

Code of Ethics for Pharmacists 2026

CONSULTATION DRAFT

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[Names of Project Advisory Group members and PSA staff to be inserted]

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Acknowledgement of Country

In the spirit of reconciliation, the Pharmaceutical Society of Australia (PSA) acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

We recognise that Aboriginal and Torres Strait Islander history and cultures are inseparable from Australia's collective history and culture, and are something to be proud of and celebrate. This is reflected in the recognition of the diversity of cultures, and the richness, strengths and resilience of the world's oldest living cultures. We recognise that this includes the continuation of cultural practices, including the use of bush medicines, languages and connection to Country. Aboriginal and Torres Strait Islander peoples were our first pharmacists.

We are proud that we live in the country with the world's oldest continuous living cultures, and we are playing our part to support Aboriginal and Torres Strait Islander peoples to keep these cultures alive and vibrant.

CONSULTATION DRAFT

Foreword

Pharmacists are trusted healthcare professionals who play a vital role within the Australian healthcare system. The unique role of pharmacists within the healthcare system is grounded in application of professional knowledge, a commitment to patient well-being and a duty to uphold public trust and safety. Pharmacists work alongside general practitioners, specialists, nurses, allied health professionals and other stakeholders to ensure safe, effective and person-centred care.

Pharmacy practice continues to evolve. Advances in digital health, expanded scopes of practice including prescribing and new models of care are reshaping how pharmacists support the health of individuals and communities. Through current policy pharmacists are required to exercise professional judgement, maintain competence, protect privacy and use technology in ways that enhance equity, safety and continuity of care. These developments further highlight these ethical responsibilities and how they relate to practice.

All registered healthcare practitioners, including pharmacists, practise within systems where professional responsibilities may coexist with personal, financial or commercial dualities of interest. This duality of interest is not, of itself, unethical. A conflict of interest arises when personal, financial or commercial interests have the potential to influence, or be perceived to influence, professional judgement to the detriment of patient care or public health. This Code of Ethics clarifies pharmacists' obligations when such conflicts arise.

Pharmacists commonly manage sensitive information and make clinical and policy decisions that can have profound impacts on people's lives and on the wellbeing of communities. Because they often hold economic and knowledge-related advantages relative to patients, their decisions can directly affect access to safe, effective care. Within their professional roles and capabilities, the responsibility to make balanced ethical decisions is especially important, as these decisions influence patient outcomes, trust in the profession and the quality of care delivered.

Recognising that safe and ethical care is inseparable from the health of the workforce, the Code of Ethics also acknowledges the importance of pharmacist wellbeing. Pharmacists are encouraged to care for their own physical and mental health, to practise within their capabilities and to seek support when needed, in the interests of both professional sustainability and patient safety.

This Code of Ethics provides an ethical framework to guide pharmacists in a dynamic and complex healthcare environment, supporting professional integrity, accountability and the highest standards of care for the Australian community. It also introduces a collaboration principle, recognising that high-quality health care depends on respectful, coordinated relationships across the healthcare system.

This Code of Ethics guides pharmacists through evolving roles, emerging technologies and societal responsibilities. It embodies the highest standards of professional conduct, grounded in care, courage and accountability.

Purpose of the Code of Ethics

The PSA's Code of Ethics for Pharmacists (the Code of Ethics) articulates the values of the pharmacy profession in Australia and expected standards of ethical behaviour of pharmacists towards individuals, the community and society.

Principles and obligation statements of the Code of Ethics are applicable to every pharmacist, regardless of their practice setting, role, scope or level. In addition, pharmacists who dispense and supply medicines on the Pharmaceutical Benefits Scheme are required under the *National Health (Pharmaceutical Benefits) (Conditions for approved pharmacists) Determination 2017* to comply with the Code of Ethics.¹ The Pharmacy Board of Australia's definition² of 'practice' (adapted below) applies to the context of this Code.

To practise as a pharmacist means undertaking any role, whether remunerated or not, in which the individual uses their skills and knowledge as a pharmacist in their profession. Practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with individuals and others; working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession.

At the heart of pharmacy practice is the safe and effective use of medicines. The Code of Ethics sets out expectations for pharmacists practising within or impacting any stage of the medicines management cycle (see Figure 1).

The Code of Ethics is one of the profession's foundation guidance documents, which supports the practice of all pharmacists in all aspects of practice (see Figure 2).

Pharmacists must fulfil legal obligations and no part of the Code of Ethics is to be interpreted as permitting a breach of the law or discouraging compliance with legal requirements.



Figure 1. Medicines management cycle (Professional Practice Standards,³ adapted from Stowasser⁴)

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Figure 2. Guidance and regulation of pharmacist practice in Australia

As the government-recognised national peak body which represents all of Australia's pharmacists across all areas of practice across the health system, PSA's role includes being the custodian of setting and maintaining standards, codes and guidelines for pharmacists, including the Code of Ethics (Figure 2).

All pharmacists and student pharmacists registered with the Pharmacy Board of Australia (the 'Board') are also guided by the shared *Code of Conduct*,⁵ which is common across twelve National Boards for the registered health practitioners they regulate. The shared Code of Conduct provides guidance on the ethical framework for the delivery of safe and effective health services.

