



# CODE OF ETHICS

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for pharmacists

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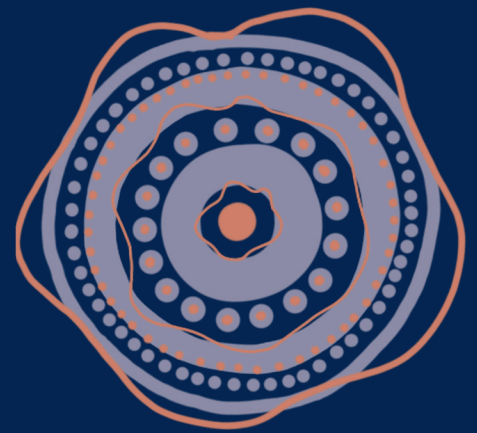
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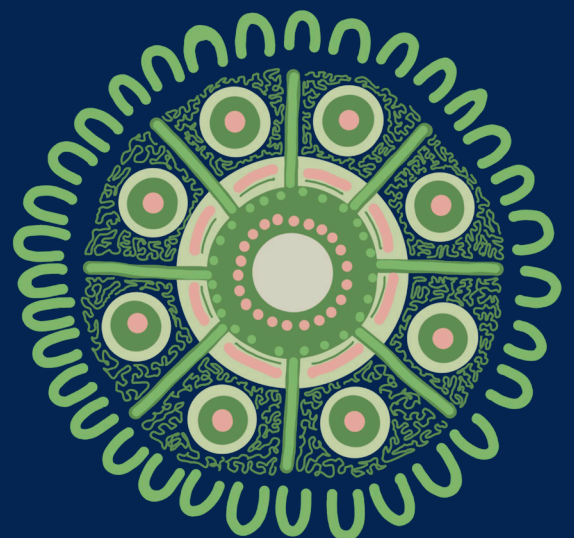


## Acknowledgement of Country

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.



**Artist: Summah Holden**

Proud Dunghutti woman, artist and  
pharmacy student



## Preface

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 the application of professional knowledge, a commitment to patient wellbeing and a duty to uphold public trust and safety. Pharmacists work alongside medical practitioners, nurses, allied health professionals and other stakeholders to ensure safe, effective and person-centred care.

The practice of pharmacy is evolving at an unprecedented pace. Advances in digital health, expanding scopes of practice and increasing complexity in patient care are reshaping what it means to be a pharmacist in Australia. Alongside these opportunities come new and increasingly complex ethical challenges.

The Code of Ethics has been revised and strengthened to help pharmacists navigate the realities of contemporary practice. It supports pharmacists to make sound, patient-centred decisions in environments where clinical, technological and commercial considerations increasingly intersect. Every interaction, every decision and every system we engage with is an opportunity to uphold the trust placed in our profession.

Importantly, this Code of Ethics reflects the collective voice of the profession. It has been shaped through extensive consultation with pharmacists and stakeholders across all areas of practice. This shared input ensures the Code of Ethics is relevant and fit for purpose, now and into the future.

This revised Code of Ethics invites all pharmacists to actively engage with its principles, reflect on their application in daily practice, use them to guide decision-making and embed them within teams, organisations and systems of care. This Code of Ethics is not only a standard to uphold but also a tool to support pharmacists to lead, innovate and deliver high-quality care for the communities we serve.

**Dr Ayomide Ogundipe**

Chair

Project Advisory Group

July 2026

# Purpose of the Code of Ethics

The PSA's Code of Ethics for Pharmacists (the Code of Ethics) articulates the 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.<sup>1</sup> The definition<sup>2</sup> of 'practice' (adapted below) applies to the context of this Code of Ethics.

*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 using professional knowledge 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 the 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).

**Figure 1. Medicines management cycle**



References: Professional Practice Standards,<sup>3</sup> adapted from Stowasser<sup>4</sup>

The practice of pharmacists is governed and guided by several interdependent policies, legislation and professional and ethical resources. The Code of Ethics is one of the profession's foundational guidance documents, which supports pharmacists in all aspects of practice. Figure 2 shows the relationship between the documents that articulate, govern and guide pharmacist practice. These guidance documents, including the Code of Ethics, are designed to be considered and applied collectively in practice, with each informing, supporting and reinforcing the others.

**Pharmacists must fulfil legal obligations at all times, 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 2. Guidance and regulation of pharmacist practice in Australia**



As the government-recognised national peak body representing all of Australia's pharmacists across all areas of practice in 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.

All pharmacists and pharmacy students registered with the Pharmacy Board of Australia (the Board) are also guided by the shared **Code of Conduct**,<sup>2</sup> 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 delivering safe and effective health services.

Pharmacists are accountable for all decisions made and actions taken in their professional practice. In its role of public protection, the Board may refer to or use this Code of Ethics when considering complaints or notifications involving the conduct or behaviour of a pharmacist. The pharmacist should be prepared to explain and justify their decisions and actions.

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

The pharmacist responsible for overseeing support staff in the workplace is formally accountable for ethical practice, including practice informed by technology. This Code of Ethics will help guide responsibility, behaviour and expectations in the workplace.

# Prescriptions

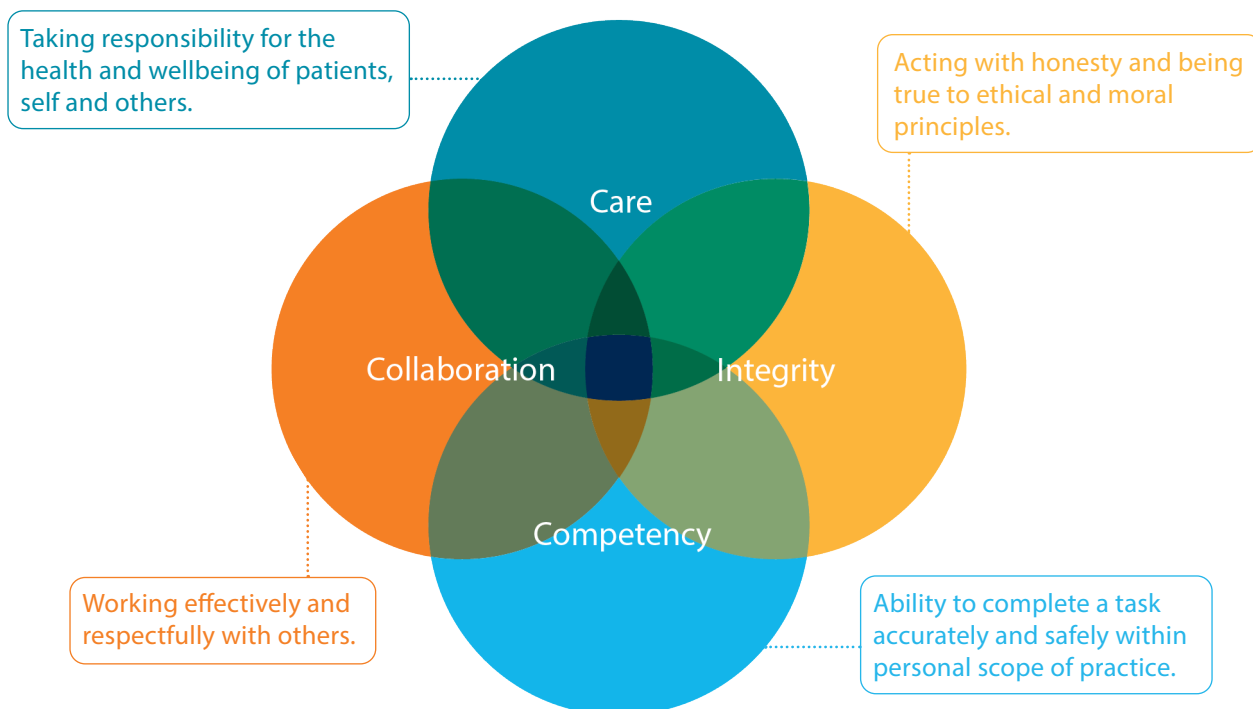


# Ethical values and structure of the Code of Ethics

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

- **Care:** taking responsibility for the health and wellbeing of patients, self and others.
- **Integrity:** acting with honesty and being true to ethical and moral principles.
- **Competency:** ability to complete a task accurately and safely within personal scope of practice.
- **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 and prevent harm from occurring (*non-maleficence*)
- respect self-determination (*autonomy*)
- allocate resources equitably (*justice*).

