



PARLIAMENT OF AUSTRALIA

DEPARTMENT OF PARLIAMENTARY SERVICES



Pharmaceutical Services Policy

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Approved: FAS Corporate Services Division

Contact: Recreation and Tenancy Coordination
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Date of effect

1. The Pharmaceutical Services Policy (the policy) is maintained by Recreation and Tenancy Coordination and was approved by the First Assistant Secretary, Corporate Services Division on 23 January 2026.
2. This policy replaces all previous DPS policies and any other related strategies, local guidance or directions on this subject, unless otherwise specified in this policy.

Policy review mechanisms

3. This document will be reviewed every 12 months or earlier if required.
4. The DPS Corporate Services Division is responsible for reviewing and updating this policy.

Intent of policy

5. This policy is designed to facilitate the delivery of prescription-only medication for all building occupants. The service is intended to operate during both sitting and non-sitting weeks.

Application

6. This policy applies to all building occupants.

Privacy

7. When submitting a request for pharmaceutical services via the *Pharmaceutical Services Order Form*, the individual requesting the service may elect to copy in the Nurses' Centre, managed by the Department of Parliamentary Services (DPS). DPS will use the information provided in the *Pharmaceutical Services Order Form* to advise the requestor that their prescription(s) has been delivered to Australian Parliament House (APH) and is ready for collection.
8. Wherever possible, DPS will collect, hold, use and disclose the personal information provided in the *Pharmaceutical Services Order Form* in accordance with the Australian Privacy Principles (APP) in Schedule 1 of the *Privacy Act 1988 (Cth)*. Further details on how DPS handles personal information and the right to seek access to, and correction of personal information provided in the *Pharmaceutical Services Order Form*, can be found at [DPS Privacy Policy – Parliament](#).

General

9. DPS has arrangements in place with Barton Pharmacy (the pharmacy) to facilitate the dispensing of prescription-only medication for building occupants. The pharmacy does not provide non-prescription items or purchases.

10. The pharmacy provides a delivery service from Monday through to Thursday on an as-required basis and in accordance with the process outlined in this policy.
11. Services operate during both sitting and non-sitting weeks.
12. The pharmacy contact details and service overview are as follows:

Pharmacy	Contact Details
Barton Pharmacy	<p>Address: 2/3 Sydney Avenue Barton, ACT 2600</p> <p>Contact: (02) 6273 0308</p> <p>Email: barton@brandspharmacy.com.au</p> <p>Service Availability: Building Occupants can submit scripts at any time to the Pharmacy. Orders placed before 12.00pm will be delivered on the same day. Orders submitted after 12.00pm will be delivered the next day when the service is available.</p> <p>Script delivery is not available on Fridays, Saturdays, Sundays, and public holidays.</p>

Guidance

Duty of care and diligence

13. A pharmacist must take reasonable steps to ensure that the dispensing of medication in accordance with a prescription is consistent with the principles of *Quality Use of Medicines* (as outlined in *The National Strategy for Quality Use of Medicines 2002*) and the clinical safety of the individual named in that prescription.
14. When dispensing a prescription, a pharmacist must exercise independent judgement to ensure that the prescribed medication is safe and appropriate for the patient, as well as conforming to the prescriber's requirements. Should there be any doubt, the patient will be contacted before the medication is dispensed.
15. In conforming with the above principle, dose, frequency and route of administration, duration of treatment, the presence or absence of other medications, the patient's illness, history of medication, and other relevant circumstances will be considered.
16. By using this service, the requestor should be aware that the pharmacist may be required to contact them, or their authorised representative, before dispensing any medication.

Schedule 3 (non-prescription) and Schedule 8 medications

17. The *Medicines, Poisons and Therapeutic Goods Act 2008 (ACT)* (the Act), details a pharmacist's obligations when dispensing medication in the Australian Capital Territory (ACT). The Act defines that there are additional requirements pharmacists must follow when dispensing Schedule 3 and Schedule 8 substances.
18. Schedule 3 medications are a class of medicine that requires advice from a pharmacist to be used safely. In some cases, the purchaser will also need to present their identification at the time of sale. Schedule 3 medications are not prescription medicines and are therefore, not supplied through this service.
19. Schedule 8 medications are a class of medicine that has additional restrictions to reduce misuse or dependence. Schedule 8 medications must be compliant with ACT Legislation. A consultation with the dispensing pharmacist may be required.

