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Electronic Prescribing

National Prescription Delivery Service and Active Script List Registry Conformance Profile

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1 Introduction

1.1 Electronic Prescribing Overview

Electronic prescribing enables the prescribing and dispensing of medicines without the need for a paper prescription. While it introduces a digital alternative, the core clinical processes of prescribing and dispensing remain unchanged. A Consumer (referred to as Subject of Care (SoC)) still retains the right to choose whether their prescriber issues an electronic prescription, and which pharmacy dispenses their electronic prescription.

Electronic prescribing operates within a broader digital health and medicines safety framework. [Figure 1. Stakeholders and their role in Electronic Prescribing](#) outlines the key stakeholders in the electronic prescribing ecosystem and their respective roles.

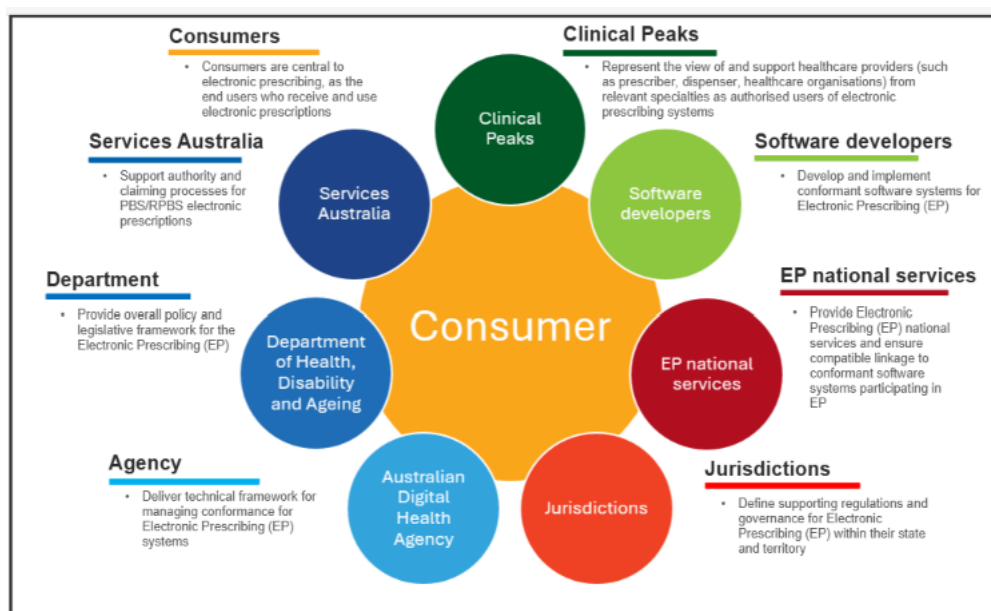


Figure 1. Stakeholders and their role in Electronic Prescribing

1.2 Purpose

This document summarises the functional and non-functional requirements for software that acts as national infrastructure in electronic prescribing.

This document lists the specific conformance requirements for the National Prescription Delivery Service (NPDS) and Active Script List Registry (ASLR) Service that must, or should, be met to support participation in electronic prescribing.

Systems able to participate in electronic prescribing may include prescribing systems for General Electronic Prescriptions (GEPs) and Chart-Based Electronic Prescriptions (CBEPs), NPDS and ASLR systems, dispensing systems, consumer-facing applications and intermediaries.

- *Chart Based Electronic Prescription (CBEP)*: A CBEP is generated in association with an Electronic Medication Chart (EMC) using a conformant Electronic Medication Chart System (EMCS) and created in the NPDS. CBEPs are shared directly with the nominated pharmacy and dispensed by conformant dispensing systems. CBEPs are grouped using an Electronic Medication Chart identifier (chart identifier) and are used in facility-based care, such as hospitals or residential care facilities (RCFs). When dispensing a CBEP, the authorised dispenser/pharmacist is required to review the SoC's whole EMC as part of the clinical and dispensing workflow. An Evidence of Prescription (EoP) for a CBEP is not issued to the SoC or their representatives and is not added to a SoC's Active Script List (ASL). CBEPs will have a single Delivery Service Prescription Identifier (DSPID) for its entire lifecycle.
- *General Electronic Prescription (GEP)*: A GEP is generated by a conformant general electronic prescribing system for community, outpatient or discharge prescriptions and created in the NPDS. GEPs are subsequently dispensed by conformant dispensing systems. SoCs receives an EoP for a GEP by SMS, email or in a printed format. GEPs are also added to a SoC's ASL. GEPs are also known as non-chart-based electronic prescriptions and are not grouped by a chart identifier. GEPs will have multiple DSPIDs throughout their lifecycle, with a unique DSPID generated for an original prescription and its subsequent repeat prescriptions.