Breaches of the Code of Ethics may result in notification to the Board. In its role of public protection, the Board may refer to or use the Code of Ethics when considering complaints or notifications involving the conduct or behaviour of pharmacists.

For patients and policy decision-makers, the Code of Ethics outlines the ethical standards and behaviour that individuals working within the pharmacy profession in Australia are expected to uphold.

While not directly applicable to pharmacy support staff, the Code of Ethics still shapes their responsibility, behaviour and expectations in the workplace. The pharmacist responsible for overseeing support staff is formally accountable for ethical practice, including practice informed by technology, and all members of the pharmacy team are expected to uphold those ethical standards.

Ethical values and structure of the Code of Ethics

The Code of Ethics has been aligned to four fundamental ethical values, represented as the four domains (see Figure 3):

- **Care:** taking responsibility for health and wellbeing of patients, self and others.
- **Integrity:** acting with honesty and being true to moral principles.
- **Competency:** demonstrating skill, experience and proficiency within personal scope of practice, which is core to the provision of appropriate care.
- **Collaboration:** working effectively and respectfully with others.

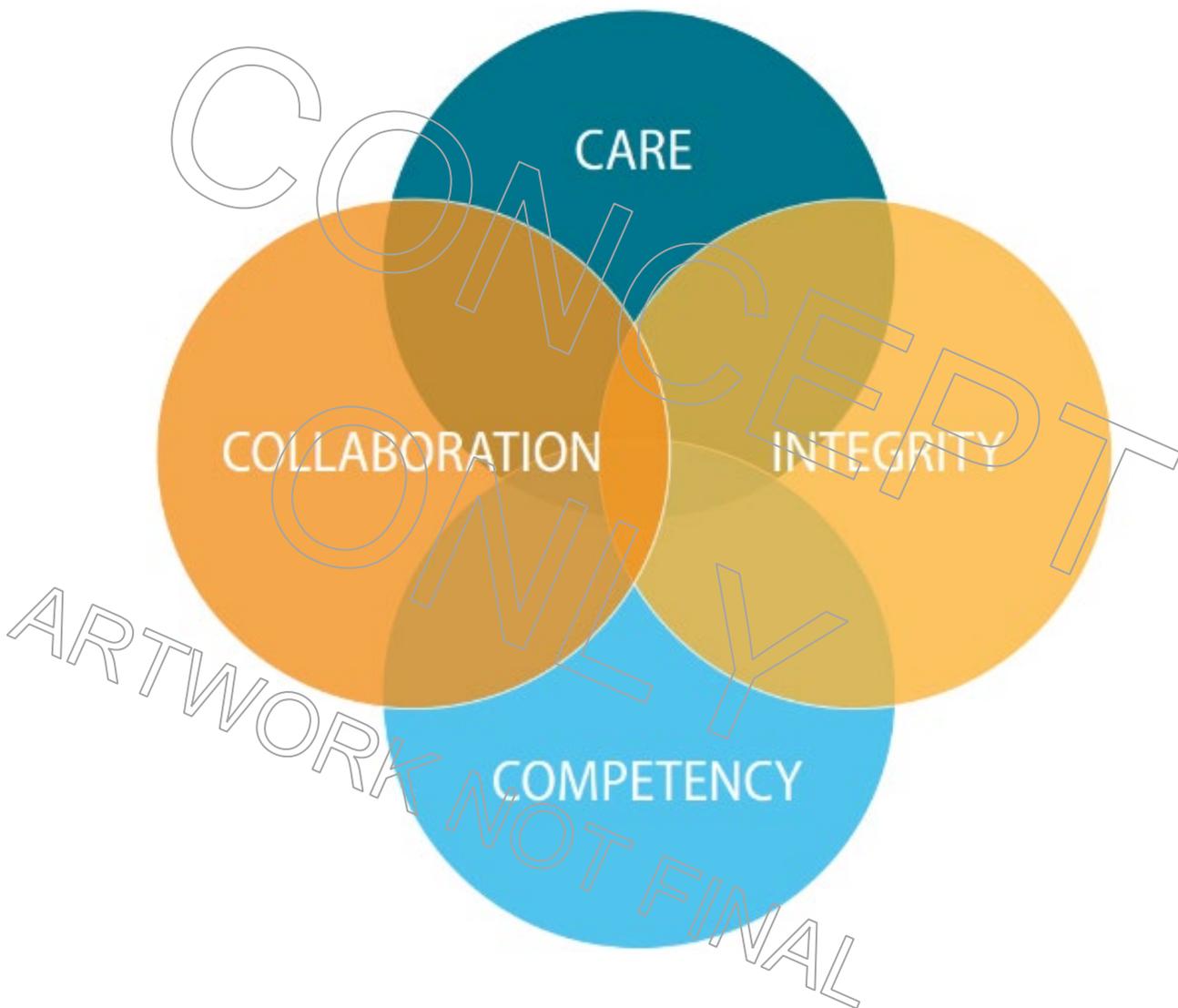


Figure 3. Four domains of the Code of Ethics

These values reflect the commitment of pharmacists to:

- act in the interests of the patient (*beneficence*)
- do no harm or prevent harm from occurring (*non-maleficence*)
- respect self-determination (*autonomy*)
- allocate resources fairly and equitably (*justice*).

There are eleven principles in the Code of Ethics aligned with care, integrity, competency and collaboration. In the Code of Ethics, each principle is supported by an explanatory sentence section, followed by obligation statements. If a pharmacist complies with the obligation statements, they are considered to practise consistent with the principle.

Principle statement

Explanatory sentence(s)

A pharmacist:

- a) first obligation statement.
- b) second obligation statement.

Note: the use of numbering associated with principles and obligation statements is necessary to facilitate identification and referencing. They do not indicate any priority, order or hierarchy and should be regarded to be of equal importance. These principles are inherently interconnected, and in many real-world scenarios, multiple principles and their corresponding obligation statements may apply simultaneously.

A glossary of terms (Appendix 1), and a comparison of the previous and current Code (Appendix 2) are provided at the end of this document.

Using the Code of Ethics

How to use this document

The Code of Ethics supports everyday practice and informs responses to ethical scenarios or dilemmas. The following steps can support pharmacists to embed the principles and obligation statements outlined in the Code of Ethics into individual practice:

1. Read and develop a comprehensive understanding of the current Code of Ethics.
2. Participate in professional development relating to ethics.
3. Use relevant implementation tools (e.g. case studies) to identify and assess how the Code of Ethics relates to individual practice.
4. Integrate ethical obligations into everyday processes, decision-making and practice.
5. Monitor and evaluate performance by assessing practice situations against the current Code of Ethics.
6. Identify additional learning needs.
7. Adapt practice based on learnings, reflections and issues identified.
8. Repeat as required.

If an ethical dilemma arises, consult the Code of Ethics to guide or reflect on your response to the dilemma. Note that unethical actions may negatively impact psychological wellbeing, patient care, undermine interpersonal relationships and have professional and social consequences.

Considerations when applying the Code of Ethics

Diverse needs of others

An individual's life experiences may require greater understanding, sensitivity and more tailored support when interacting and providing care. Consider the potential for additional considerations in certain populations, including but not limited to the following^{6,7}:

- Aboriginal and Torres Strait Islander peoples
- people from culturally and linguistically diverse backgrounds
- lesbian, gay, bisexual, transgender, intersex, queer, asexual and people of other diverse sexualities, gender identities and variations in sex characteristics
- people with multiple complex health needs or comorbidities
- people living with disability
- people living with mental illness
- people who are neurodivergent
- people with sensory impairment (e.g. hearing, vision)
- people with low health literacy
- people who are socially or financially disadvantaged
- people experiencing or at risk of homelessness
- older people
- infants and children
- pregnant people
- people living in rural and remote areas
- veterans and war widows
- parents and children who have experienced forced adoption or removal
- people who spent their childhood in care outside their family (e.g. foster care, orphanage, institutions and other circumstances)
- survivors of abuse
- carers
- and any others who may require additional understanding and support.

People can identify with multiple population groups above, and not all people who identify with these populations require additional support. Engage in open, respectful dialogue with patients to understand their individual needs and preferences, enabling them to feel heard and valued as active participants in all aspects of their care.

Culturally responsive and culturally safe care

This Code of Ethics affirms the ethical obligation of pharmacists to provide care that is culturally responsive and respectful of the diverse cultural identities of the people they serve. Culturally responsive care involves recognising and valuing cultural differences, reflecting on cross-cultural relationships and power dynamics, expanding cultural knowledge and adapting services to meet culturally specific needs. As a general approach, it supports improved access to care and improved health outcomes for people from all cultural backgrounds.

The Code of Ethics also recognises the importance of culturally safe practice, particularly in the context of care for Aboriginal and Torres Strait Islander peoples. Culturally safe practice requires ongoing critical reflection by pharmacists on their knowledge, skills, attitudes, behaviours and power differentials, to deliver care in a way that is free from racism and experienced as safe, respectful and appropriate. Cultural safety is determined by those receiving care, based on how care is provided and how safe and respected they feel.

Embed culturally safe practice across all professional activities, including in planning, policy development, workplace interactions, research, education and service delivery.

Moral injury or distress and conscientious objection

Moral injury or distress can occur when an action taken leads to betrayal of an individual pharmacist's personal morals or ethics. Australian healthcare practitioners are recognised as having the right to conscientiously object to participating in specific aspects of care when they reasonably believe those actions would compromise their moral integrity.

Conscientious objection is ethically complex and is in direct tension with the responsibility to provide patients with safe, effective, respectful and timely care. Conscientious objection can lead to patient distress, stigma or shame. It can also represent a barrier to care if not managed effectively.

The obligation statements in this code describe pharmacists' obligations to balance these competing tensions so that the exercising of conscientious objection only occurs in a manner which is not a barrier to timely and safe access to health care and does not represent discrimination against an individual.

Summary of principles

Care

Principle 1: A pharmacist makes the health and wellbeing of the patient their first priority.