How the service works

20. All building occupants wishing to access the delivery service must email the pharmacy with:
 - a. a copy of their prescription, and
 - b. a completed *Pharmaceutical Services Order Form (Attachment A)*.
21. If building occupants choose to copy in the Nurses' Centre, DPS will solely use the information provided in the *Pharmaceutical Services Order Form* to contact the owner of each medication and confirm it is available for collection.
22. There will be no delivery charges payable by the individual. This is a non-cash service and the purchaser's credit or debit card details will need to be provided as part of the transaction. DPS will not be charged for the prescriptions of individuals.
23. Between Monday and Thursday, a same-day service is available to building occupants who submit orders before 12:00 pm, except in instances where the pharmacist is required to speak with the person named in the prescription, or their authorised representative, and have been unable to do so. Any medication ordered after 12:00 pm will be delivered on the next day that the service is available.
24. A pharmacy representative will contact the Nurses' Centre to arrange the delivery of the prescribed medication and collection of the original prescription, during the afternoon, and at the agreed time and location. Please note that if medication is not collected at the agreed time, it will be returned to the pharmacy. If this occurs, the medication will be redelivered on the next day when the service is available, or can be collected from the pharmacy by the requesting individual.
25. The pharmacy takes no responsibility for the care and storage of medications once collected, particularly where the refrigeration of medicines is required.

26. While reasonable care has been taken in the selection of the pharmacy, DPS accepts no liability arising from or related to the services provided by the pharmacy, or any act or omission of their staff, contractors, or representatives. DPS recommends that building occupants exercise their own care when using this service.

Other requirements

27. To enable medication to be dispensed, the pharmacist will required details such as:

- a. Medicare, Concession and/or Close the Gap eligibility details,
- b. Preference for generic medication, and
- c. Credit card or debit card details for payment.

28. The completed *Pharmaceutical Services Order Form (Attachment A)* and a copy of the relevant prescription must be provided to the pharmacy. If the individual requesting the service chooses to copy in the Nurses' Centre, DPS will solely use the information provided in the *Pharmaceutical Services Order Form* to contact users of the service when their medication is available for collection from the Nurses' Centre.

Points of contact

29. For further advice or assistance, please contact:

Barton Pharmacy	6273 0308	barton@brandspharmacy.com.au
Nurses Centre	6277 5314	nursescentre@aph.gov.au
Recreation and Tenancy Coordination	6277 8399	dpsrecreationandtenancy@aph.gov.au

PHARMACEUTICAL SERVICES ORDER FORM

All sections of this form are mandatory. Failure to complete any part of the form may result in non-fulfilment of your script or a later delivery date.

This form is intended to be used in conjunction with the Department of Parliamentary Services Pharmaceutical Services Policy.

Do you consent to the Department of Parliamentary Services collecting the personal information included on this form to allow the Nurses Centre to contact you once your prescription is available to be picked up?

Yes - Please email this form, along with the prescription, to barton@brandspharmacy.com.au and include nursescentre@aph.gov.au as a CC.

No -Please email this form, along with the prescription, to barton@brandspharmacy.com.au.

SECTION 1 - YOUR DETAILS

Full Name:	Date of Birth:	
Email:	Phone Number*:	
Address:		
State:	Post Code:	Office/Suite #

*The Pharmacy may need to contact you prior to dispensing your script. Please ensure you available to speak to the Pharmacists if required.

Medicare Card Number: _____

Concession Card: Yes (If yes, please provide number below) No

Close the Gap Eligibility: Yes (If yes, please provide number below) No

Private Health Fund: Yes (If yes, please provide details below) No

SECTION 2 - PRESCRIPTION DETAILS

Item/s to be dispensed: _____

Preference for generic medicine: Yes No

Any known Allergies? Yes (If yes, please provide details below) No

Other health conditions? Yes (If yes, please provide details below) No

SECTION 3 - PAYMENT DETAILS

Credit/Debit Card Type: Master Card Visa Other

Credit/Debit Card Number:

Expiry Date:

Security Code*:

*Security Code is the 3 digit number on the back of your credit/debit card

Card Holder Name: _____

Card Holder Signature: _____

SECTION 3 - AUTHORISATION

If you would like to nominate a person to act on your behalf, including receiving calls from the Pharmacist and facilitating payment arrangements, please complete the below information.

Your Authorised Person's name: _____

Your Authorised Person's contact number: _____

Please note that this checklist will be required each time a prescription is dispensed and does not form a standing arrangement.

Your Signature: _____

Date: