[Service Letterhead]

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This resource should be reviewed and endorsed in accordance with the organisation's governance and document control processes prior to implementation.

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[Organisation Name]

Medication Management

Policy

Document Control

Policy Title	Medication Management Policy
Policy Number	P-XXX
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Accreditation Mapping Code	RACGP – Clinical Governance; Medicines Safety; Provision of Clinical and Medicines Guidelines; Patient Health Records; Continuity and Coordination of Care; Patient Safety and Quality; CQI NSQHS – Standard 1 Clinical Governance; Standard 2 Partnering with Consumers; Standard 4 Medication Safety; Standard 5 Comprehensive Care; Standard 6 Communicating for Safety NSQPH – Clinical Governance; Partnering with Consumers; Clinical Safety – Medication Safety QIC – Governance; Risk Management; Quality Improvement; Workforce; Service Delivery; Consumer and Community Engagement

1. Purpose

The purpose of this policy is to establish the overarching governance, safety and accountability requirements for medication management across [Organisation Name].

Medicines are an important component of healthcare but can cause significant and preventable harm when they are prescribed, supplied, stored, transported, administered, monitored, documented or disposed of incorrectly. Safe medication management therefore requires coordinated systems that support patients and healthcare practitioners throughout the medication-management lifecycle.

This policy is intended to ensure that [Organisation Name]:

- maintains clear governance and accountability for medication safety;
- supports the safe, appropriate and evidence-based use of medicines;
- ensures medication-related activities are undertaken only by appropriately authorised and competent persons within their scope of practice;
- maintains accurate and current information about patients' medicines, allergies and adverse drug reactions;
- supports safe prescribing, supply, administration, monitoring, storage, transport and disposal of medicines;
- identifies and manages risks associated with high-risk, controlled and restricted medicines;
- supports medication reconciliation and continuity of medication information during transitions of care;
- promotes medication optimisation and the quality use of medicines;
- identifies and responds to barriers that may affect access to medicines and continuity of treatment;
- supports safe medication use for patients who may be at increased risk of medication-related harm;
- partners with patients, families and carers in medication decisions;
- supports culturally safe and health-literacy-responsive medication communication;
- identifies, reports, reviews and learns from medication incidents and near misses; and
- meets applicable legislative, regulatory, professional and accreditation requirements.

Medication safety forms part of [Organisation Name]'s broader clinical governance system and will be embedded in routine clinical practice, workforce governance, risk management and continuous quality improvement.

2. Scope

This policy applies to all persons whose work may involve the prescribing, ordering, procuring, receiving, storing, transporting, supplying, dispensing where authorised, preparing, administering, assisting with, documenting, reconciling, reviewing, monitoring or disposing of medicines on behalf of [Organisation Name].

This includes medical practitioners, nurse practitioners, nurses, midwives, Aboriginal Health Practitioners, Aboriginal Health Workers where authorised within their role and jurisdiction, pharmacists, allied health practitioners with relevant prescribing or medication authorities, visiting and contracted practitioners, students under appropriate supervision, managers and other workers whose responsibilities affect medication safety.

The policy applies to medication management across all relevant service-delivery environments operated or coordinated by [Organisation Name], including clinics, outreach

services, community-based care, mobile services, home visits and other authorised service-delivery arrangements.

It applies to prescription medicines, non-prescription medicines, vaccines, emergency medicines, Schedule 8 and other controlled or restricted medicines, complementary medicines, medication samples, clinic-held stock and other therapeutic substances where their use is relevant to patient care or organisational medication-management systems.

3. Definitions

Medication Management – The systems and activities associated with the safe and appropriate selection, prescribing, procurement, supply, storage, transport, preparation, administration, documentation, monitoring, review and disposal of medicines.

Medication Reconciliation – The formal process of obtaining and verifying an accurate medication history and comparing it with current medication orders or treatment to identify and resolve discrepancies.

Best Possible Medication History (BPMH) – A comprehensive medication history obtained using appropriate sources and patient or carer involvement to establish, as accurately as possible, the medicines a patient is currently using.

Medication Incident – An event or circumstance involving medication management that resulted, or could have resulted, in unintended or unnecessary harm to a patient.

Adverse Drug Reaction (ADR) – A harmful or unintended response associated with the use of a medicine at doses normally used for prevention, diagnosis or treatment.

Medication Allergy – An immune-mediated adverse reaction to a medicine or medicine component.

High-Risk Medicine – A medicine that has an increased risk of causing significant patient harm if used incorrectly, including medicines identified through applicable national guidance, legislation, clinical evidence or organisational risk assessment.

Controlled / Restricted Medicine – A medicine subject to additional legislative or regulatory requirements relating to prescribing, possession, supply, administration, storage, recording or disposal.