Principle 2: A pharmacist practises person-centred care.

Principle 3: A pharmacist supports public health and environmental sustainability in partnership with patients and the wider community.

Principle 4: A pharmacist fosters wellbeing in self and colleagues.

Integrity

Principle 1: A pharmacist acts with honesty and integrity to maintain public trust and confidence in the profession.

Principle 2: A pharmacist only practises under conditions which uphold their professional independence, judgement and integrity.

Principle 3: A pharmacist respects and maintains professional boundaries to preserve trust and objectivity.

Competency

Principle 1: A pharmacist demonstrates a commitment to the continual development of self and the profession to enhance pharmacy practice.

Principle 2: A pharmacist practises within defined systems and frameworks.

Collaboration

Principle 1: A pharmacist works respectfully with others to deliver person-centred care.

Principle 2: A pharmacist collaborates with others to facilitate continuity of care.

The Code of Ethics

CARE PRINCIPLE 1

A pharmacist makes the health and wellbeing of the patient their first priority.

The care, wellbeing and safety of the patient should be at the centre of pharmacy practice.

A pharmacist:

- a) fulfils their duty of care to the patient first and foremost.
- b) prioritises the health and wellbeing of the patient.
- c) supports the safe, appropriate, judicious and efficacious use of medicines.
- d) provides services in an environment designed to support safe and effective health service delivery.
- e) acts to prevent harm to the patient.
- f) will only prescribe or recommend a medicine (including complementary medicine) or healthcare product where there is credible evidence of efficacy and the benefit of use outweighs the risk.

CARE PRINCIPLE 2

A pharmacist practises person-centred care.

Person-centred care involves understanding the person's values, needs, attitudes and preferences to facilitate mutual respect, shared decision-making and equitable health care.

Patients have the right to be informed about the choices available in health care and to be involved in making decisions based on these choices.

A pharmacist:

- a) respects the dignity and autonomy of the patient.
- b) supports shared decision-making.
- c) respects and protects the patient's privacy.
- d) recognises and respects patients' diversity, culture, gender, beliefs, values, characteristics and lived experience.
- e) provides information and advice in appropriate language, detail and format for the patient.
- f) provides or facilitates access to care responsive to a patient's health status, abilities, cultural and social needs, in a professional and timely manner.
- g) respects the patient's choice, including the right to refuse treatment, care or advice, or to withdraw consent at any time.
- h) creates and maintains a safe, welcoming, respectful and inclusive environment for all patients.
- i) commits to providing care that people who identify as Aboriginal and Torres Strait Islander consider to be culturally safe and responsive.

CARE PRINCIPLE 3

A pharmacist supports public health and environmental sustainability in partnership with patients and the wider community.

A pharmacist has a responsibility to contribute to the health and well-being of the population they serve, and of society as a whole, including future generations.

A pharmacist:

- a) facilitates timely access to healthcare resources, while supporting their use in an equitable and sustainable manner.
- b) facilitates the judicious use of medicines at a population level.
- c) identifies environmental impacts of their practice and takes proactive steps to minimise harm and support sustainability in health care.
- d) actively participates in and supports responses to emergencies that pose public health threats.
- e) contributes to public safety by participating in pharmacovigilance and risk management activities.
- f) contributes to the achievement of the objectives of Australia's National Medicines Policy.

CARE PRINCIPLE 4

A pharmacist fosters wellbeing in self and colleagues.

A pharmacist has a responsibility to care for their own wellbeing and foster an environment where colleagues and other practitioners feel safe and supported.

Pharmacists can only fulfil their professional role, including acting in the best interests of patients, when they are in an environment that supports their ability to practise safely, confidently and autonomously.

A pharmacist:

- a) prioritises and manages personal health and wellbeing to enable delivery of safe, effective and sustainable professional practice.
- b) demonstrates and encourages healthy work practices.
- c) contributes to initiatives which promote staff wellbeing, psychological safety and sustainability of the profession.
- d) does not place undue pressure on staff or colleagues to undertake tasks beyond their professional boundaries, capacity or scope.
- e) recognises real or perceived power imbalances and takes steps to prevent these from undermining the ability of staff or colleagues to exercise professional autonomy.
- f) recognises signs of impairment or behaviour in themselves or colleagues which indicate a need for intervention with referral for advice and support.

INTEGRITY PRINCIPLE 1

A pharmacist acts with honesty and integrity to maintain public trust and confidence in the profession.

A pharmacist's professional and personal conduct should reflect the profession's commitment to health care and the high level of trust placed in them by the community.

Disclosing and managing actual, potential or perceived conflicts of interest ensures professional decisions are not (and nor are they perceived to be) improperly impacted by other pecuniary or non-pecuniary interests.

A pharmacist:

- a) responds honestly, openly, courteously and promptly to complaints and criticism.
- b) does not take advantage of another person's vulnerability or lack of knowledge.
- c) identifies and declares any actual, perceived or potential conflicts of interest in a clear and timely manner.
- d) actively manages any conflicts of interest.
- e) provides accurate, balanced, up-to-date, evidence-based information and advice that is not misleading.
- f) does not engage in any disrespectful or inappropriate comments or actions toward patients, colleagues, other health professionals or members of the community in any setting or platform (including digital media).