1.3 Intended audience

The intended audience includes:

- NPDS and ASLR software developer
- Australian Government Department of Health, Disability and Ageing
- State and territory government health departments and agencies
- Services Australia
- Australian Commission on Safety and Quality in Healthcare

2 Scope

The scope of this document is to define the functional and non-functional requirements related to the NPDS and ASLR systems that participate in prescription exchange for the purpose of electronic prescribing for CBEPs and GEPs.

- Functional and non-functional requirements related to other electronic prescribing systems participating in electronic prescribing are detailed in the latest active versions of the conformance profiles:
 - *Electronic Prescribing - General Electronic Prescribing Systems Conformance Profile*
 - *Electronic Prescribing – Electronic Medication Chart Systems Conformance Profile*
 - *Electronic Prescribing – Dispensing Systems Conformance Profile*
 - *Electronic Prescribing – Consumer-Facing Connecting Systems Conformance Profile.*
- Functional and non-functional requirements of those systems unrelated to electronic prescribing are out of scope.
- This document does not cover usability or commercial aspects of those systems or their participation in electronic prescribing.
- Systems facilitating the prescribing or dispensing for the treatment of an animals are out of scope.

2.1 Conformance Requirements Approach

Conformance requirements have been developed against detailed use cases. The use cases are detailed in the Electronic Prescribing Solution Architecture. Refer to the latest active version of the Electronic Prescribing Solution Architecture document for full details.

The following 5 border roles are outlined in the use cases:

- Prescriber
- Dispenser/Pharmacist
- Subject of Care (or their representative)
- National Prescription Delivery Service
- Active Script List Registry

Software developers should consider those use cases relevant to the functionality and purpose of their solution.

Requirements follow a standard form, utilising the following language:

SHALL: When appearing in a conformance requirement, the verb SHALL indicates a mandatory requirement. Its negative form SHALL NOT indicates a prohibition.

SHOULD: When appearing in a conformance requirement, the verb SHOULD indicates a recommendation. Its negative form SHOULD NOT indicate an option that should not be supported.

MAY: When appearing in a conformance requirement, the verb MAY indicates an optional requirement.

Where there is a reference to connecting systems requirements (e.g. PRES, MCPRES or DISP), the NPDS and ASLR operator should refer to latest active version of the relevant electronic prescribing connecting systems conformance profiles to gain full understanding of the requirements. Connecting systems conformance profiles include:

- *Electronic Prescribing - General Electronic Prescribing Systems Conformance Profile*
- *Electronic Prescribing – Electronic Medication Chart Systems Conformance Profile*
- *Electronic Prescribing – Dispensing Systems Conformance Profile*
- *Electronic Prescribing – Consumer-Facing Connecting Systems Conformance Profile.*

2.2 Compliance with legislation, regulative controls, standards and guidelines

The prescribing and dispensing of medicines under the Pharmaceutical Benefits Scheme (PBS)/ Repatriation Pharmaceutical Benefits Scheme (RPBS) are governed by a range of Commonwealth laws which define the requirements for GEPs, EMCs and CBEPs. The prescribing and dispensing of PBS/RPBS and non-PBS medicines is also governed by individual state and territory drugs and poisons acts.

Specific rules may be in place depending on the state or territory in which electronic prescriptions are being used, the nature of the medicines involved, and evolving areas of policy. For full details on the relevant laws and regulations are available on the [Department's website](#).¹

Further to the legislation and regulations that govern electronic prescribing systems and processes, the Australian Commission on Safety and Quality in Health Care recommends medicine safety and clinical safety standards and [National Guidelines for On-Screen Display of Medicines Information](#)² which should be considered when developing and implementing electronic prescribing systems and processes.

