Queensland Health

Proposed changes to mandatory QScript look-up requirements

Consultation paper on proposed legislative amendments

Queensland Government

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1 Purpose

The purpose of this consultation paper is to describe proposed changes to the mandatory requirement under the *Medicines and Poisons Act 2019* (Qld) (the Act) for relevant practitioners to check QScript in certain circumstances.

This consultation paper is provided for consultation purposes only and does not represent government policy.

Queensland Health invites peak bodies, professional organisations, industry partners, individual health practitioners, consumers and interested parties to review and provide feedback on the proposed changes.

Your views are valuable and may be referred to in material provided to Government in considering any proposed legislative amendments, and may be referred to in Explanatory Notes.

Your feedback on the proposed amendments would be greatly appreciated. The closing date for feedback is **5 pm on Friday, 23 February 2024.**

Details on how to make a submission are outlined in section 4 of this paper: **Making a submission**

2 Background

2.1 Current QScript look-up requirements

QScript is a real-time prescription monitoring system that collects real-time information about prescribing and dispensing of monitored medicines to support safe clinical decision-making.

QScript is the 'monitored medicines database' referred to in the Act and the *Medicines and Poisons (Medicines) Regulation 2021* (the Medicines Regulation), and is an electronic database the chief executive must keep under Chapter 7, Part 3 of the Act.

Section 41 of the Act specifies the current QScript look-up requirements.

In summary, 'relevant practitioners' are required to check QScript before:

- **prescribing** a monitored medicine for a person;
- **dispensing** a monitored medicine for a person; or
- **giving a treatment dose** of a monitored medicine for a person.

Reasonable excuses for not complying with these requirements are determined on a case-by-case basis. There are currently no exemptions from these requirements prescribed in the *Medicines and Poisons (Medicines) Regulation 2021* (the Medicines Regulation).

Schedule 18, Part 1 of the Medicines Regulation specifies that 'relevant practitioners' required to check QScript per section 41 of the Act are:

- dentists
- medical practitioners
- nurse practitioners
- endorsed midwives
- pharmacists and intern pharmacists
- endorsed podiatrists and podiatric surgeons.

To remove any ambiguity about when QScript look-up is currently required, the terms **prescribe, dispense** and **give a treatment dose** are defined in the table below.

Definition	Examples	Comments
Prescribe, in relation to a medicine, means direct a person, orally or in writing, to administer, dispense or give a treatment dose of the medicine for the treatment of a person or animal.[1]	• A general practitioner writes a prescription for a medicine that is to be dispensed by a pharmacist. • An endorsed midwife orally directs a nurse to administer a medicine to a patient.	• Prescribing is a direction for treatment to be carried out by another person. • Prescribing includes oral and written directions, in any authorised form e.g. medication chart, PBS or private prescription.
Dispense a medicine means sell the medicine to a person on prescription.[2]	A pharmacist receives a written prescription, processes it, and supplies the prescribed medicine to a patient.	• Dispensing requires a prescription (oral or written). • In Queensland, only pharmacists and medical practitioners have as-of-right authority under the Medicines Regulation to dispense medicines for the treatment of a person.
Give a treatment dose of a medicine means give one or more doses of the medicine to a person to be taken by a particular person, or administered to an animal, at a later time.[3]	A medical practitioner directly gives a quantity of a medicine to a patient for the patient to consume the next day.	Medicines given as treatment doses are given to a person to be taken by a particular stated person, as instructed, at a later time.

2.2 Key findings of previous consultation

In January 2023, Queensland Health invited stakeholders to make submissions regarding QScript look-up requirements and the requirement for prescribers and dispensers to comply with the Monitored Medicines Standard in certain circumstances. Consultation on these matters closed in February 2023.

Queensland Health received:

- 321 Microsoft Forms survey submissions
- 19 emailed submissions.

These submissions—along with other information (submissions) provided by health practitioners separate to the consultation—were reviewed and feedback was broken into key themes.

[1] Definition for 'prescribe' in Schedule 1 of the Act.

[2] Section 25(2) of the Act.

[3] Section 25(3) of the Act.

For the question '*In your view, do the current mandatory QScript look-up requirements require amendment?*', the following responses were collated (n=360):

- **Yes** = 268 submissions (~74%)
- **No** = 46 submissions (~13%)
- **Maybe** = 30 submissions (~8%)
- **Not sure / don't know** = 16 submissions (~4%).

Some of the key consultation findings are summarised below.

- Many submissions described scenarios where the requirement to check QScript can create workflow issues and unnecessary delays/burden without adding any clinical or safety benefit, particularly:
  - in hospitals (including emergency departments) and residential aged care facilities
  - when patients are to be administered the monitored medicine.
- Many submissions also indicated that the current look-up requirements can have adverse impacts on patients e.g.
  - health practitioners limiting, avoiding or refusing to write monitored medicine prescriptions despite this being clinically indicated
  - abrupt reduction or cessation of treatment, causing patients inadequate pain management, frustration and distress.
- With regard to possible future QScript look-up requirements:
  - Many submissions recommended look-up should **not** be mandatory when:
    - providing healthcare in residential aged care facilities, hospitals and emergency departments (except for discharge prescriptions and in outpatient settings), and in prisons, residential mental health facilities and other residential settings
    - providing sedation, anaesthesia or peri- or intra-operative medicines, emergency care, palliative care, end-of-life care, cancer care or monitored medicines where there is a clear clinical benefit to prescribing e.g. patients with acute trauma.
  - Some submissions recommended that QScript look-up should be entirely voluntary.
  - A smaller number of submissions recommended that future requirements should be based on:
    - patient or practitioner flow (e.g. mandating look-up at quarterly intervals); or
    - the type of health practitioner providing the healthcare (e.g. exempting mandatory look-up for anaesthetists); or
    - other matters (e.g. mandatory look-up should be contingent on enhancements being made to QScript).

- A very small number of submissions (representing 3% of all comments regarding suggested future requirements) indicated there should be no change to the current look-up requirements.

3 Proposal

Queensland Health proposes to amend the QScript look-up requirements to ensure they achieve the purpose of protecting and promoting patient and public health, safety and wellbeing and reducing monitored medicine-related harms whilst also:

- being practical and enforceable
- imposing a justifiable and proportionate regulatory burden on health practitioners
- reducing the likelihood of the regulatory requirements resulting in adverse impacts on patients.

The proposed amendments have been informed by a range of sources including (but not limited to):

- consultation feedback
- incidental and unsolicited feedback, observations and recommendations from stakeholders within and external to Queensland Health
- jurisdictional comparisons
- recommendations of multidisciplinary working parties which operated during the development of QScript and the Act framework
- regulatory best practice principles.

The proposed amendments are described using indicative language only.

3.1 Proposed amendments

Queensland Health proposes to amend the Medicines Regulation to exempt relevant practitioners from the mandatory requirement to check QScript if the person being prescribed, dispensed or given a treatment dose of the monitored medicine is:

- being **prescribed a monitored medicine for administration**[4]
- a patient receiving treatment in a **hospital** (including a hospital emergency department, outpatient or short-stay setting)—unless the patient is prescribed, dispensed or given a treatment dose of a monitored medicine on discharge
- a resident being treated in a **residential aged care facility (RACF)**
- a prisoner being treated in a **correctional facility** or a detained person being treated in a **watchhouse**—unless the patient is prescribed, dispensed or given a treatment dose of a monitored medicine on release from the correctional facility or watchhouse
- being provided the monitored medicine for **end-of-life care** (i.e. the person has been diagnosed with a disease, illness or medical condition that is advanced, progressive and is expected to cause death within 12 months, and is being prescribed or supplied the monitored medicine for palliative treatment)
- a person who, under the *Voluntary Assisted Dying Act 2021* (Qld), has been assessed by a consulting practitioner to be **eligible for access to voluntary assisted dying**, or
- being provided **emergency treatment** for a serious or life-threatening illness or injury (irrespective of the setting).

3.2 Key implications

If the proposed amendments are progressed, the key implications are:

1. Relevant practitioners will **no longer be required** to check QScript if one of the exempted circumstances applies.
2. In accordance with section 41 of the Act, relevant practitioners will **continue to be required** to check QScript before prescribing, dispensing or giving a treatment dose of a monitored medicine for a person *in all other circumstances*, unless they have a reasonable excuse.
3. A relevant practitioner can still **voluntarily check QScript** in an exempted circumstance to record and review information for the therapeutic treatment of patients or to comply with requirements under the Act applying to the health practitioner (other than section 41 of the Act).

[4] 'Prescribing a monitored medicine for administration' for a person means directing a person, orally or in writing, to administer a monitored medicine for the treatment of a person (this definition is adapted from the definition for 'prescribe' in Schedule 1 of the Act). For example: a medical practitioner directing a registered nurse to apply a transdermal patch to a patient's skin, or a nurse practitioner writing up an order in a hospital medical chart for an inpatient to be given two tablets of a medicine daily for the patient to swallow immediately.

3.3 Practical examples

The table below compares how the current QScript look-up requirements and the proposed amended requirements would apply in relation to some example monitored medicine dealings.

The question 'Would QScript look-up be required first?' refers to whether the health practitioner **in bold** would be required to check QScript before undertaking the described dealing. Unless specified otherwise, references to 'patient' describe a person who:

- is receiving ambulatory treatment that is not emergency or end-of-life care
- is not receiving care as a hospital inpatient or resident of an RACF, correctional facility, or watchhouse
- has not been assessed by a consulting practitioner— under the *Voluntary Assisted Dying Act 2021*—to be eligible for access to voluntary assisted dying.

	Monitored medicine dealing	Would QScript look-up be required first?	
		Current requirements	Proposed amended requirements
PRESCRIBING FOR DISPENSING			
1	A **general practitioner** writing a monitored medicine prescription (a handwritten, electronic or computer-generated paper prescription) for a patient, to be dispensed at a pharmacy.	**Yes**	**Yes**
2	An **orthopaedic surgeon** in a private hospital writing a monitored medicine prescription for post-operative pain relief for an inpatient, to be dispensed to the patient at a pharmacy following their discharge from hospital.	**Yes**	**Yes**
3	A **general practitioner** working in an RACF writing a monitored medicine prescription in a National Residential Medication Chart for a resident (where the medicine will be dispensed at a community pharmacy then administered to the resident by authorised RACF staff).	**Yes**	**No**
4	A **specialist palliative medicine physician** prescribing a monitored medicine to be dispensed for a patient receiving end-of-life care.	**Yes**	**No**
5	A **private Queensland Opioid Treatment Program (QOTP) prescriber** writing a prescription for a QOTP medicine to be dispensed for and then administered to a patient at a community pharmacy.	**Yes**	**Yes**
6	A **dentist** prescribing 2 days' supply of a monitored medicine for a patient, to be dispensed at a pharmacy.	**Yes**	**Yes**
7	A **medical practitioner** in a hospital emergency department providing a patient with a monitored medicine prescription to be dispensed at a pharmacy following the patient's discharge.	**Yes**	**Yes**
8	A **nurse practitioner** writing a monitored medicine prescription for a patient being released from a correctional facility, to be dispensed at a community pharmacy.	**Yes**	**Yes**

	Monitored medicine dealing	Would QScript look-up be required first?	
		Current requirements	Proposed amended requirements
PRESCRIBING FOR ADMINISTRATION			
9	A **hospital emergency department doctor** verbally instructing another doctor to administer a monitored medicine to a patient admitted to a short-stay unit.	**Yes**	**No**
10	An **anaesthetist** verbally instructing a registered nurse to administer a monitored medicine to a patient during a hospital day-surgery procedure.	**Yes**	**No**
11	A **psychiatrist** at a residential mental health facility writing up an order for daily administration of a monitored medicine for a patient during their admission.	**Yes**	**No**
12	A **medical practitioner** employed at a correctional facility prescribing a monitored medicine for administration to a prisoner.	**Yes**	**No**
13	An **endorsed midwife** writing instructions in a hospital medication chart for an inpatient to be administered a monitored medicine.	**Yes**	**No**
14	A **QOTP prescriber** at a public Alcohol and Other Drugs Service directing a registered nurse to administer a QOTP medicine to a stabilising patient in the clinic.	**Yes**	**No**
15	A **nurse practitioner** employed at a watchhouse prescribing a once-off dose of a monitored medicine to be administered to a detained person.	**Yes**	**No**
PRESCRIBING FOR GIVING A TREATMENT DOSE			
16	A **nurse practitioner** employed to provide health services at a prison instructing a prison nurse to give 3 days' supply of a monitored medicine to a patient being released from prison (for the patient to consume over the 3 days post-release).	**Yes**	**Yes**
17	A **specialist plastic surgeon** at a hospital instructing a Junior House Officer to give a discharging patient 2 days' supply of a monitored medicine (for the patient to consume over the 2 days post-discharge).	**Yes**	**Yes**
DISPENSING			
18	A **pharmacist** at a community pharmacy dispensing a monitored medicine for a patient.	**Yes**	**Yes**
19	A **pharmacist** dispensing a monitored medicine for a patient who, under the *Voluntary Assisted Dying Act 2021*, has been assessed by a consulting practitioner to be eligible for access to voluntary assisted dying.	**Yes**	**No**
20	A **medical practitioner** dispensing a monitored medicine for a patient.	**Yes**	**Yes**
21	A **pharmacist** at a hospital pharmacy dispensing a monitored medicine which will be administered to an inpatient by hospital staff during the patient's admission.	**Yes**	**No**
22	A **pharmacist** at a community pharmacy dispensing a monitored medicine for a resident of an RACF, to be administered to the patient by authorised RACF staff.	**Yes**	**No**

Monitored medicine dealing		Would QScript look-up be required first?	
		Current requirements	Proposed amended requirements
ADMINISTERING			
23	An **anaesthetist** administering a monitored medicine to a patient during a surgical procedure.	**No**	**No**
24	A **pharmacist** handing a dose of a QOTP medicine (that has already been dispensed) for the patient to consume immediately.	**No**	**No**
25	A **podiatric surgeon** providing a single dose of a monitored medicine to a patient for immediate consumption, for pre-procedural anxiety.	**No**	**No**
GIVING A TREATMENT DOSE			
26	A **nurse practitioner** at a general practice directly giving a patient two tablets of a monitored medicine for the patient to consume the next day.	**Yes**	**Yes**
27	An **oral and maxillofacial surgeon** at a public hospital giving a discharging patient a supply of a monitored medicine to be consumed by the patient over the next week, after discharge.	**Yes**	**Yes**

4 Making a submission

All interested parties are invited to make a submission regarding the proposed legislative amendments described in this paper.

The consultation period opens on Monday, 5 February 2024 and closes at **5 pm on Friday, 23 February 2024.**

In providing feedback, stakeholders making submissions are encouraged to consider:

- patient and public safety
- risks, benefits and unintended consequences
- practicality
- complexity and enforceability
- regulatory burden.

Submissions can be provided via completion of a Microsoft Forms survey, available at: https://forms.office.com/r/Ya54B2zEKY

All submissions made by the deadline will be considered. Queensland Health may not provide a response to each submission.

Submissions will not be made publicly available, although the submissions may be subject to disclosure under the *Right to Information Act 2009* (Qld) (RTI Act), and content from submissions may be referred to in Explanatory Notes if legislative amendments are proposed. Applications for access to submissions will be determined in accordance with the RTI Act.

All submissions will be carefully considered. However, Queensland Health makes no guarantee, nor gives any undertaking, that legislative changes will be made as a result of the consultation process.

Any information provided by Queensland Health as part of the consultation process does not constitute legal advice.

5 Related resources

- Legislation:
  - *Medicines and Poisons Act 2019*
  - Medicines and Poisons (Medicines) Regulation 2021
  - *Voluntary Assisted Dying Act 2021*
- Detailed information on the Act framework: www.health.qld.gov.au/system-governance/licences/medicines-poisons/medicines-poisons-act
- General information about QScript:
  - for health practitioners: www.health.qld.gov.au/qscript
  - for patients: www.qld.gov.au/health/conditions/all/qscript
- Checking QScript: A guide for relevant practitioners on the mandatory requirement to check QScript (this guide is applicable to the current look-up requirements)

Health practitioners requiring technical assistance for QScript can review the QScript help topics or troubleshooting guide.

QScript technical support is also available by contacting 1800 776 633 or it.qscript@health.qld.gov.au

6 Glossary

Term	Meaning
the Act	*Medicines and Poisons Act 2019* (Qld)
the Medicines Regulation	*Medicines and Poisons (Medicines) Regulation 2021* (Qld)
monitored medicines	Medicines specified in Schedule 2, Part 4 of the *Medicines and Poisons (Medicines) Regulation 2021.*
QOTP	Queensland Opioid Treatment Program
RACF	residential aged care facility
relevant practitioners	Health practitioners specified in Schedule 18, Part 1 of the *Medicines and Poisons (Medicines) Regulation 2021* required to check QScript.