INTEGRITY PRINCIPLE 2

A pharmacist only practises under conditions which uphold their professional independence, judgement and integrity.

A pharmacist is responsible for their professional decisions and contributions. In all aspects of their practice, they should act with professionalism and demonstrate honesty, transparency and accountability.

A pharmacist:

- a) exercises professional autonomy, objectivity and independence.
- b) takes accountability for their actions and professional decisions and the outcomes of the decisions in every setting, including in person, social media and digital health environments.
- c) manages their own behaviour and conduct.
- d) takes timely and appropriate action to respectfully challenge, question, intervene or decline to facilitate care or treatment when another practitioner's actions or decisions pose a risk of harm to the patient.
- e) respectfully discloses any conscientious objections, providing advance notice to the employer and relevant colleagues, with prompt notification to the patient where appropriate.
- f) does not allow personal conscientious objections to influence the professional duties of colleagues.
- g) refrains from prescribing a Schedule 4 or Schedule 8 medicine for own use.
- h) refrains from self-administering a Schedule 4 or Schedule 8 medicine intended to be administered or witnessed by another qualified health professional.
- i) avoids dispensing medicines prescribed for their personal use, unless other options are not reasonably available.

INTEGRITY PRINCIPLE 3

A pharmacist respects and maintains professional boundaries to preserve trust and objectivity.

A pharmacist is responsible for maintaining clear professional boundaries in practice, ensuring interactions remain respectful, objective and focused on the needs of patients and the professional environment.

A pharmacist:

- a) maintains and respects professional boundaries with patients, colleagues and other practitioners.
- b) avoids providing care to family and friends in situations where the personal relationship could undermine, or be perceived to undermine, professional objectivity.
- c) avoids offering, requesting, or accepting incentives, gifts, hospitality or referrals that may affect, or be seen to adversely affect their professional independence or judgement.
- d) seeks informed consent and provides appropriate physical, visual and auditory privacy when delivering services that involve physical contact.

COMPETENCY PRINCIPLE 1

A pharmacist demonstrates a commitment to the continual development of self and the profession to enhance pharmacy practice.

Pharmacists commit to the ongoing development of self and lifelong learning. Pharmacists also have a role and responsibility to contribute to the evolution of the profession.

A pharmacist:

- a) maintains contemporary knowledge of evidence-based practice.
- b) commits to ongoing learning and self-development consistent with role, responsibility and scope of practice.
- c) commits to the continual development of the profession and participates in activities to that effect.
- d) provides students and early career pharmacists with meaningful learning experiences that actively develop their clinical and professional skills.
- e) continually self-assesses competence, making appropriate changes to their scope or role when they can no longer practise safely.
- f) continually works to develop and strengthen their own cultural competence to provide care and engage in collaboration that is respectful, inclusive and responsive to the cultural needs of patients and colleagues.
- g) is accountable for practising safely and providing care within their own scope of practice, and for maintaining professional competence related to scope of practice.
- h) participates in quality improvement activities.

COMPETENCY PRINCIPLE 2

A pharmacist practises within defined systems and frameworks.

Pharmacists work within established systems that guide their professional practice. These can include rules, obligations, legislation, standards, guidelines and tools that support them in performing their duties safely and responsibly.

A pharmacist:

- a) fulfils all legal obligations, including requirements related to privacy/confidentiality, workplace health and safety laws, mandatory notifications and professional indemnity insurance.
- b) uses credible, up-to-date, evidence-based resources, tools and guidelines to inform professional practice.
- c) acts with transparency and takes responsibility for professional actions, decisions and health outcomes when using digital tools, including artificial intelligence.
- d) takes responsibility for maintaining privacy of confidential information when using digital health tools.
- e) maintains up-to-date knowledge of, and actively engages with, systems, frameworks and digital technologies that guide their practice.

COLLABORATION PRINCIPLE 1

A pharmacist works respectfully with others to deliver person-centred care.

Pharmacists are expected to work respectfully and supportively with all team members, including patients, interns, students, support staff and other providers of care. Open, considerate and constructive communication fosters effective teamwork, sustains professional relationships and ensures patient safety remains a priority.

A pharmacist:

- a) behaves with respect toward others.
- b) demonstrates good communication and cooperation with others.
- c) engages in open and considerate communication with colleagues to resolve professional differences, while maintaining patient safety as the primary focus.
- d) recognises the knowledge, skills and expertise of colleagues, including other practitioners, students and non-clinical staff.
- e) supports an environment where staff are treated with dignity, contributions are valued and colleagues feel confident to question or discuss decisions without fear of reprisal.
- f) does not unfairly discriminate against others, including patients and staff.

COLLABORATION PRINCIPLE 2

A pharmacist collaborates with others to facilitate continuity of care.

Continuity of care is achieved when pharmacists effectively collaborate, communicate and cooperate with other care providers and teams to deliver coordinated, cohesive and timely care.