Software developers and implementers are strongly recommended to ensure they are abreast of changes in electronic prescribing regulatory and legislative changes to ensure

¹ Department of Health, Disability and Ageing, [Electronic prescribing](#)

² Australian Commission on Safety and Quality in Health Care, [National Guidelines for On-Screen Display of Medicines Information](#), Australian Commission on Safety and Quality in Health Care website, 2026, accessed 1 April 2026.

solutions comply with all relevant requirements across state, territory, and Commonwealth jurisdictions.

The following legislative and regulatory considerations should be considered when designing and implementing electronic prescribing:

- Requirement to operate data collection and storage mechanisms in a way consistent with privacy legislation as defined in the *Privacy Act 1988* and/or jurisdictional privacy legislation.
- Requirement to create, transmit, and manage electronic prescriptions in a way consistent with Health legislation as defined in the *National Health Act 1953*.
- Requirement to manage data and information and ensure availability for regulatory oversight in a way compliant with record keeping legislation as defined in relevant Commonwealth and jurisdictional legislations.
- Requirement to operate in a way consistent with the Healthcare Identifiers act as defined in the *Healthcare Identifiers Act 2010*.
- Policy positions that restrict channelling of electronic prescriptions must be considered to ensure choice of pharmacy.

3 Conformance requirements for Electronic Prescribing – NPDS and ASLR

This section describes conformance requirements specifically for the NPDS and ASLR participating in electronic prescribing.

3.1 National Prescription Delivery Service

This section describes conformance requirements specific to the NPDS. The NPDS system is the mechanism through which an electronic prescription is communicated from a prescriber to a dispenser.

3.1.1 Authentication and Authorisation

Reference	Requirement
DS-1	The system SHALL NOT transact with non-conformant systems. <i>Note: the connecting systems transacting with NPDS are prescribing systems, dispensing systems and consumer-facing applications/intermediaries.</i> <i>Note: NPDS may transact with other national services, such as My Health Record (MHR), ASLR and any future national services, in accordance with applicable governance and integration requirements.</i>
DS-1A	For every transaction, the system SHALL verify that the connecting system's conformance ID is valid and active. <i>Note: every communication received by the system must contain a conformance ID and the system must verify that conformance ID is valid and active. The transaction is rejected if provided conformance ID is invalid.</i> <i>Note: every communication received by a consumer-facing application, both the conformance ID of the consumer-facing application and intermediary is verified.</i> <i>Note: NPDS may transact with other national services, such as My Health Record (MHR), ASLR and any future national services, in accordance with applicable governance and integration requirements.</i>
DS-3	The system SHALL verify the authenticity of the requestor for all connection requests over public networks using Public Key Infrastructure (PKI) and PKI certificates SHALL be obtained from publicly trusted Certificate Authorities (CAs). <i>Note: the system will not accept connections from unknown participants.</i>

3.1.2 Logging and Reporting

Reference	Requirement
DS-1400	The system SHALL retain logs in accordance with relevant legislation and regulations.

Reference	Requirement
DS-22	The system SHALL record each transaction in a log and SHALL record at least: • date and time (including time zone) of creation • transaction type • transaction status (for example, 'accepted', 'rejected') • reason for rejection (if rejected) • identifier of submitting/requesting system • GUPI • DSPID • date and time (including time zone) of acknowledgement if applicable • all information fields contained in the message. <i>Note: logged transactions include unauthorised access attempts.</i>
DS-22A	The system SHALL, on request, generate a file or files that contain the information captured in the logs. <i>Note: this requirement permits the generation of a file or files that can be shared or sent to authorised requestors.</i>

3.1.3 Provision and Submission

Reference	Requirement
DS-4A	The system SHALL provide a mechanism to connecting systems to submit every data item specified in the relevant connecting systems conformance profiles. <i>Note: the NPDS operator should refer to the relevant electronic prescribing connecting systems conformance profiles to gain full understanding of the requirements.</i> <i>Note: the mechanism includes accepting and processing the request, providing an acknowledgement confirming receipt, and the outcome of the request including the cause of failure where applicable.</i>
DS-4C	The system SHALL reject electronic prescriptions and dispense records that do not contain all the mandatory data items specified in the relevant connecting systems conformance profiles and indicate the cause of failure to the requesting system. <i>Note: the NPDS operator should refer to the relevant electronic prescribing connecting systems conformance profiles to gain full understanding of the requirements.</i> <i>Note: the original prescription mandatory data items are not expected to be rechecked as part of the dispense record.</i>