This Code of Ethics comprises eleven principles aligned with the four domains. Each principle is supported by an explanatory sentence followed by obligation statements.

Each obligation statement describes conduct expected of pharmacists under the relevant principles.

## 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 as equally important. 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 of Ethics (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. Review the GUIDE ethical decision-making framework and available case studies **here**, to understand how the Code of Ethics can be applied to ethical dilemmas in practice.
3. Integrate ethical obligations into everyday processes, decision-making and practice.
4. Monitor and evaluate performance by assessing practice situations against the current Code of Ethics.
5. Identify additional learning needs and continuing professional development activities to meet these needs.
6. Adapt practice based on learnings, reflections and issues identified.
7. Revisit as required (for example, as part of CPD planning).

If an ethical dilemma arises, consult the Code of Ethics to inform or reflect on your response. Use the GUIDE ethical decision-making framework to work through the dilemma and record your decision-making. Discuss with trusted colleagues, seek guidance from mentors or consult with support organisations, where necessary. Note that unethical actions may negatively impact psychological wellbeing and 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 from those who interact with them and provide care. Consider the distinct attributes and circumstances influencing each population, including but not limited to the following populations<sup>5,6</sup>:

- 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 who are refugees or from migrant communities
- people living with mental illness
- people who are neurodivergent
- people with dementia or other cognitive impairment
- 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
- people with allergies, sensitivities and specific dietary requirements.

Engage in open, respectful dialogue with all 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 and professional responsibility 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 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. In doing so, pharmacists must recognise the historical and ongoing impacts of colonisation and dispossession and proactively acknowledge the strength and resilience of Aboriginal and Torres Strait Islander peoples. Cultural safety is determined by those receiving care based on how care is provided and how safe and respected they feel.

Culturally safe practice is a shared responsibility of organisations, employers and individuals. It should be embedded across all professional activities, including 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 the betrayal of an individual'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, legal, 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 statements in this Code of Ethics describe pharmacists' obligations to balance these competing tensions so that the exercise of conscientious objection only occurs in a manner that is not a barrier to timely and safe access to health care and does not represent discrimination against an individual.

In certain situations (e.g. emergencies), the duty of care to the patient may outweigh the right to conscientious objection.

## Conflicts and dualities of interest

All registered healthcare practitioners 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. Dualities of interest are common in practice. However, where they compromise, or may reasonably be perceived to compromise, professional judgement, they constitute a conflict of interest and require judicious consideration and appropriate management. Pharmacists must not make an unjustifiable profit from products or services they prescribe, recommend or supply.

The person or organisation that may be impacted by the practitioner's conflict of interest needs to be made aware of any conflict. Where an actual conflict exists, disclosure alone is often insufficient and active steps to manage the conflict are usually necessary.<sup>7</sup>

Strategies for managing conflicts of interest can vary depending on the context, but could include:

- removing yourself from a decision where there is a conflict of interest
- delegating functions or roles to another individual or group
- seeking oversight from an independent third party
- adhering to organisational or workplace conflict of interest policy
- restricting payments, complimentary meals, hospitality or gifts from third parties that may affect or be perceived to affect patient care
- relinquishing the secondary interest.

# 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 that 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. will only prescribe, recommend or supply a medicine (including complementary medicine) or healthcare product or service where there is credible evidence of efficacy and the benefit of use outweighs the risk.
- e. provides or supports services within an environment designed to enable safe and effective health service delivery.
- f. acts to prevent harm to the patient.