A pharmacist:

- a) seeks to build and maintain effective working relationships with patients, health professionals and broader healthcare teams.
- b) recognises their scope of practice and refers to or seeks guidance from professionals with appropriate or complementary scopes of practice.
- c) provides timely handover of information when care is shared with or transferred to other providers or settings, including during transitions of care.
- d) when exercising conscientious objection, takes all reasonable steps to facilitate timely access to an alternative provider so that patient care is not delayed, obstructed or otherwise adversely affected.
- e) facilitates reasonable ongoing care arrangements which are safe and appropriate for the patient's health circumstance when impacting a therapeutic relationship.
- f) recognises the role of other support services, including those that provide physical, cultural, social, emotional and spiritual support.

Appendix 1: Glossary

Term	Definition
Accountability ⁸	Being answerable for one's actions, and the roles and responsibilities inherent in one's job or position. Accountability cannot be delegated.
Administration of a medicine ⁹	The process of giving a dose of medicine to a person.
Artificial intelligence (AI) ^{10,11}	Computer systems that simulate tasks usually requiring human intelligence, such as decision making, learning, analysis, creativity, problem solving and comprehension. These systems are usually built using machine-learning algorithms.
Collaboration and collaborative care ^{9,12}	A process whereby two or more parties share their expertise and take responsibility for decision making through interdisciplinary team-based care.
Complementary medicine ^{13,14}	A wide range of medicines, often derived from traditional medicine practices, that aren't typically considered under the umbrella of conventional Western medicine. These may include vitamins, minerals, herbal remedies, aromatherapy and homeopathic products.
Conflict of interest ^{15,16}	When a particular relationship or practice leads to risk that professional judgements or actions regarding a primary interest (e.g. the responsibilities of a pharmacist) will be unduly influenced by a secondary interest (e.g. financial gain). The secondary interest may be financial or non-financial. Conscious or unconscious bias can result from a conflict of interest.
Conscientious objection ¹⁷	In health care, involves a practitioner's refusal to engage or provide a service primarily because the action would violate their deeply held moral or ethical value about right and wrong. Conscientious objection must be done with respect and empathy without forceful expression of personal beliefs and without unfair discrimination.
Cultural awareness ^{18,19}	The first step into understanding Aboriginal and Torres Strait Islander peoples. It's about understanding that values, customs, behaviour and practices can be very different from our own and from the dominant culture, especially in a colonised country.
Cultural responsiveness ^{18,19}	The practice of incorporating cultural values into interventions, and is the means by which we achieve, maintain and govern cultural safety.
Cultural safety ^{18,19,20}	The outcome determined by Aboriginal and Torres Strait Islander people, families and communities based on how safe and respected they feel. Cultural safety is about how care is provided, rather than what care is provided.
Culturally safe practice ^{18,19}	The ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive health care free of racism.
Digital health ²¹	The use of technology for the treatment of patients and management of health information. Examples include telehealth, telemedicine, electronic referrals, electronic health records (e.g. My Health Record), electronic prescribing, electronic medication charts, wearable devices, SMS reminders via mobile messaging, and mobile health applications.
Discriminate	To make an unjust or prejudicial distinction in the treatment of different categories of people, especially on the grounds of race, sex or age.

Dispensing ²²	The safe provision of a medicine to a patient, which involves reviewing an order for a medicine (e.g. prescription, medication chart, patient request) in the context of the patient's medical history, and the preparation, packaging, labelling, documentation and transfer of the prescribed medicine. It includes providing advice to the patient.
Duality of interest ¹⁶	Duality of interest occurs in a decision-making setting when there are two or more coexisting interests. Depending on the situation, a duality of interest may also be considered a conflict of interest. Duality of interest that does not influence professional judgement is not a conflict of interest.
Equitable health care ²³	Health care that meets every individual's health needs, irrespective of their age, gender, ethnicity, sexuality, ability and other factors.
Evidence-based practice ²⁴	A process that integrates the best available scientific evidence with professional judgement and patient characteristics to make clinical decisions.
Health care ¹²	The prevention, treatment and management of illness and injury, and the preservation of mental and physical wellbeing through the services offered by healthcare professionals, such as medical, nursing, pharmacists and allied health professionals.
Healthcare professional ⁹	A healthcare provider, trained as a health professional. Healthcare professionals may provide care within a health service organisation as an employee, a contractor or a credentialed healthcare provider, or under other working arrangements. They include pharmacists, nurses, midwives, medical practitioners, allied health practitioners, technicians, scientists and other healthcare professionals who provide health care, and students who provide health care under supervision.
Health literacy ⁹	Health literacy can be separated into two components – individual health literacy and the health literacy environment. Individual health literacy is the skills, knowledge, motivation and capacity of a person to access, understand, appraise and apply information to make effective decisions about health and health care, and take appropriate action. The health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the healthcare system, which affect the ways in which people access, understand, appraise and apply health-related information and services.
Health promotion ²⁵	Focuses on preventative health and encompasses a combination of interventions to enable individuals and communities to increase awareness, control over and improve their health. This occurs with community participation through attitudinal, behavioural, social and environmental changes.
Healthy work practices	Sustainable ways of working that support productivity, wellbeing and positive workplace relationships. Practices include balancing workload, encouraging regular rest, promoting psychological safety and fostering habits that reduce stress and burnout.
Health protection ²⁵	A subset of health promotion that relates to protecting individuals, groups and the wider public through prevention and control of health threats (e.g. infectious diseases, environmental and man-made disasters).
Informed consent ²⁶	Permission granted voluntarily by a patient or person who has been adequately informed (e.g. of options, risks, benefits) and has the capacity to understand, provide and communicate their permission. Consent can be verbal, written or implied (e.g. patient providing a prescription to the pharmacist, patient holding their arm out to have their blood pressure taken).

Mandatory notification ²⁷	<p>Under legislation, registered health practitioners, employers of practitioners and education providers are required to make mandatory notifications under certain circumstances to prevent the public being placed at risk of harm.</p> <p>Further information about concerns that may trigger a mandatory notification can be found at: www.ahpra.gov.au/Notifications/mandatorynotifications/Mandatory-notifications.aspx</p>
Medicine ²⁸	<p>A substance used for the treatment or prevention of disease and to maintain well-being and can include prescription, over-the-counter, compounded, complementary, bush or alternative medicine.</p>
National Medicines Policy ²⁹	<p>The current version of the document titled 'National Medicines Policy' published by the Australian Government.</p> <p>The aims of this policy are to ensure:</p> <ul style="list-style-type: none"> • equitable, timely, safe and affordable access to a high-quality and reliable supply of medicines and medicines-related services for all Australians • medicines are used safely, optimally and judiciously, with a focus on informed choice and well-coordinated person-centred care • support for a positive and sustainable policy environment to drive world-class innovation and research, including translational research, and the successful development of medicines and medicines-related services in Australia.
Non-clinical staff ³⁰	<p>Roles that do not involve direct patient care but typically operate within a primary health care environment. Examples include but are not limited to administration, project management, executive management, hospitality services, trade services, legal services and patient transport.</p>
Patient ¹²	<p>A person who is receiving care in a healthcare service organisation. 'Patient' also extends to the person's support network which can include authorised representative, carers (including kinship carers), families, support workers and groups or communities.</p> <p>For the purposes of this document, a patient can be a human, an animal or a group of one species of animal. When it is an animal or group of animals the owner of the animal/s is referred to.</p>
Patient- or person-centred care ^{9,12}	<p>Person-centred care involves understanding the person's values, needs, attitudes and preferences to enable mutual respect and shared decision making. An approach to the planning, delivery and evaluation of health care that is founded on mutually beneficial partnerships among healthcare professionals and patients. Person-centred care is respectful of, and responsive to, the preferences, needs and values of patients and people.</p> <p>Key dimensions of person-centred care include respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of family and carers where relevant, and access to care.</p>
Pecuniary interest ³¹	<p>Where there is a reasonable likelihood that an individual will be impacted financially (e.g. financial gain or loss), due to a decision made in relation to the matter at hand.</p>
Personal competence ²²	<p>A time sensitive, dynamic aspect of practice that indicates an individual pharmacist's ability to accurately and safely complete a task (i.e. training and knowledge needs to be up to date).</p>
Pharmacist ^{27,32}	<p>A person registered under the National Law (the Health Practitioner Regulation National Law, as in force in each state and territory) to practise in the pharmacy profession, other than as a student; or who holds non-practising registration in a health profession under the National Law.</p> <p>In this document, 'pharmacist' refers to the registered pharmacist and, where applicable, the staff that a pharmacist may manage or have oversight/responsibility for.</p>

Pharmacovigilance ^{33,34}	The science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other medicine-related problem. Also refers to the practice of monitoring the effects of a therapeutic good after it has been registered for use, especially to identify and evaluate previously unreported adverse reactions or changes in any trends.
Prescriber	A health professional authorised to undertake prescribing within the scope of their practice.
Prescribing ³	<p>An iterative process involving the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine.</p> <p>The definition of prescribing used may be different to the definition of prescribing provided in the legislation governing the use of medicines in each jurisdiction. Health professionals are advised to review the legislation in effect in the state or territory in which they practise to ensure they understand their legal authorisation to prescribe medicines.</p>
Professional boundaries ^{35,36}	<p>Physical, emotional and psychological limits that guide appropriate interactions and relationships when undertaking a professional role.</p> <p>Situations where professional boundaries may be crossed can include:</p> <ul style="list-style-type: none"> • gift-giving and favours • social contact • digital communication (e.g. texting, social media) • emotional involvement • physical contact when providing services • privacy and confidentiality • providing services to family or friends • romantic and sexual relationships • internal boundaries among colleagues.
Psychological safety ³⁷	The shared belief that individuals can speak up and take interpersonal risks, such as contradicting others, asking questions and sharing new/alternative ideas.
Public health ³⁸	The science and art of promoting health, preventing disease and prolonging life through the organised efforts of society.
Quality improvement ¹²	The combined efforts of the workforce and others – including people, patients and their families, researchers, planners and educators – to make changes that will lead to better patient outcomes (health), better system performance (care) and better professional development. Quality improvement activities may be undertaken in sequence, intermittently or on a continuous basis.
Responsibility ⁸	To be entrusted with or assigned a duty or charge. In many instances responsibility is assumed, appropriate with one's duties. Responsibility can be delegated as long as it is delegated to someone who has the ability to carry out the task or function. The person who delegated the responsibility remains accountable, along with the person accepting the task or function. Responsibility is about accepting the tasks/functions inherent in one's role.
Risk assessment ^{9,22}	<p>Assessment, analysis and management of risks. It involves recognising which events may lead to harm in the future and minimising their likelihood and consequences.</p> <p>For the purposes of this document, a risk assessment may be a formal process involving documentation and maintenance of written records or it may be an informal process.</p>