Medication Review – A systematic assessment of a patient's medicines to optimise treatment, identify medication-related problems and support safe and appropriate medicine use.

Medication Optimisation – A person-centred approach to ensuring medicines are clinically indicated, effective, safe and aligned with the patient's treatment goals and circumstances.

Dose Administration Aid (DAA) – A device or packaging system used to organise medicines according to the intended dose and administration time.

Scope of Practice – The professional activities a practitioner is educated, competent, authorised and, where applicable, registered, endorsed or credentialed to perform.

Practitioner – A person who is appropriately qualified, registered, endorsed, authorised or otherwise permitted to provide healthcare or undertake clinical activities within their professional scope of practice, competence and organisational authority. This may include medical practitioners, nurse practitioners, nurses, midwives, Aboriginal Health Practitioners, pharmacists, allied health professionals and other authorised health professionals.

4. Policy Statement

[Organisation Name] is committed to ensuring that medicines are managed safely, appropriately, effectively and in a manner that is culturally safe, person-centred and consistent with evidence-based clinical practice.

Medication management is a shared responsibility across the organisation. The Board retains governance oversight of clinical safety and quality, executive and clinical leaders are responsible for establishing effective medication-management systems, and healthcare practitioners remain professionally accountable for medication-related decisions and activities undertaken within their scope of practice.

[Organisation Name] will maintain an integrated medication-management system that provides assurance that:

- medicines are prescribed, supplied and administered safely and appropriately;
- medication decisions are based on clinical need, current evidence and professional judgement;
- practitioners undertake medication-related activities only where appropriately authorised and competent;
- patients' current medicines, allergies and adverse drug reactions are identified and documented;
- medication information is communicated accurately during transitions of care;
- patients are supported to understand and participate in decisions about their medicines;
- medication therapy is reviewed and optimised according to clinical need and risk;
- barriers to obtaining and safely using medicines are identified and addressed where practicable;
- medicines are stored, secured, transported and disposed of appropriately;
- controlled, restricted and high-risk medicines receive additional safeguards;
- medication-related incidents, risks and adverse events are identified and appropriately managed; and
- medication-management systems are monitored and continuously improved.

5. Policy

[Organisation Name] recognises that medication safety depends on more than the actions of individual practitioners. Safe medication use requires effective governance, reliable clinical systems, accurate information, competent practitioners, appropriate infrastructure and meaningful partnership with patients, families and carers.

For this reason, medication safety will be integrated across clinical governance, workforce governance, health information management, incident management, risk management and continuous quality improvement systems.

5.1 Medication Governance and Accountability

[Organisation Name] will maintain clear organisational accountability for medication management and medication safety.

Governance arrangements will define responsibility for oversight of medication-related risks, systems, incidents, workforce requirements and quality improvement. Significant medication risks, incidents, emerging issues and identified trends will be escalated through appropriate clinical and organisational governance structures.

Medication-management requirements will be supported by current policies, procedures, clinical guidance and other resources appropriate to the medicines and services provided by the organisation.

Where legislation, professional requirements or the nature of a medicine impose additional controls, those requirements must be incorporated into organisational systems and clinical practice.

5.2 Scope of Practice, Authorisation and Competency

Medication-related activities may only be undertaken by workers who are legally authorised, appropriately qualified, competent and acting within their professional scope of practice and organisational authority.

[Organisation Name] will maintain systems to verify relevant registration, endorsement, credentialing, authorisation, training and competency requirements.

Workers must understand the boundaries of their role and must not prescribe, supply, possess, prepare, administer or otherwise handle medicines outside their lawful authority or demonstrated competence.

Where delegation or supervision is permitted, it must occur in accordance with applicable legislation, professional standards and organisational requirements.

Students and trainees may only participate in medication-related activities within the limits of their training program and under the level of supervision required by law, professional standards and the organisation.

5.3 Medication History and Reconciliation

Accurate medication information is fundamental to safe clinical decision-making.

Where clinically relevant, practitioners will establish and maintain an accurate understanding of the medicines a patient is currently taking. This should include prescribed medicines, over-the-counter medicines, complementary medicines and other substances that may affect treatment.

A best possible medication history will be obtained where appropriate to the patient's presentation, episode of care and clinical risk.

Medication reconciliation will occur at relevant transitions and points of care to identify discrepancies, duplication, omissions, interactions or unintended changes.

Discrepancies that may affect patient safety must be clarified and resolved within an appropriate timeframe.

5.4 Allergies and Adverse Drug Reactions

Known medication allergies and adverse drug reactions must be actively identified, documented and considered before prescribing, supplying or administering medicines.