## 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 those choices.*

A pharmacist:

- a. respects the dignity and autonomy of the patient.
- b. supports shared decision-making.
- c. respects and protects patients' privacy and confidentiality.
- d. recognises and respects patients' diversity, culture, gender, beliefs, values, characteristics and lived experience.
- e. acknowledges the right of people to use traditional or cultural medicines and helps patients feel safe and respected when they disclose or discuss their use.
- f. provides, or facilitates access to, information and advice in appropriate language, detail and format for the patient.
- g. provides, or facilitates access to, care responsive to a patient's health status, health literacy, abilities and cultural and social needs, in a professional and timely manner.
- h. seeks informed consent in accordance with legislation and best practice.
- i. respects the patient's choice, including the right to refuse treatment, care or advice, or to withdraw consent at any time.
- j. creates and maintains a safe, welcoming, respectful and inclusive environment for all patients.
- k. recognises the role of other support services, including those that provide physical, cultural, social, emotional and spiritual support.
- l. 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.

*Pharmacists have a responsibility to contribute to the health and wellbeing 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 quality 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.

*Pharmacists have 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 wellbeing, psychological and cultural safety, and sustainability of the profession.
- d. does not place pressure on staff or colleagues to undertake tasks that are unlawful, unethical or 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 and support.

## Integrity principle 1

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

*Pharmacists' 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.*

*A pharmacist must disclose and manage actual, potential or perceived conflicts of interest so that professional judgements and decisions are neither compromised, nor perceived to be compromised, 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. acts in a truthful, transparent and non-misleading manner.
- d. identifies and declares any actual, perceived or potential conflicts of interest in a clear and timely manner.
- e. actively manages any conflicts of interest.
- f. provides accurate, balanced, up-to-date, evidence-based information and advice.
- g. does not engage in any disrespectful or inappropriate comments or actions towards patients, colleagues, other health professionals or members of the community in any setting or platform (including digital media).
- h. does not offer, request, or accept incentives, gifts, hospitality or referrals that may affect, or be seen to adversely affect their professional independence or judgement.

## Integrity principle 2

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

*Pharmacists are responsible for their professional decisions and contributions. In all aspects of their practice, they should act with professionalism and demonstrate accountability.*

A pharmacist:

- a. exercises professional autonomy, objectivity and independence.
- b. takes accountability for their actions and professional decisions and the outcomes of their 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. raises concerns through appropriate channels when they observe practices, behaviours or system issues that may compromise patient safety, professional standards or quality of care.
- f. discloses any conscientious objections, providing advance notice to the employer and relevant colleagues, with prompt, respectful notification to the patient where appropriate.
- g. does not allow personal beliefs or conscientious objections to influence the professional duties of colleagues.
- h. does not prescribe a Schedule 4 or Schedule 8 medicine for their own use.
- i. does not self-administer a Schedule 4 or Schedule 8 medicine intended to be administered or witnessed by another qualified health professional.
- j. does not dispense 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.**

*Pharmacists are responsible for maintaining clear professional boundaries to support a respectful, objective practice environment focused on patients' needs.*

A pharmacist:

- a. maintains and respects professional boundaries with patients, colleagues and other practitioners.
- b. does not provide care in situations where a personal relationship could undermine, or be perceived to undermine, professional objectivity.
- c. provides appropriate physical, visual and auditory privacy when delivering services.

## 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 and feedback that actively develop their clinical and professional skills.
- e. is accountable for practising safely and providing care within their own scope of practice, and for maintaining professional competence related to that scope of practice.
- f. continually self-assesses competence, taking steps to address any identified gaps, or making appropriate changes to their scope or role when they can no longer practise safely.
- g. 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.
- 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 comprise rules, obligations, legislation, standards, guidelines and tools that support them in performing their duties safely and responsibly. This includes using digital tools, such as artificial intelligence, appropriately and remaining accountable for their use.*

A pharmacist:

- a. complies with all legislative 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. keeps accurate records of professional assessments and decisions.
- d. recognises limitations in systems and frameworks and addresses the limitations or drives improvements to support patient care, public safety and professional accountability.
- e. acts with transparency and takes responsibility for professional actions, decisions and health outcomes when using digital tools and emerging technologies.
- f. takes responsibility for appropriate data management and maintaining the privacy of confidential information when using digital tools and platforms.
- g. maintains up-to-date knowledge of, and actively engages with, systems, frameworks and digital technologies that guide and support 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 towards 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 nonclinical staff.
- e. recognises, respects and values the cultural diversity of others.
- f. supports an environment where staff are treated with dignity, contributions are valued and colleagues feel confident to question or discuss decisions or report incidents without fear of reprisal.
- g. does not 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. facilitates timely and appropriate referral.
- b. seeks to build and maintain effective working relationships with patients, health professionals and broader healthcare teams.
- c. recognises their limitations in their individual scope of practice and seeks guidance from, or makes timely referrals to, suitably qualified practitioners.
- d. provides timely and adequate handover of information to relevant healthcare professionals when care is shared with or transferred to other providers or settings.
- e. 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.
- f. when a therapeutic relationship ends, facilitates reasonable ongoing care arrangements that are safe and appropriate for the patient's health circumstance.
- g. works with other health professionals during times of shortage or resource rationing to facilitate care and use resources efficiently.
- h. works in partnership with Aboriginal and Torres Strait Islander peoples, communities and organisations, supporting collaborative approaches to care.

## Appendix 1: Glossary

Term	Definition
<b>Accountability</b> <sup>8</sup>	Being answerable for one's actions, and the roles and responsibilities inherent in one's job or position. Accountability cannot be delegated.
<b>Artificial intelligence (AI)</b> <sup>9,10</sup>	Computer systems that simulate tasks that usually require human intelligence, such as decision-making, learning, analysis, creativity, problem-solving and comprehension. These systems are usually built using machine learning algorithms.
<b>Collaboration</b> <sup>11</sup>	A process whereby two or more parties share their expertise and take responsibility for decision-making through interdisciplinary team-based care.
<b>Competency</b> <sup>3</sup>	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).
<b>Complementary medicine</b> <sup>12</sup>	A wide range of medicines, often derived from traditional medicine practices, that are not typically considered part of conventional Western medicine. These may include vitamins, minerals, herbal remedies, aromatherapy and homeopathic products.
<b>Conflict of interest</b> <sup>13,14</sup>	<p>When a particular relationship or practice leads to the 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.</p> <p>The secondary interest may be financial (e.g. the person may benefit financially) or non-financial (e.g. political affiliations, religious beliefs). Conscious or unconscious bias can result from a conflict of interest.</p>
<b>Conscientious objection</b> <sup>15</sup>	<p>In health care, it 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.</p> <p>Conscientious objection must be done with respect and empathy, without forceful expression of personal beliefs and without discrimination.</p>
<b>Cultural medicines</b> <sup>16</sup>	<p>This definition pertains to Aboriginal and Torres Strait Islander people. Cultural medicines are diverse across Australia and tend to belong to six different areas:</p> <ul style="list-style-type: none"> <li>• physical medicines (inhaled, topical and ingested medicines)</li> <li>• native Australian foods (foods as medicine)</li> <li>• ceremony (healing ceremonies, dances and songs)</li> <li>• spiritual medicine (spiritual and energetic medicines)</li> <li>• traditional healers (as determined by each specific language group/clan/nation)</li> <li>• Country as medicine (i.e. both tangible and intangible parts of Country).</li> </ul>
<b>Cultural safety</b> <sup>17,18</sup>	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.
<b>Culturally safe practice</b> <sup>18</sup>	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.
<b>Data management</b>	The process of collecting, using, organising and storing data.
<b>Digital health</b> <sup>19</sup>	<p>The use of technology for the treatment of patients and the management of health information.</p> <p>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.</p>

Term	Definition
Digital media <sup>20</sup>	Media in a form that can be, for example, stored, read or seen using a computer, such as news websites, social media, electronic books and digital video, images or music.
Discriminate	To make an unjust or prejudicial distinction in the treatment of different categories of people, especially on the grounds of race, gender, sex or age.
Dispensing <sup>3</sup>	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 <sup>14</sup>	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 <sup>21</sup>	Health care that meets every individual's health needs, irrespective of their age, gender, ethnicity, sexuality, ability and other factors.
Evidence-based practice <sup>22</sup>	A process that integrates the best available scientific evidence with professional judgement and patient characteristics to make clinical decisions.
Health care <sup>23</sup>	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 professionals, nurses, pharmacists and allied health professionals.
Healthcare professional <sup>11</sup>	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 <sup>11</sup>	<p>Health literacy can be separated into two components: individual health literacy and the health literacy environment.</p> <p>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.</p> <p>The health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the healthcare system and affect the ways in which people access, understand, appraise and apply health-related information and services.</p>
Health promotion <sup>24</sup>	Focuses on preventative health and encompasses a combination of interventions that enable individuals and communities to increase awareness, exercise greater control over and improve their health. This occurs through community participation, including attitudinal, behavioural, social and environmental change.
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 <sup>24</sup>	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 human-caused disasters).

Term	Definition
<b>Informed consent</b> <sup>3,25</sup>	<p>Permission granted voluntarily by a patient or person who has been adequately informed (e.g. of options, risks, benefits and costs) and has the capacity to understand, provide and communicate their permission.</p> <p>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).</p>
<b>Mandatory notification</b> <sup>26</sup>	<p>A legislative requirement where a registered health practitioner, employer of a practitioner or education provider must report their concerns about a practitioner (e.g. impairment, intoxication while practising, a significant departure from accepted professional standards, sexual misconduct) to prevent the public from being placed at risk of harm.</p>
<b>Medicine</b> <sup>27</sup>	<p>A substance used for the treatment or prevention of disease and to maintain wellbeing. It can include prescription, over-the-counter, compounded, complementary, bush or alternative medicine.</p>
<b>National Medicines Policy</b> <sup>28</sup>	<p>The current version of the document titled 'National Medicines Policy' published by the Australian Government.</p> <p>This policy aims to ensure:</p> <ul style="list-style-type: none"> <li>• equitable, timely, safe and affordable access to a high-quality and reliable supply of medicines and medicines-related services for all Australians</li> <li>• medicines are used safely, optimally and judiciously, with a focus on informed choice and well-coordinated person-centred care</li> <li>• 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.</li> </ul>
<b>Nonclinical staff</b> <sup>29</sup>	<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>
<b>Patient</b> <sup>23</sup>	<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 representatives, carers (including kinship carers), families, support workers and groups or communities.</p> <p>For 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>
<b>Patient- or person-centred care</b> <sup>11,23</sup>	<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>

Term	Definition
<b>Pecuniary interest</b> <sup>30</sup>	A financial stake or involvement a person has in a particular matter. For example, a person's financial position is likely to be directly affected (e.g. gaining or losing money) from the outcome of a decision.
<b>Pharmacist</b> <sup>31</sup>	<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 the pharmacy 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>
<b>Pharmacovigilance</b> <sup>32,33</sup>	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.
<b>Prescriber</b>	A health professional authorised to undertake prescribing within the scope of their practice.
<b>Prescribing</b> <sup>3,34</sup>	<p>A dynamic process involving the steps of information gathering, clinical and shared decision making, communication and evaluation that 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>
<b>Professional boundaries</b> <sup>35,36</sup>	<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"> <li>• gift-giving and favours</li> <li>• social contact</li> <li>• digital communication (e.g. texting, social media)</li> <li>• emotional involvement</li> <li>• physical contact when providing services</li> <li>• privacy and confidentiality</li> <li>• providing services to family or friends</li> <li>• romantic and sexual relationships</li> <li>• internal boundaries among colleagues.</li> </ul>
<b>Psychological safety</b> <sup>37</sup>	The shared belief that individuals can speak up and take interpersonal risks, such as contradicting others, asking questions and sharing new/alternative ideas.
<b>Public health</b> <sup>38</sup>	The science and art of promoting health, preventing disease and prolonging life through the organised efforts of society.
<b>Quality improvement</b> <sup>23</sup>	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.