Risk management ³⁹	A process that involves identifying hazards in the workplace, assessing what could happen if someone is exposed those hazards, the likelihood of them occurring, minimising or eliminating the risk of them occurring and reviewing control measures to ensure they work as planned.
Scope of practice ⁸	A time-sensitive, dynamic aspect of practice that indicates those professional activities that a pharmacist is educated, competent and authorised to perform, and for which they are accountable.
Self-administration	in the context of this document refers to a pharmacist administering a Schedule 4 or Schedule 8 medicine to themselves, when the medicine is only intended to be administered by, or witnessed by, a separate qualified health professional.
Shared decision making ⁹	A consultation process in which a healthcare professional and a patient jointly participate in making a health decision, having discussed the options, and their potential benefits and harms, and having considered the patient's values, preferences and circumstances.
Social media ⁵	Online tools that people use to share information, opinions, experiences or other media content (e.g. images, videos, audio). Examples of social media include Facebook, Instagram, Threads, TikTok, X, YouTube, Snapchat, LinkedIn, blogs (including those published anonymously), discussion forums, message boards and review sites.
Therapeutic good ⁴⁰	<p>Therapeutic goods are broadly defined as products for use in humans in connection with preventing, diagnosing, curing or alleviating a disease, ailment, defect or injury; influencing, inhibiting or modifying a physiological process; testing the susceptibility of people to a disease or ailment; influencing, controlling or preventing conception; or testing for pregnancy.</p> <p>This includes things that are used as an ingredient or component in the manufacture of therapeutic goods, or used to replace or modify parts of the anatomy.</p> <p>In this document, this term is used to refer to a medicine, ingredient for compounding or medical device for use in humans or animals.</p>
Transitions of care ⁴¹	A transition of care is when part or all of a patient's health care is transferred between providers, which may involve transfer of responsibility for some or all of their health care. A transition of care may be temporary or long-term.

Appendix 2: Principles mapped to Code of Ethics (2017)

The tables below show the changes, at the principle level, between the 2017 Code of Ethics and the revised (2026) Code of Ethics. General themes for each principle have also been included to assist with comprehension and application of the revised Code of Ethics. New principles are designated by green shading.

Notable revisions were also applied to obligation statements (not shown), recognising societal shifts and the evolution of the profession.

Domain (2017)	Principle	Domain (2026)	Principle	Theme
Care	Care principle 1 A pharmacist makes the health and wellbeing of the patient their first priority	Care	Care principle 1 A pharmacist makes the health and wellbeing of the patient their first priority	Primacy of patients
	Care principle 2 A pharmacist practices and promotes patient-centred care		Care principle 2 A pharmacist practices person-centred care	Patient autonomy
	Care Principle 3 A pharmacist exercises professional judgement in the interests of the patient and wider community		Care principle 3 A pharmacist supports public health and environmental sustainability in partnership with patients and the wider community	Public health (individual and community)
			Care principle 4 A pharmacist fosters wellbeing in self and colleagues	Wellbeing
Integrity	Integrity principle 1 A pharmacist acts with honesty and integrity to maintain public trust and confidence in the profession	Integrity	Integrity principle 1 A pharmacist acts with honesty and integrity to maintain public trust and confidence in the profession	Public trust
	Integrity principle 2 A pharmacist only practices under conditions which uphold the professional independence, judgement and integrity of themselves and others		Integrity principle 2 A pharmacist only practices under conditions which uphold their professional independence, judgement and integrity	Professional autonomy
			Integrity principle 3 A pharmacist respects and maintains professional boundaries to preserve trust and objectivity	Professional boundaries

Domain (2017)	Principle	Domain (2026)	Principle	Theme
Competency	Competency principle 1 A pharmacist demonstrates a commitment to the continual development of self and the profession to enhance pharmacy practice	Competency	Competency principle 1 A pharmacist demonstrates a commitment to the continual development of self and the profession to enhance pharmacy practice	Individual and workforce development
			Competency principle 2 A pharmacist practices within defined systems and frameworks	Systems
	Competency principle 2 A pharmacist works collaboratively with others to deliver patient-centred care and optimise health outcomes	Collaboration	Collaboration principle 1 A pharmacist works respectfully with others to deliver person-centred care	Working respectfully
			Collaboration principle 2 A pharmacist collaborates with others to facilitate continuity of care	Continuity of care

Appendix 3: References

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