Reference	Requirement
DS-6	When the system receives an electronic prescription (including repeat authorisation) from a connecting system, the system SHALL validate that any DSPID conforms to the defined DSPID format. The system SHALL reject any DSPID that does not meet this format or is not unique and distinguishable from other DSPIDs.
DS-10	When a dispensing system retrieves an electronic prescription, the system SHALL compile and provide all the relevant information including: • original electronic prescription • most recent dispense record • all notes and annotations.
DS-10A	The system SHALL provide a mechanism for a dispensing system to retrieve all dispense records related to an electronic prescription, including (if applicable) all dispense records for associated repeat authorisations and any notes and annotations.
DS-11	When an electronic prescription is provided to a dispensing system, the system SHALL lock that electronic prescription to prevent other dispensing systems from retrieving it. The system SHALL keep the electronic prescription locked until one of the following events occurs: • a dispense record is received for the electronic prescription • a request to release the lock is received from the same dispensing system • a period of 10 minutes has elapsed without a request related to the electronic prescription.
DS-21	The system SHALL provide a mechanism to a dispensing system that has locked an electronic prescription, to request a release of the lock. <i>Note: if the dispensing system unlocks the prescription without submitting a dispense record (that is, the prescription has not been dispensed), the prescription must remain unchanged.</i> <i>Note: unlocking the electronic prescription enables all dispensing systems to retrieve it.</i>
DS-11A	When a dispensing system attempts to retrieve an electronic prescription for the purposes of dispensing that is not active, not disabled by the requesting system and not dispensed by the requesting system, the system SHALL withhold that prescription from the requesting system and indicate the cause of the failure to the requesting system. <i>Note: the system that disabled the prescription is permitted to retrieve and view that prescription for auditing, investigation, review and for re-enabling if appropriate.</i>

Reference	Requirement
DS-1510	The system SHALL provide a mechanism to a dispensing system to alter the total quantity and number of repeat authorisations within a GEP and accept and record the reason provided. <i>Note: the mechanism includes accepting and processing the request, providing an acknowledgement confirming receipt, and the outcome of the request including the cause of failure where applicable.</i> <i>Note: this is to support consumer preferences, stock availability, brand substitution constraints, packaging differences, or dosage considerations etc. in accordance with legislative requirements.</i>
DS-17	The system SHALL provide a mechanism for a dispensing system to request a dispense reversal for an electronic prescription dispensed by the requesting system. If the dispense generated a repeat authorisation, the system SHALL only process the reversal if the repeat authorisation is active and can be cancelled. <i>Note: the mechanism includes accepting and processing the request, providing an acknowledgement confirming receipt, and the outcome of the request including the cause of failure where applicable.</i> <i>Note: this is to cater for instances where a dispenser is required to reverse a dispense prior to supply being received by a SoC or their representative (for example, the pharmacy is out of stock).</i>
DS-1535	The system SHALL provide a mechanism for a dispensing system to request the disabling of a GEP. <i>Note: the mechanism includes accepting and processing the request, providing an acknowledgement confirming receipt, and the outcome of the request including the cause of failure where applicable.</i> <i>Note: the requesting system or any connecting prescribing system may subsequently re-enable the electronic prescription.</i>
DS-1545	The system SHALL provide a mechanism for a dispensing system to request the re-enabling of a GEP the same dispensing system disabled. <i>Note: the mechanism includes accepting and processing the request, providing an acknowledgement confirming receipt, and the outcome of the request including the cause of failure where applicable.</i>
DS-1547	The system SHALL provide a mechanism for a connecting prescribing system to request the re-enabling of a GEP. <i>Note: the mechanism includes accepting and processing the request, providing an acknowledgement confirming receipt, and the outcome of the request including the cause of failure where applicable.</i>

