

Northern Territory Community Pharmacy Full Scope of Practice Program

Service Provision Rules



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Acronyms	Full form
NT	Northern Territory
PIC	Pharmacist In Charge
PSA	Pharmaceutical Society of Australia

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1. Introduction

The possession, supply and issuing of prescriptions/administration orders by Health Practitioners is governed through the Medicines, Poisons and Therapeutic Goods Act 2012 (the Act) and Medicines, Poisons and Therapeutic Goods Regulations 2014 (the Regulations). This legislation adopts the national Poisons Standard and compliments the Health Practitioner Regulation National Law and supports the purpose and scope of the national frameworks across Australia.

In May 2026, the Northern Territory Government amended the Regulations to provide appropriately trained pharmacists be included in the relevant sections of the Act which enable, and regulate, the supply and use of prescriptions for Schedule 4 and 8 medicines.

The application of this Regulation is to enable a Program of enhanced clinical services which aligns with similar models operating in Queensland, Western Australia and South Australia and in part in New South Wales, Victoria and the Australian Capital Territory.

The existing regulatory requirements of the Act, Regulations and any legal instruments related to prescribing or supply of Schedule 4 or 8 medicines apply to pharmacists authorised under the new Regulation.

This document provides an overview of the practices enabled by the Regulation and the expectations for pharmacists who provide services using the additional statutory power and their responsibilities to conform with the purpose and intention of the Act.

2. Executive Summary

NT Health takes a principles and outcomes based regulatory approach that recognises the level of autonomy of professional practice required by health practitioners to meet the NT's specific challenges and needs. This includes, where possible, aligning to nationally consistent and accepted practice and recognises the roles and responsibilities of State and Territory governments and Commonwealth Agencies as medicines and poisons regulators and National Boards as the authority on safe and appropriate practice.

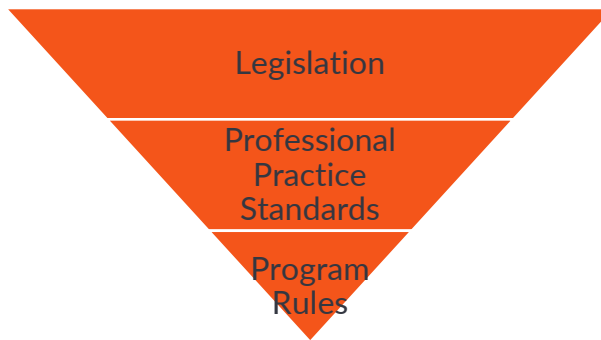
This document outlines the requirements and expectations of 'Full Scope of Practice' pharmacy as currently described in Australia. This is described in two broad areas:

- Practice of Pharmacists as it relates to the Act/Regulations
- Quality of Pharmacies where it relates to enhanced clinical services provided to clients

The overarching nature of the NT regulatory model requires this document to be read and understood in full by any pharmacist authorised under the Regulation.

This document provides practical guidance that underpins expected behaviour to safely deliver additional services in a pharmacy setting in the NT. It considers:

- Eligibility requirements for pharmacies and pharmacists
- Financial consent and fee structures
- Medicines management services
- Prescribing services
- Record keeping and clinical communication
- Pathology testing
- Clinical incident and feedback management



This document builds on existing regulation through:

- NT Legislation - prescribing and supply of scheduled substances
- Pharmacy Premises Standards - quality of Community Pharmacies
- Registration Standards set by the Pharmacy Board of Australia
- Professional Practice Standards as endorsed by the Pharmacy Board of Australia

Non-adherence to this framework may be a breach of legislation and/or professional standards and behaviour.

3. Summary of requirements

Pharmacists in the NT may only practice in accordance with these rules.

Pharmacists must meet expectations on:

- training requirements, including Continued Professional Development and Recency of Practice.
- registering with NT Health prior to practice
- clinical record keeping and communicating with other health professionals
- adherence to professional standards, guidelines and requirements

Pharmacists In Charge/Owners of pharmacies providing enhanced clinical services must ensure that their pharmacy meets requirements on mandatory equipment, premises standards and clinical information systems as described throughout this document.

4. Scope of practices permitted

Pharmacy Scope of Practice is a developing area in Australia and each State and Territory is currently enabling scope of practice reform through their existing legislative and regulatory frameworks.

The NT takes a proactive stance to enable health practitioners to practice to their full scope where it is in line with professional expectations and standards.

- Amendment of existing prescriptions for dose/form to permit continuity of care

- Supply of, or issuing of a prescription for, Schedule 4 medicines within scope of practice, training and capacity to provide an enhanced clinical service.

The Northern Territory Community Pharmacy Full Scope of Practice Program enables:

- Enhanced acute treatment/management of conditions including:
 - o Acute exacerbations of mild plaque psoriasis (Patients aged 18 years or over)
 - o Acute minor wound management (Patients aged 5 years or over)
 - o Acute nausea and vomiting (Patients aged 18 years or over)
 - o Allergic and nonallergic rhinitis (hay fever)
 - o Ear infections
 - o Reflux
 - o Shingles
 - o Initiation of Hormonal Contraceptives
 - o Impetigo (school sores)
 - o Management for overweight and obesity
 - o Mild to moderate acne
 - o Mild to moderate atopic dermatitis
 - o Mild, acute, musculoskeletal pain
 - o Oral health risk assessment and fluoride application
 - o Smoking cessation
 - o Travel health – acute mountain sickness, traveller’s diarrhoea, malaria prophylaxis

As outlined in Appendix A of this document.

Pharmacists are also able to provide:

- Adjustment of medicine and/or dose, including deprescribing, to best manage therapeutic effect and dose related adverse effects
- Management/support for Cardiovascular Risk Reduction, Asthma and/or Chronic Obstructive Pulmonary Disease.

Before initiating a Schedule 4 medicine to a person, the pharmacist must undertake an individualised clinical assessment of the person’s health needs, including relevant medical history, symptoms and investigations as part of the consultation to determine suitability for any prescribed treatment.

4.1. Antibiotic use

Antimicrobial Resistance (AMR) is a global health threat and requires judicious selection and use of antimicrobials informed, where possible, by local microbiome patterns. This is especially important when treating conditions empirically with antibiotics.

The NT is at particular risk of AMR related complications as our remote and Aboriginal and Torres Strait Islander populations face a larger antibiotic burden compared to other Territorians and our tropic disease model is not always reflected in national guidance.

NT Health Infectious Disease units recommend:

- avoiding the use of antibiotics, including topical Mupirocin, for treatment of Impetigo and
- prioritising non-antibiotic options for treatment of Otitis Media/Externa under this program.

4.2. Controlled Medicine use

Pharmacists are not permitted to prescribe or otherwise deal with Schedule 8 medicines under this program.

Pharmacists are not permitted to prescribe or otherwise deal with any Monitored Medicine under this program

Pharmacists participating in this program may continue to use existing rights on supply from verbal order or emergency supply privileges for these medicines.

5. Pharmacist requirements

Pharmacists providing expanded services in the NT are not required to obtain direct approval from the Chief Health Officer or NT Health prior to participation, however there are several critical requirements which require engagement with NT Health prior to being able to deliver services.

5.1. Training and General Requirements

Pharmacists must have completed a program of training that is the Australia Qualifications Framework Level 8 that is accredited by the Tertiary Education Quality Standards Agency or the Australian Skills Authority and provides skills in:

- Prescribing Competency - information gathering, clinical and shared decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine and;
- Clinical Competency – epidemiology, anatomy, physiology and pathophysiology and specific skills in clinical assessment, diagnosis, therapeutic and non-therapeutic management for conditions permitted under these rules.

The course must be accredited by the Australian Pharmacy Council

The pharmacist must hold general registration with the Pharmacy Board of Australia with no conditions or notations that affect the delivery of clinical services.

Pharmacist must hold professional indemnity insurance that explicitly covers the activities being conducted by the pharmacist

5.2. Participation requirements

Community Pharmacists practising in the program must:

- Register with the Chief Pharmacist prior to commencing practice in the NT and no longer than 72 hours of providing the expanded clinical services in the NT
- Follow relevant NT and national Guidelines on conditions being managed.
- Must only provide clinical services when the patient themselves is attending the pharmacy
- Provide advice on the financial cost of the service **prior** to gaining patient consent to receive the service. This must include advice on the availability of no-cost services the patient can reasonably access based on their location.
- Gain active consent from the patient to participate in the service which includes a notice that the consultation may not result in a medication being provided, as well as the potential for referral if the condition is not within the pharmacists scope of practice.

Pharmacists may only practice in a Pharmacy Business (as defined in the Health Practitioners Act 2004) which meets the following requirements:

- The Pharmacy Premises must meet any specific Standards set by the Pharmacy Premises Committee
- The Pharmacy has an appropriate Clinical Information System to record the service provision
- The Pharmacy has a dedicated consultation room for clinical services

For Medicines Management Services:

- The Pharmacist must advise the patient on the impact of the Management Service on PBS benefits and continuity of care required with their regular provider
- Maintain appropriate records of the Management Service provided including but not limited to appropriate annotation of the prescription.

6. Pharmacy requirements

Pharmacists in Charge and Pharmacy Proprietors are required to maintain compliance with Pharmacy Premises Standard(s) for all requirements listed below as well as compliance with the Pharmacy Board of Australia Guidelines and endorsed Professional Practice Standards.

Pharmacies where clinical services are being delivered must have:

Mandatory Equipment

- The room must contain an examination table, or all-purpose fully reclinable bed chair that is suitable for patient examinations and procedures
- Disposal bins for sharps or other consumables as well as appropriate clinical waste management processes
- Access to a height management device
- Access to a scale or weighing machine
- A first aid kit
- An anaphylaxis management kit
- Appropriate diagnostic equipment for services provided, such as
 - Blood pressure monitoring

- Otoscope
- Pulse Oximeter Monitor

Where a single pharmacist is on duty, the pharmacy must have appropriate processes to guarantee that the pharmacist can provide uninterrupted care to an individual patient.

To ensure the standard of service provided by pharmacists meets the expectations of Territorians and the high standards currently provided by NT Pharmacies, services in this program can only be provided in pharmacies who meet the following criteria:

Expanded services must be conducted in a screened area or room separate from the public. The area must: (PS5)

- be of sufficient area to accommodate the consumer, their carer and the pharmacist, at least 7m²
- allow sufficient space, surfaces and equipment to respond to medical emergencies including sufficient space for the consumer to lie down and for the pharmacist to manoeuvre around the consumer.
- provide seating, appropriately placed to adhere to social distancing requirements
- ensure the privacy of the consumer such that the consultation is not visible or audible to other persons
- contain a bench or table of at least 0.6m².
- (PS2) The room must be compliant with all relevant Australian Standards including AS 1428.1 Design for access and mobility;
-
- Sufficient lighting for 'routine office tasks' eg: reading, writing and typing having an illumination range of 320-400 Lux. – AS/NZS 1680.1 Interior workplace lighting; and
- Easy access to a sink with running water for washing hands and ready access to hand sanitiser.
- Electronic equipment to allow practitioner access to:
 - Clinical information; and
 - Patient management/documentation system

7. Professional Communication

For medication management and continuation of care services – intent is to resolve the patients' current access to appropriate medicines issue and then return their care to their primary provider for appropriate review and re-issuing of prescriptions as needed.

This advice must be provided to the patient when performing this service.

For management of acute conditions as described in (4), the intention is to reduce unnecessary referrals to other services where the pharmacist can appropriately manage within the pharmacy setting. All patients face risk of unclear information on when to seek further review and transfer of medical/service information between providers.

To address this, pharmacists must:

1) make and keep (at the pharmacy where the person's consultation occurred) a comprehensive clinical record of the consultation and of any prescriptions given to a person, in accordance with relevant legislation and professional responsibilities.

The record must include:

(a) sufficient information to identify the person

(b) the name of the pharmacist who undertook the consultation and their healthcare identifier number (HPI-I)

(c) the date of the consultation; and

(d) information relevant to the person's diagnosis and treatment (for example, person's medical history, adverse drug reactions); and

(e) any clinical opinion reached, and actions taken by the pharmacist; and

(f) details of the management plan, including:

i. any prescriptions given to the person (generic name, form, strength, quantity, instructions for use); and

ii. any information or advice given by the pharmacist to the person in relation to any proposed treatment; and

iii. any information or advice about recommended follow up.

(g) any consent given by a person to the consultation, treatment proposed, and sharing of information with their medical practitioner.

2) The pharmacist must offer a record of the consultation to the person, including details of any changes to their medication management.

Following consent, the pharmacist should share a record of the consultation via secure transfer to the person's usual treating healthcare practitioner or medical practice, where the person has one and upload to the patients My Health Record.

8. Pathology and Testing

Appropriate management of patients often requires pathology and/or other external laboratory testing. Pharmacists are currently not recognised under the Health Insurance Act to request pathology testing that is government subsidised. As such, patients referred for laboratory testing may face difficulties in accessing this.

Where managing any condition that pathology is required or best practice, pharmacists must assess the potential impact of patient access to testing.

9. Applicable Guidelines and Standards

All pharmacists must practice in a way that ensures the high standards expected by the public and by the pharmacy profession. A failure to meet this standard may result in a referral to the National Board for review and or disciplinary action or further regulatory action from State and Territory governments.

Pharmacists participating in this program should be aware of, and have recently reviewed:

Therapeutic Guidelines (<https://www.tg.org.au/>)

QLD Guidelines on Acute Conditions in Pharmacy Practice
(<https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/community-pharmacy-pilots/resources/acute-common-conditions>)

SA Health Community Pharmacy Expanded Scope of Practice Clinical Guidelines

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/department+for+health+and+wellbeing/office+of+the+chief+pharmacist/community+pharmacy+initiatives/community+pharmacy+expanded+scope+of+practice+initiative/information+for+pharmacists/resources+for+pharmacists>

10. Fees

Pharmacists are expected to always provide the appropriate level of care for every patient to the best of the pharmacists' capability. Where additional time is required to conduct a consultation with the patient to safely consider the use of Schedule 4 medicines, Pharmacists may charge a fee for this time/service.

All private health care providers face increased real, potential or perceived financial conflict of interest when managing patients. This is particularly important when making decisions whether to treat or refer a patient for further care.

Pharmacists providing services in the NT are bound to the Pharmacy Board of Australia Code of Conduct and pharmacists providing acute health services under this program must practice in accordance with the principles of the Pharmaceutical Society of Australia's Code of Ethics for Pharmacists

All Pharmacists applying a fee for consultation must disclose this fee **before** providing a service under this program.

Schedule 4 medicines supplied/prescribed under this program are not eligible for PBS subsidisation and the costs of medicines must be explained to patients and alternative options provided where cost of the medicine is a barrier.

Fees or other costs for service will be included in inspections by Medicines and Poisons as part of auditing processes.

11. Incidents and feedback

As per Quality and Safety Pharmacy Program (QSPP) requirements, pharmacies must have appropriate policies for recording, management and reporting of incidents involving medicines. Pharmacies should also

have processes for consumer feedback, as well as an understanding the role of the Health Practitioner Complaints Commissioner.

Should an incident occur, pharmacists should also understand the importance and benefits of Open Disclosure processes and be capable and confident in discussing with clients, where they consent, the events of the incident and an opportunity to express themselves in a safe and appropriate location.

12. Related documents/information

Quality and Safety Pharmacy Program (QSPP)

<https://qspp.com/>

Pharmacy Board of Australia Codes, Guidelines and Policies

<https://www.pharmacyboard.gov.au/Codes-Guidelines.aspx>

The Professional Practice Standards (PPS)

<https://www.psa.org.au/practice-support-industry/pps/>

Australian Pharmacy Council - Cultural safety in pharmacy education

<https://www.pharmacycouncil.org.au/media-hub/Embedding-cultural-safety-in-pharmacy-education-and-assessments/>

PSA Guidelines for pharmacists supporting Aboriginal and Torres Strait Islander peoples with Medicines Management

<https://my.psa.org.au/s/article/Providing-Pharmacy-Services-to-Aboriginal-and-Torres-Strait-Islander-People>

PSA Code of Ethics

<https://www.psa.org.au/practice-support-industry/ethics/>

Appendix A

Substance	Indication	Restrictions
A topical medicine mentioned in the current online version of the section of the Therapeutic Guidelines titled <i>'Dermatology: Psoriasis'</i> .	Acute exacerbations of mild plaque psoriasis	For persons aged 16 years or over.
An oral medicine mentioned in the current online version of the section of the Therapeutic Guidelines titled <i>'Gastrointestinal: Nausea and vomiting: Antiemetic drugs in adults'</i> .	Acute nausea and vomiting associated with gastroenteritis	For non-pregnant persons aged 18 years or over.
An oral medicine mentioned in the current online version of the sections of the Therapeutic Guidelines titled: <ul style="list-style-type: none"> <i>'Antibiotic: Traumatic wound infections: Bite wound infections, including clenched-first injury infections; or</i> <i>'Antibiotic: Traumatic wound infections: Traumatic wound infections; or</i> <i>'Antibiotic: Traumatic wound infections: Water-immersed wound infections'</i> .	Acute minor wound management	For persons aged 5 years or over.
Lidocaine preparations of 1% or less in accordance with the current online version of the section of the Therapeutic Guidelines titled <i>'Pain and analgesia: Drugs used for pain: Local anaesthetics for acute pain management'</i> .	Acute minor wound management	For persons aged 5 years or over.
An oral medicine mentioned in the current online version of the sections of the Therapeutic Guidelines titled: <ul style="list-style-type: none"> <i>'Pain and Analgesia: Pharmacological management of acute pain: Mild, acute nociceptive pain'; or</i> <i>'Antibiotic: Ear, nose and throat infections: Otitis media'</i> .	Acute otitis media – treatment and/or management of associated pain	For persons aged 2 years or over.
A medicine mentioned in the current online version of the sections of the Therapeutic Guidelines titled: <ul style="list-style-type: none"> <i>'Respiratory: Rhinitis and rhinosinusitis: Allergic rhinitis; or</i> <i>'Respiratory: Rhinitis and rhinosinusitis: Nonallergic rhinitis'</i>. Excluding ocular medicines containing ketorolac or corticosteroids.	Allergic and nonallergic rhinitis	