Records should clearly distinguish, where known, between medication allergy, adverse drug reaction, intolerance and other reported medication-related concerns.

Where a new or suspected adverse drug reaction occurs, the patient must receive appropriate clinical assessment and management. Relevant information must be documented, communicated to other healthcare providers where required and reported through applicable pharmacovigilance or regulatory mechanisms where appropriate.

Medication allergy and adverse reaction information must remain readily accessible to practitioners involved in the patient's care.

5.5 Safe and Appropriate Prescribing

Medicines will only be prescribed by practitioners who hold the legal and professional authority to prescribe the relevant medicine.

Prescribing decisions must be clinically appropriate, evidence-based and informed by relevant patient factors, including the indication and expected benefit, allergies and adverse drug reactions, current medicines, potential interactions, contraindications, clinical history, monitoring requirements, treatment response and individual patient circumstances.

Particular consideration will be given to factors that may materially alter medication risk, including age, pregnancy, breastfeeding, renal or hepatic impairment, frailty, multimorbidity, polypharmacy and other clinical vulnerabilities.

Prescribing will also consider the patient's treatment goals, preferences, cultural circumstances, health literacy, ability to safely use the medicine and practical access to treatment.

Prescribers must provide sufficient information to support safe use and monitoring of the medicine and comply with applicable prescribing, electronic prescribing, authority, approval and recordkeeping requirements.

Where relevant, prescribing will support antimicrobial stewardship and the quality use of medicines.

5.6 Supply and Dispensing

Medicines may only be supplied or dispensed where permitted by applicable legislation and by a person authorised to undertake that activity.

Where [Organisation Name] supplies medicines directly to patients, systems must ensure that supply occurs safely and in accordance with applicable labelling, information, documentation, counselling and regulatory requirements.

Medicines must not be supplied where uncertainty exists about the medicine, prescription, patient, dose, authority or other information required for safe supply until the matter has been appropriately clarified.

Where medicines are supplied under specific legislative authorities, protocols or other approved mechanisms, all applicable requirements must be met.

5.7 Safe Medication Administration

Medicines will only be administered by persons who are authorised and competent to do so.

Before administration, the administering practitioner must undertake appropriate checks to ensure the medicine is intended for the correct patient, is clinically appropriate and can be safely administered.

Relevant medication information, allergies, adverse drug reactions, clinical circumstances and monitoring requirements must be considered.

Medication administration must be documented accurately and contemporaneously.

Any uncertainty, discrepancy, contraindication or clinical concern must be appropriately resolved before administration unless immediate emergency treatment is required and lawful.

5.8 Patient Identification

Reliable patient identification is required throughout medication management.

Appropriate patient identifiers must be used before prescribing, supplying or administering medicines and when documenting medication information.

Where identity cannot be reliably confirmed, medication-related activity must be deferred where clinically safe to do so until identity is established, or managed through an appropriate clinical risk process where urgent treatment is required.

5.9 High-Risk Medicines

[Organisation Name] will identify high-risk medicines relevant to the services it provides and implement safeguards proportionate to the potential for patient harm.

High-risk medication systems may include enhanced prescribing requirements, restricted access, additional checking, standardised guidance, monitoring requirements, specific competencies, alerts, storage controls and audit.

The organisation will also identify and manage foreseeable risks associated with look-alike or sound-alike medicines and medicines with similar packaging, formulations or strengths.

High-risk medicine controls will be reviewed following medication incidents, emerging evidence, changes in clinical practice or regulatory requirements.

5.10 Schedule 8 and Other Controlled or Restricted Medicines

Schedule 8 medicines and other medicines subject to enhanced legislative or regulatory controls must be managed strictly in accordance with applicable requirements.

[Organisation Name] will maintain systems addressing lawful authority, approvals, secure storage, access, receipt, transfer, records, stock reconciliation, destruction, disposal, discrepancies, loss, theft and suspected diversion.

Access to controlled or restricted medicines will be limited to authorised persons.

Suspected theft, diversion, tampering, unexplained discrepancy or unauthorised access must be promptly escalated and managed as a clinical, regulatory and organisational risk, with external notification where required.

5.11 Emergency Medicines

Emergency medicines maintained by [Organisation Name] must be appropriate to the clinical services provided and foreseeable emergencies within the service environment.

Emergency medicines must be readily accessible to authorised workers when required while remaining appropriately secured from unauthorised access.

Systems will ensure emergency medicines are routinely monitored for availability, integrity, storage requirements and expiry and are replenished following use.

Workers expected to use emergency medicines must have the training, competence and authority required for their role.

5.12 Vaccines and Cold Chain Medicines

Vaccines and other temperature-sensitive medicines must be stored, monitored, transported and managed in accordance with applicable legislation, manufacturer requirements and recognised cold chain guidance.

