

4 June 2019

Committee Secretary
State Development, Natural Resources and
Agricultural Industry Development Committee
Parliament House
George Street
Brisbane QLD 4000

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*Thank you for the opportunity to provide a submission to the **proposed Medicines and Poisons Bill 2019**.*

Given such significant changes to the regulatory framework for medicines and poisons in Queensland, more consultation would be expected with key stakeholders at all stages of the regulatory process. There is limited detail in the regulations, new language and terminology being introduced which requires clear definitions, including but not limited to the classes of persons prescribed by regulation, authorised persons, approved persons, responsible person, and designated place (Under Clause 92).

It is pleasing to note that the policy objectives are not intended to reduce access to medicines when and where they are needed. Of particular note is the intention not to regulate the day to day activities of agents or carers, and to support access to medicines for vulnerable people including children, those with a disability and older persons.

In relation to Clause 51 of the Bill, aged care workers (or equivalent in Children's Services and Disability Services) should not be prescribed under the regulation and the exemption should therefore apply.

If aged care workers (or equivalent for other services) are to be "prescribed under regulation" the details of their requirements and regulated activity (any limitations on what is to be an authorised activity with regulated substances) should be identified, in order to determine if this is aligned with models of care in that setting. Consideration should also be given to the systems in place to ensure the safety and quality use of medicines.

Given the challenges faced in terms of health workforce numbers declining, and workforce shortages, particularly in the aged care sector, it is important that the Bill and associated regulation does not limit the ability to adopt new ways of working and new models of care, designed to meet the needs of the community. This will become particularly apparent as the Royal Commission in Aged Care Quality and Safety progresses and also the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

In closing, it will be important that the new regulatory framework generates the greatest net benefit to the community, meaning that access to medicines is improved, particularly those that ease pain.

We would welcome the opportunity to participate in any further consultation in relation to role of the aged care worker (or equivalent) continuing to be involved in the safe administration of medications.

Should you require more information about this submission, please contact me at [REDACTED] or phone [REDACTED].

Yours sincerely



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