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<p>A medicine mentioned in the current online version of the section of the Therapeutic Guidelines titled <i>'Gastrointestinal: Oesophageal disorders: Gastro- oesophageal reflux in adults'</i>.</p>	<p>Gastro-oesophageal reflux and gastro-oesophageal reflux disease</p>	<p>For persons aged 18 years to 55 years.</p>
<p>A topical or oral medicine mentioned in the current online version of the section of the Therapeutic Guidelines titled <i>'Antibiotic: Skin and soft tissue infections: Impetigo'</i>.</p>	<p>Impetigo</p>	<p>For persons aged 1 year or over.</p>
<p>A medicine mentioned in the current online version of the section of the Therapeutic Guidelines titled <i>'Cardiovascular: Modifiable lifestyle risk factors for atherosclerotic cardiovascular disease: Excess body weight, obesity and atherosclerotic cardiovascular disease risk'</i>.</p>	<p>Management for overweight and obesity</p>	<p>For persons aged 18 years or over Excluding liraglutide, semaglutide and naltrexone + bupropion.</p>
<p>A medicine mentioned in the current online version of the section of the Therapeutic Guidelines titled <i>'Dermatology: Acne'</i>.</p>	<p>Mild to moderate acne</p>	<p>For persons aged 12 years or over.</p>
<p>A topical medicine mentioned in the current online version of the section of the Therapeutic Guidelines titled <i>'Dermatology: Dermatitis: Atopic dermatitis'</i>.</p>	<p>Mild to moderate atopic dermatitis</p>	<p>For persons aged 6 months or over.</p>
<p>An oral medicine mentioned in the current online version of the sections of the Therapeutic Guidelines titled:</p> <ul style="list-style-type: none"> • <i>'Pain and Analgesia: Pharmacological management of acute pain: Mild, acute nociceptive pain'</i>; or • <i>'Rheumatology: Overview of limb conditions: Analgesia for acute soft-tissue limb conditions'</i>. 	<p>Mild, acute, musculoskeletal pain</p>	<p>For persons aged 18 years or over.</p>
<p>An oral medicine mentioned in the current online version of the sections of the Therapeutic Guidelines titled:</p> <ul style="list-style-type: none"> • <i>'Pain and analgesia: Pharmacological management of acute pain: Mild, acute nociceptive pain'</i>; or • <i>'Pain and Analgesia: Managing specific pain syndromes: Pain associated with shingles (herpes zoster): Acute pain associated with shingles (herpes zoster)'</i>; or • <i>'Antibiotic: Skin and soft tissue</i> 	<p>Shingles – treatment and/or management of associated pain</p>	<p>For persons aged 18 years or over.</p>

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<i>infections: Shingles (herpes zoster)</i> '.		
A medicine mentioned in the current online version of the section of the Therapeutic Guidelines titled: <i>'Addiction: Tobacco smoking and nicotine dependence'</i> .	Treatment of nicotine dependence	For persons aged 18 years or over. Excluding nortriptyline and nicotine vaping products.
An oral medicine mentioned in the current online version of the sections of the Therapeutic Guidelines titled: <ul style="list-style-type: none"> • <i>'Wilderness medicine: Altitude illness'</i>; or • <i>'Gastrointestinal: Nausea and vomiting'</i>. 	Travel health – Acute mountain sickness - standby treatment and/or standby management of associated symptoms	For persons aged 8 years or over.
A medicine mentioned in the current online version of the sections of the Therapeutic Guidelines titled: <ul style="list-style-type: none"> • <i>'Antibiotic: Infectious diarrhoea: Travellers' diarrhoea'</i>; or • <i>'Gastrointestinal: Acute gastroenteritis: Other supportive therapy and considerations for acute gastroenteritis: Antidiarrhoeal drugs for acute gastroenteritis'</i>. 	Travel health - Travellers' diarrhoea - standby emergency treatment and/or standby management of associated symptoms	For persons aged 2 years or over.
A medicine mentioned in the current online version of the section of the Therapeutic Guidelines titled <i>'Antibiotic: Parasitic infections: Malaria'</i> .	Travel health - Malaria - prophylaxis or standby emergency treatment of uncomplicated malaria	For persons aged 8 years or over.
Combined hormonal contraception - combined oral contraceptives (COCs) and the contraceptive vaginal ring.	Contraception	Excluding preparations containing 50 micrograms or more of ethinylestradiol, or preparations containing mestranol.
Progesterone-only contraceptive pill	Contraception	
Depot medroxyprogesterone (injection)	Contraception	