[Organisation Name] will maintain appropriate cold chain equipment, temperature monitoring, documentation, escalation and contingency arrangements.

A cold chain breach or suspected breach must be identified and managed in a manner that prevents affected medicines or vaccines from being used until their suitability has been appropriately assessed.

5.13 Medication Storage and Security

Medicines held by [Organisation Name] must be stored in conditions that preserve their safety, quality and integrity and prevent unauthorised access.

Storage arrangements will reflect legislative requirements, manufacturer specifications, environmental requirements, medicine risk, security, segregation, expiry management and the operational needs of the service.

Medication storage areas and systems will be monitored and identified risks addressed promptly.

5.14 Procurement, Clinic Stock, Samples and Expiry

Medicines will be obtained through lawful and appropriate supply pathways.

[Organisation Name] will maintain stock-management systems proportionate to the medicines it holds, including processes that provide assurance regarding receipt, storage, integrity, security, stock rotation and expiry.

Medication samples, practitioner stock, emergency stock and other clinic-held medicines are subject to the same safety, storage, security, documentation and regulatory expectations as other medicines held by the organisation.

Expired, damaged, recalled, contaminated or otherwise unsuitable medicines must be removed from usable stock and appropriately managed.

Stockholding arrangements should support safe service delivery while reducing unnecessary expiry, wastage and diversion risk.

5.15 Medication Transport

Where medicines are transported between organisational sites, outreach locations or other authorised service-delivery environments, arrangements must maintain medicine security, integrity and required environmental conditions.

Additional controls will apply to temperature-sensitive, controlled, restricted or high-risk medicines where required.

Responsibility for medicines during transport must be clear and any loss, damage, temperature excursion or other compromise appropriately assessed and escalated.

5.16 Medication Labelling

Medicines prepared or supplied for administration or patient use must be labelled in accordance with applicable legislative, professional and organisational requirements.

Labels must provide sufficient information to enable safe identification and use of the medicine.

Medicines must not be used where their identity, strength, preparation details or integrity cannot be reliably established.

5.17 Medication Documentation

Medication-related documentation must be accurate, current, legible, attributable and completed within an appropriate timeframe.

The patient's health record must contain sufficient information to support safe ongoing medication management, including relevant current medicines, medication changes, allergies, adverse drug reactions, medicines prescribed, supplied or administered, monitoring requirements, identified risks and medication-related communication.

Medication information must be updated where changes are identified and remain accessible to relevant practitioners involved in the patient's care.

5.18 Medication Review and Monitoring

Medication therapy will be reviewed and monitored according to clinical need, medicine-specific requirements and the patient's level of risk.

Monitoring may include clinical response, adverse effects, pathology, medicine levels, physiological observations, adherence and other parameters relevant to safe treatment.

Where medication therapy requires pathology, physiological or other clinical monitoring, responsibility for arranging, reviewing and acting upon that monitoring must be clearly established.

Patients taking multiple medicines, high-risk medicines or medicines requiring ongoing monitoring will receive medication review proportionate to their clinical risk.

Where appropriate, [Organisation Name] will support collaborative medication review involving pharmacists, prescribers and other relevant healthcare practitioners.

Failure to complete required medication monitoring, or inability to contact a patient where failure to follow up may result in significant harm, must be identifiable within organisational systems and managed according to clinical risk.

5.19 Transitions of Care and Medication Information

Medication-related risk increases when patients move between practitioners, services and care settings.

[Organisation Name] will maintain systems to support accurate and timely communication of medication information during referrals, transfers, discharge, hospital admission or discharge and other transitions of care.

Where relevant, medication information provided during handover should include current medicines, recent changes, allergies and adverse drug reactions, relevant monitoring requirements and unresolved medication-related concerns.

Patients should be supported to maintain an accurate and current medicines list and to share this information with healthcare providers involved in their care.

5.20 Dose Administration Aids and Pharmacy-Packed Medicines

Where patients use dose administration aids or other pharmacy-packed medication systems, these will be considered as part of medication reconciliation, review and continuity of care.

Changes to medicines must be communicated appropriately to the patient and relevant pharmacy or healthcare provider where required to ensure medication packaging remains consistent with the patient's current treatment plan.

Identified discrepancies between a patient's medication record, prescribed medicines and medicines contained within a dose administration aid must be clarified and resolved according to clinical risk.

Dose administration aids do not replace the need for clinical medication review, reconciliation or patient education.

5.21 Patient Information, Consent and Shared Decision-Making

Patients have the right to receive understandable information about medicines proposed as part of their care and to participate in medication decisions.

Practitioners will provide information appropriate to the patient's circumstances, including the purpose of treatment, expected benefits, significant risks or side effects, how medicines should be used, relevant alternatives and required monitoring or follow-up.

Patients will be provided an opportunity to ask questions and express preferences or concerns.

Informed consent will be obtained where required. A patient's decision to decline or discontinue a medicine will be respected, subject to applicable law and appropriate management of clinical risk, and documented.

Communication will be adapted to the patient's health literacy, language, communication needs and cultural circumstances.

5.22 Medicines Brought into the Service by Patients

Where patients bring medicines into the service, those medicines must be managed in a manner that minimises the risk of incorrect identification, inappropriate use, loss or unauthorised access.

Patient-owned medicines will not be used by the organisation unless their identity, integrity and suitability can be appropriately established and their use is authorised within the relevant model of care.

Responsibility for the management and return of patient-owned medicines must be clear.

5.23 Complementary, Traditional and Over-the-Counter Medicines

Medication assessment should consider complementary, traditional and over-the-counter medicines where clinically relevant.

Patients will be encouraged to tell healthcare practitioners about all medicines and therapeutic products they use so that potential interactions, duplication, contraindications or other risks can be considered.

Practitioners will discuss these medicines respectfully and without judgement while providing evidence-based information about identified clinical risks.

5.24 Medication Access and Continuity of Supply

[Organisation Name] recognises that inability to obtain or continue a required medicine may create significant clinical risk.

Medication-management systems will consider barriers that may affect access and continuity of treatment, including medicine shortages, pharmacy availability, transport, financial hardship, geographic isolation, medicine availability and service disruption.

Where an identified access barrier may result in treatment interruption or patient harm, reasonable steps will be taken within the organisation's role and capacity to support safe continuity of care.

This may involve coordination with prescribers, pharmacists, Aboriginal Health Workers or Practitioners, hospitals, specialists, pharmacies and other relevant services.

5.25 Medication Shortages, Unavailability and Substitution

Medicine shortages, supply disruptions and unavailable formulations or strengths must be managed in a manner that prioritises clinical safety and continuity of treatment.

Where a prescribed medicine is unavailable or substitution is being considered, changes to treatment must occur within relevant legal and professional authorities and with appropriate prescriber or pharmacist involvement.

Patients must be informed of material changes to their treatment and provided with appropriate instructions and follow-up.

Shortages affecting multiple patients or creating significant service risks will be escalated through appropriate governance and risk-management processes.

5.26 Higher-Risk Patients and Medication-Related Vulnerability

[Organisation Name] recognises that some patients may have an increased risk of medication-related harm due to clinical, functional or social circumstances.

Medication-management decisions and monitoring will consider factors such as age, frailty, pregnancy, breastfeeding, renal or hepatic impairment, cognitive impairment, disability, multimorbidity, polypharmacy, multiple prescribers and difficulty independently managing medicines.

Additional assessment, medication review, monitoring, communication, coordination or support will be provided where clinically indicated.

Risk will be considered individually and assumptions will not be made solely on the basis of age, disability, cultural background or other personal characteristics.

5.27 Medication Disposal and Pharmaceutical Waste

Medicines that are expired, damaged, recalled, contaminated, no longer required or otherwise unsuitable for use must be disposed of safely and lawfully.

Medication waste must be managed in a manner that minimises risks to patients, workers, the community and the environment.

Controlled and restricted medicines must be destroyed and documented in accordance with applicable legislative requirements.

Sharps and other medication-related clinical waste must be managed through approved waste-management systems.

5.28 Medication Recalls and Safety Alerts

[Organisation Name] will maintain mechanisms for receiving and responding to relevant medicine recalls, safety alerts, regulatory warnings and changes to clinical guidance.

Where a recall or safety alert affects medicines held by the organisation or patients receiving care, action must be proportionate to the identified risk.

Affected stock will be identified and quarantined where required, and patients or practitioners contacted where clinical review or other action is necessary.

5.29 Medication Incidents, Near Misses and Adverse Events

Medication incidents, adverse medication events and near misses must be identified, reported and managed through the organisation's incident-management system.

Immediate priority will be given to patient safety, including required assessment, treatment, monitoring or escalation.

Medication incidents will be reviewed proportionate to actual or potential harm, with consideration of contributing factors and system issues.

Where appropriate, open disclosure will occur with affected patients and families.

Medication incidents, near misses and trends will inform risk controls, workforce education, policy and procedure review and continuous quality improvement.

5.30 Digital Medication Systems

Electronic prescribing, electronic medication records, clinical decision-support systems, Real Time Prescription Monitoring, My Health Record and other digital medication systems may support medication safety but do not replace professional clinical judgement.

Practitioners remain responsible for verifying the accuracy and clinical appropriateness of medication information and decisions.

