.

Consultation

In May 2025, a consultation paper on the proposed amendments was published on the Queensland Health website and disseminated to stakeholders across pharmacy, medical, nursing and nuclear medicine peak bodies, Aboriginal and Torres Strait Islander health organisations, custodial services and Queensland Health, including Hospital and Health Services. The majority of stakeholders were supportive of the proposed amendments. Further consultation feedback on each of the proposals is outlined below.

Continuing institutional treatment

Stakeholders who provided feedback on the CIT amendments support the proposal, including the Royal Australian College of General Practitioners (RACGP) and Queensland Nurses and Midwives' Union (QNMU).

RACGP noted the amendments allowing people to continue their life-saving opioid dependence treatment in the hospital, or at a custodial setting are likely to contribute to better patient outcomes and will also make the role and workload of the attending specialist general practitioners easier and contribute to a more positive therapeutic alliance.

Nuclear medicine technologists

The majority of stakeholders supported the amendments to extend the dealings authorised for nuclear medicine technologists to allow them to administer S4 and S8 medicines to the extent necessary to conduct diagnostic nuclear medicine investigations, where the medicine is administered either on a prescription or in accordance with a clinical protocol.

QNMU was opposed to the proposal, raising concern around expanding authorisation for nuclear medicine technologists to administer S4 and S8 medicines. QNMU noted it did not believe the training provided to NMTs matched the comprehensive pharmacological education and clinical experience that registered nurses and midwives have as health practitioners authorised to administer monitored medicines.

It is considered that NMTs have the necessary skills, qualifications and training to safely administer S4 and S8 medicines to the extent necessary to conduct diagnostic nuclear medicine investigations. The expanded NMT authorisations are intended to supplement, not replace, the established processes for the use of medicines in nuclear medicine services by other authorised health professionals. These services have established processes to respond to clinical deterioration or serious adverse events related to medicines, regardless of the health professional administering the medicine.

The Australasian Association of Nuclear Medicine Specialists (AANMS) was supportive of NMTs dealing with most S4 medicines. However, it raised concerns about the unsupervised use of higher-risk medicines, such as morphine and insulin. AANMS also raised concern around the ability of stand-alone nuclear medicine practices to adhere to clinical governance controls around S8 medicines, such as storage and record-keeping.

NMTs are only authorised to administer and possess S4 and S8 medicines for the diagnostic procedures using radiopharmaceuticals that aid in the diagnosis, assessment and treatment of a wide variety of diseases. They are unable to prescribe a medicine for treatment. Therefore, they will not have complete autonomy, as they will require a direction from a health practitioner who can prescribe or make a clinical protocol for the medicine.

It is important to note that activities involving the use of medicines by NMTs are required to be performed within the practitioner's scope of practice and competence, as well as the clinical governance arrangements within an organisation. All facilities (both private and public) that employ NMTs have a responsibility to outline appropriate clinical governance to support the use of higher-risk medicines, such as insulin and morphine.

The Medicines Regulation ensures there are additional controls in relation to the storage of S8 medicines. For S8s in a shared clinic, that is a place where medicines are possessed for more than one person for supply or administration, there must be a person in charge of establishing and maintaining an S8 safe for S8 medicines possessed at the clinic. Failure to establish an S8 safe carries a maximum penalty of 40 penalty units. The person in charge of the shared clinic is also responsible for establishing and maintaining a medicine store for any other medicines possessed at the clinic. The S8 safe establisher must also establish the safe in a way that complies with the *Secure Storage of S8 Medicines* departmental standard. Failure to comply with the departmental standard also carries a maximum penalty of 40 penalty units.

The proposed amendments provide facilities with the ability, not the directive, to enable NMTs to administer S8 medicines. The decision to enable NMTs to work to this expanded authority will be at the discretion of each facility.