Term	Definition
<b>Responsibility</b> <sup>8</sup>	To be entrusted with or assigned a duty or charge. In many instances, responsibility is assumed, appropriate to 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, as does the person who accepts the task or function. Responsibility is about accepting the tasks/functions inherent in one's role.
<b>Risk assessment</b> <sup>3,11</sup>	Assessment, analysis and management of risks. It involves recognising which events may lead to harm in the future and minimising their likelihood and consequences.  For this document, a risk assessment may be a formal process involving documentation and maintenance of written records or it may be an informal process.
<b>Risk management</b> <sup>39</sup>	A process that involves identifying hazards in the workplace, assessing what could happen if someone is exposed to 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.
<b>Scope of practice</b> <sup>8</sup>	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.
<b>Shared decision making</b> <sup>11</sup>	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.
<b>Social media</b> <sup>2</sup>	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.
<b>Wellbeing</b> <sup>40</sup>	How a person feels and functions at personal and social levels, which may be influenced by a range of interrelated factors such as work, education, housing, income, health, functioning, social connection and participation.

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

Table 1 (next page) shows the mapping of the principles contained in 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.

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



**Table 1. Comparison of principles between the 2017 Code and the 2026 Code**

2017 Code principle	2026 Code principle	2026 Code theme
<p><b>Care principle 1</b></p> <p>A pharmacist makes the health and wellbeing of the patient their first priority</p>	<p><b>Care principle 1</b></p> <p>A pharmacist makes the health and wellbeing of the patient their first priority</p>	Primacy of patients
<p><b>Care principle 2</b></p> <p>A pharmacist practises and promotes patient-centred care</p>	<p><b>Care principle 2</b></p> <p>A pharmacist practises person-centred care</p>	Patient autonomy
<p><b>Care principle 3</b></p> <p>A pharmacist exercises professional judgement in the interests of the patient and wider community</p>	<p><b>Care principle 3</b></p> <p>A pharmacist supports public health and environmental sustainability in partnership with patients and the wider community</p>	Public health (individual and community)
None	<p><b>Care principle 4 (new)</b></p> <p>A pharmacist fosters wellbeing in self and colleagues</p>	Wellbeing
<p><b>Integrity principle 1</b></p> <p>A pharmacist acts with honesty and integrity to maintain public trust and confidence in the profession</p>	<p><b>Integrity principle 1</b></p> <p>A pharmacist acts with honesty and integrity to maintain public trust and confidence in the profession</p>	Public trust
<p><b>Integrity principle 2</b></p> <p>A pharmacist only practises under conditions which uphold the professional independence, judgement and integrity of themselves and others</p>	<p><b>Integrity principle 2</b></p> <p>A pharmacist only practises under conditions that uphold their professional independence, judgement and integrity</p>	Professional autonomy
None	<p><b>Integrity principle 3 (new)</b></p> <p>A pharmacist respects and maintains professional boundaries to preserve trust and objectivity</p>	Professional boundaries
<p><b>Competency principle 1</b></p> <p>A pharmacist demonstrates a commitment to the continual development of self and the profession to enhance pharmacy practice</p>	<p><b>Competency principle 1</b></p> <p>A pharmacist demonstrates a commitment to the continual development of self and the profession to enhance pharmacy practice</p>	Individual and workforce development
None	<p><b>Competency principle 2 (new)</b></p> <p>A pharmacist practises within defined systems and frameworks</p>	Systems
<p><b>Competency principle 2</b></p> <p>A pharmacist works collaboratively with others to deliver patient-centred care and optimise health outcomes</p>	<p><b>Collaboration principle 1</b></p> <p>A pharmacist works respectfully with others to deliver person-centred care</p>	Working respectfully
None	<p><b>Collaboration principle 2 (new)</b></p> <p>A pharmacist collaborates with others to facilitate continuity of care</p>	Continuity of care

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