Electronic alerts, interaction warnings and decision-support recommendations must be appropriately considered in the patient's clinical context.

System outages or technology failures must be managed through appropriate continuity and downtime arrangements to preserve medication safety and documentation.

5.31 Medication Safety in Outreach and Community-Based Care

Medication safety requirements apply equally to outreach, mobile, home-visiting and community-based services.

[Organisation Name] will identify and manage additional risks arising from these environments, including medicine transport, storage, temperature control, security, access to clinical information, emergency response, communication and disposal.

Medication-related activities undertaken outside the primary clinic environment must maintain appropriate standards of professional accountability, documentation and patient safety.

5.32 Antimicrobial Stewardship

Where antimicrobial medicines are prescribed or administered, practitioners will support their safe, appropriate and evidence-based use.

Antimicrobial prescribing will consider clinical indication, relevant guidelines, patient factors, allergy status, appropriate dose and duration and, where available and relevant, microbiology information.

[Organisation Name] will support strategies that reduce unnecessary or inappropriate antimicrobial use and contribute to reducing antimicrobial resistance.

5.33 Medication Safety and Clinical Escalation

Workers must promptly escalate medication-related concerns where there is actual or potential risk to patient safety.

This includes concerns relating to prescribing errors, incorrect administration, adverse reactions, overdose, interactions, contraindications, controlled-drug discrepancies, storage failures, suspected diversion, medicine recalls, missed monitoring or uncertainty regarding the safety or appropriateness of treatment.

Where a patient's needs exceed a practitioner's authority, competence or available resources, appropriate clinical consultation, referral, emergency response or transfer of care must occur.

5.34 Quality Use of Medicines and Medication Optimisation

[Organisation Name] is committed to the quality use of medicines and will support medication decisions that are clinically appropriate, evidence-based, person-centred and responsive to the patient's individual circumstances.

Medicines will be used where there is an appropriate clinical indication and expected benefit. Where appropriate, practitioners will consider suitable non-medicine interventions and whether existing medicines remain necessary, effective and safe.

Medication management will consider the cumulative risks associated with multiple medicines, duplicate therapy, interactions, treatment burden and medicines prescribed by multiple providers.

Patients at increased risk of medication-related harm will be supported through medication review, reconciliation, monitoring and coordination of care appropriate to their needs and level of risk.

Where a medicine is no longer clinically indicated, is causing harm, or its risks are considered to outweigh its expected benefit, appropriate dose reduction, cessation or deprescribing will be considered by an appropriately authorised practitioner in partnership with the patient and relevant healthcare providers.

Medication optimisation will balance current evidence and clinical judgement with the patient's treatment goals, preferences, cultural circumstances, health literacy, access to medicines and ability to safely manage treatment.

5.35 Continuous Quality Improvement

Medication safety will be actively monitored as part of [Organisation Name]'s clinical governance and continuous quality improvement systems.

Information from medication incidents, near misses, clinical audits, patient feedback, medication reviews, controlled-medicine records, prescribing information, storage reviews, accreditation findings and other relevant sources will be considered collectively to identify risks, variation, inequities and opportunities for improvement.

Where improvement opportunities are identified, actions will be implemented, monitored and evaluated to determine whether medication safety has improved and whether changes are sustained.

5.36 Legislative, Regulatory and Professional Compliance

Medication management must comply with applicable Commonwealth and NSW legislation, professional registration requirements, prescribing authorities, professional standards, accreditation requirements and recognised clinical guidance.

[Organisation Name] will maintain processes to identify relevant changes and incorporate them into organisational policies, procedures, workforce education and clinical systems.

Compliance represents a minimum expectation. Where opportunities exist to strengthen medication safety beyond minimum requirements, [Organisation Name] will consider improvements appropriate to the needs and risks of the organisation.

Where legislation, regulatory requirements or professional obligations impose a higher requirement than this policy, the applicable requirement will take precedence.

6. Roles and Responsibilities

Role	**Responsibilities**
Board / Governing Body	Provides governance oversight of medication safety, significant medication risks and organisational systems supporting safe medication management.
Executive Management	Ensures appropriate medication-management governance, resources, accountability, compliance and risk-management arrangements are maintained.
Clinical Lead / Senior Clinician	Provides clinical leadership and oversight of medication safety, clinical guidance, significant medication risks, incidents and improvement activities.
Practice Manager / Clinical Services Manager	Supports implementation, monitoring, workforce requirements, storage and operational medication-management systems.
Prescribers	Prescribe safely and appropriately within legal authority and scope of practice; maintain accurate medication information; monitor treatment and communicate medication-related decisions.
Nurses / Midwives / Aboriginal Health Practitioners and Other Authorised Practitioners	Undertake medication-related activities only within lawful scope, authority and competence; complete required assessment, documentation and monitoring; and escalate concerns.
Pharmacists / Pharmacy Partners	Support safe medicine supply, medication review, reconciliation, patient education and medication-safety activities within agreed service arrangements.
All Workers	Comply with medication-management requirements relevant to their role and promptly report medication risks, incidents, discrepancies and safety concerns.

7 . Cultural Considerations

[Organisation Name] recognises that medication safety for Aboriginal and Torres Strait Islander people is inseparable from cultural safety, trust, communication, access and self-determination.

Medication discussions and decisions must occur in a respectful, culturally safe and non-judgemental manner. Practitioners must recognise that a person's understanding, preferences and ability to use medicines safely may be influenced by language, health literacy, previous healthcare experiences, family and kinship responsibilities, access to services, transport, cost, housing, remoteness and other social and cultural circumstances.

Patients must be supported to understand why a medicine is recommended, how it should be used, significant risks and side effects, required monitoring and what to do if concerns arise.

Where appropriate and with the patient's consent, Aboriginal Health Workers, Aboriginal Health Practitioners, interpreters, family members, carers or other support persons may be involved to support understanding and shared decision-making.

Medication management must respect the patient's right to make informed decisions about their care, including decisions concerning prescribed, complementary or traditional medicines.

Practitioners should ask respectfully about complementary and traditional medicine use where clinically relevant and consider potential interactions or safety risks without dismissing or devaluing the patient's cultural beliefs or practices.

The organisation will work to reduce barriers to safe medicine use, including cost, transport, medicine availability, communication barriers, fragmented care, limited health literacy and difficulty accessing pharmacy or specialist services.

Medication-safety systems and improvement activities should consider whether Aboriginal and Torres Strait Islander patients experience different medication-related risks, access barriers or outcomes and respond to identified inequities.

Cultural safety principles will also be applied respectfully to patients from other cultural, linguistic and diverse backgrounds.

8. Related Policies & Documents

- Clinical Governance Policy
- Patient Rights, Responsibilities and Person-Centred Care Policy
- Cultural Safety Policy
- Health Information Management Policy
- Clinical Documentation Procedure
- Safe Prescribing Procedure
- Medication Administration Procedure
- Medication Storage and Security Procedure
- Schedule 8 and Controlled Medicines Procedure
- Medication Reconciliation Procedure
- Medication Incident Management Procedure
- Vaccine and Cold Chain Management Procedure
- Adverse Drug Reaction and Allergy Management Procedure
- Medication Recall Procedure
- Clinical Handover Procedure
- Results and Follow-Up Policy
- Incident Management Policy
- Open Disclosure Procedure
- Infection Prevention and Control Policy
- Clinical Risk Management Procedure
- Clinical Audit Procedure
- Scope of Practice and Credentialing Procedure
- Business Continuity and Downtime Procedure
- Waste Management Procedure
- Continuous Quality Improvement Framework
- Emergency Response Procedure

9. Monitoring & Review

[Organisation Name] will monitor implementation and effectiveness of this policy through its clinical governance, medication safety, risk-management and continuous quality improvement systems.

Monitoring may include:

- medication incidents, adverse events and near misses;
- prescribing and medication-management audits;
- medication history and reconciliation;
- allergy and adverse drug reaction documentation;
- medication review and required monitoring;
- polypharmacy and high-risk medicine management;
- controlled and restricted medicine management;
- Schedule 8 records and stock reconciliation;
- medication storage, security and expiry;
- vaccine and cold chain monitoring;
- medication administration and documentation;
- medication access, continuity and shortages;
- antimicrobial prescribing;
- medication recalls and safety alerts;
- workforce authorisation, training and competency;

- patient feedback and medication-related complaints;
- accreditation and external review findings; and
- medication-related quality improvement activities.

Significant risks, trends, unexplained discrepancies or recurring incidents will be escalated through appropriate clinical and governance structures.

Findings will be used to strengthen medication systems, workforce capability, clinical practice, equity and patient safety.

This policy will be reviewed every two years, or earlier where changes to legislation, regulation, accreditation standards, professional requirements, medicines practice or organisational services occur, or where incidents, audits, risks or emerging evidence identify a need for review.

10. Breach of Policy

Failure to comply with medication-management requirements may expose patients to significant harm and may breach legislative, regulatory, professional or accreditation obligations.

Actual or suspected breaches must be reported and managed according to the nature and level of risk. Where there is an immediate or significant medication-related risk to a patient, appropriate clinical action must be taken and the matter promptly escalated.

Breaches involving controlled medicines, suspected theft or diversion, unauthorised prescribing or administration, significant medication error, falsification of records or other serious matters must be escalated and externally notified where required.

Breaches will be reviewed and may result in corrective action, education, competency reassessment, clinical review, incident management, restriction of medication-related duties or, where serious or repeated, performance or disciplinary action.

Medication-related breaches and identified system failures will be used to support organisational learning and continuous improvement.

11. Appendix

Referenced Documents and Resources

The following external and internal resources have informed the development of this policy:

Document Title	Type	Location / Access
Therapeutic Goods Act 1989 (Cth)	External	Federal Register of Legislation
Poisons Standard	External	Therapeutic Goods Administration
Poisons and Therapeutic Goods Act 1966 (NSW)	External	NSW Legislation
Poisons and Therapeutic Goods Regulation 2008 (NSW)	External	NSW Legislation
Medicines, Poisons and Therapeutic Goods Act 2022 (NSW)	External	NSW Legislation
Medicines, Poisons and Therapeutic Goods Regulation 2026 (NSW)	External	NSW Legislation
NSW Medicines, Poisons and Therapeutic Goods Legislative Reform	External	NSW Health
NSW Health Pharmaceutical Services – Medicines and Poisons	External	NSW Health
NSW Health Medication Handling Policy	External	NSW Health
National Safety and Quality Health Service Standards	External	Australian Commission on Safety and Quality in Health Care
NSQHS Medication Safety Standard	External	Australian Commission on Safety and Quality in Health Care
Medicines Safety and Quality Resources	External	Australian Commission on Safety and Quality in Health Care

[Service Letterhead]

Document Title	Type	Location / Access
National Safety and Quality Primary and Community Healthcare Standards	External	Australian Commission on Safety and Quality in Health Care
Primary and Community Healthcare – Clinical Safety Standard	External	Australian Commission on Safety and Quality in Health Care
Medication Management at Transitions of Care Stewardship Framework	External	Australian Commission on Safety and Quality in Health Care
Medication Without Harm – Australia's Response	External	Australian Commission on Safety and Quality in Health Care
RACGP Standards for General Practices – 6th Edition	External	RACGP
AHPRA / National Board Codes and Guidelines	External	AHPRA
Therapeutic Guidelines	External	Therapeutic Guidelines
Australian Medicines Handbook	External	Australian Medicines Handbook
Australian Pharmaceutical Formulary and Handbook	External	Pharmaceutical Society of Australia
National Medicines Policy	External	Australian Government Department of Health, Disability and Ageing
National Vaccine Storage Guidelines – Strive for 5	External	Australian Government Department of Health, Disability and Ageing
Australian Immunisation Handbook	External	Australian Immunisation Handbook
Clinical Governance Policy	Internal	Internal Document
Cultural Safety Policy	Internal	Internal Document

Document Title	Type	Location / Access
Patient Rights, Responsibilities and Person-Centred Care Policy	Internal	Internal Document
Health Information Management Policy	Internal	Internal Document
Results and Follow-Up Policy	Internal	Internal Document
Incident Management Policy	Internal	Internal Document
Infection Prevention and Control Policy	Internal	Internal Document
Safe Prescribing Procedure	Internal	Internal Document
Medication Administration Procedure	Internal	Internal Document
Medication Storage and Security Procedure	Internal	Internal Document
Schedule 8 and Controlled Medicines Procedure	Internal	Internal Document
Vaccine and Cold Chain Management Procedure	Internal	Internal Document
Medication Reconciliation Procedure	Internal	Internal Document
Emergency Response Procedure	Internal	Internal Document
Clinical Handover Procedure	Internal	Internal Document
Continuous Quality Improvement Framework	Internal	Internal Document

Legislative and Standards Currency

Medication legislation, professional standards, prescribing authorities, accreditation requirements and clinical guidance may change over time. [Organisation Name] will refer to the current applicable requirements when reviewing or applying this policy.

In NSW, the *Poisons and Therapeutic Goods Act 1966* and *Poisons and Therapeutic Goods Regulation 2008* remain the operative framework until the *Medicines, Poisons and Therapeutic Goods Act 2022* and *Medicines, Poisons and Therapeutic Goods Regulation 2026* commence on **5 November 2026**.

[Organisation Name] will ensure relevant legislative reforms and transitional arrangements affecting medicines and poisons regulation in NSW are identified and incorporated into medication-management procedures, delegations, authorities, storage arrangements, records and workforce requirements within required timeframes.

Where an external legislative, regulatory or professional requirement conflicts with this policy, the applicable requirement will take precedence and this policy will be reviewed accordingly.

12. Version History

Version	Date	Author	Change Summary
1.0	DD/MM/YYYY	[Your Name]	Initial draft