Reference	Requirement
DS-15	The system SHALL provide a mechanism to a prescribing system to add prescriber notes and for a dispensing system to add dispenser annotations to an electronic prescription. <i>Note: the mechanism includes accepting and processing the request, providing an acknowledgement confirming receipt, and the outcome of the request including the cause of failure where applicable.</i>
DS-1520	The system SHALL NOT accept a correction request for an original electronic prescription from a connecting system. <i>Note: when a change is required to an electronic prescription, the electronic prescription must be cancelled and reissued.</i> <i>Note: a repeat authorisation should be based off the original GEP.</i>
DS-7	The system SHALL provide a mechanism for a connecting general prescribing or dispensing system to request the cancellation of an active original GEP or cessation of a disabled original GEP. <i>Note: the mechanism includes accepting and processing the request, providing an acknowledgement confirming receipt, and the outcome of the request including the cause of failure where applicable.</i>
DS-1530	The system SHALL provide a mechanism for a connecting general prescribing or dispensing system to request the cessation of an active or disabled repeat of a dispensed original GEP. <i>Note: the mechanism includes accepting and processing the request, providing an acknowledgement confirming receipt, and the outcome of the request including the cause of failure where applicable.</i>
DS-1704	The system SHALL provide a mechanism for a connecting EMCS to request the cancellation or cessation of a CBEP associated with an EMC. <i>Note: the mechanism includes accepting and processing the request, providing an acknowledgement confirming receipt, and the outcome of the request including the cause of failure where applicable.</i> <i>Note: cancellation request may fail if the CBEP has been dispensed at least once and a cessation operation is required instead.</i>
DS-1701	The system SHALL provide a mechanism for a connecting EMCS to request the suspension of a CBEP associated with an EMC. <i>Note: the mechanism includes accepting and processing the request, providing an acknowledgement confirming receipt, and the outcome of the request including the cause of failure where applicable.</i>
DS-1703	The system SHALL provide a mechanism for a connecting EMCS to request the unsuspension of a CBEP associated with an EMC that was previously suspended by the same EMCS. <i>Note: the mechanism includes accepting and processing the request, providing an acknowledgement confirming receipt, and the outcome of the request including the cause of failure where applicable.</i>

Reference	Requirement
DS-1703A	The system SHALL reject a connecting dispensing system's request to correct, cancel, cease, disable, suspend, unsuspend a CBEP. <i>Note: all prescription changes relating to a CBEP are to be initiated by an EMCS.</i>
DS-1525	When a connecting general prescribing system attempts to correct or cancel a dispensed GEP with an active repeat, the system SHALL indicate there are remaining repeat authorisations to the requesting system. <i>Note: this ensures the prescriber is aware that the medicine has already been supplied and that there are outstanding prescriptions for future supply.</i>
DS-1525A	When a connecting EMCS attempts to correct or cancel a CBEP that has been dispensed, the system SHALL indicate the dispense has already occurred. <i>Note: this ensures the prescriber is aware that the medicine has already been supplied.</i>
DS-410	When a technical error prevents the provision of prescription information, the system SHALL return an error message to the requesting system that indicates the presence of a technical issue. <i>Note: technical failure is not to be confused with the absence of data or the rejection of a request. Systems need to be unambiguously clear when information cannot be discovered due to technical faults.</i>
DS-715	The system SHALL provide a mechanism for a connecting dispensing system to request and retrieve a list of DSPIDs of all active CBEPs on an EMC, using the EMC ID (chart identifier).
DS-1500	The system SHALL provide a mechanism for a dispensing system to request and retrieve the following details about any non-active electronic prescription: • status • medicine name • medicine strength • medicine form • all dispenser annotations and prescriber notes on that electronic prescription (if applicable) • date of last dispense (if applicable) • quantity dispensed (if applicable).
DS-1501	The system SHALL provide a mechanism for a prescribing system to request and retrieve the following details about any electronic prescription: • status • medicine name • medicine strength • medicine form • all dispenser annotations and prescriber notes on that electronic prescription (if applicable) • date of last dispense (if applicable) • quantity dispensed (if applicable).

3.1.4 Data Integrity

Reference	Requirement
DS-26	The system and the NPDS Operator SHALL NOT change or manipulate the contents of an electronic prescription or dispense record as entered by the prescriber or dispenser.
DS-597	The system SHALL provide all electronic prescription information to any connecting intermediary if requested.

3.1.5 Electronic Prescription Notification

Reference	Requirement
DS-1305	The system SHALL provide a mechanism for a connecting system to request the EoP generation and delivery/re-delivery of an electronic EoP notification to a nominated electronic address of the SoC or their representative for a GEP (including original and repeat authorisations) that was originally generated by that system. <i>Note: the request to deliver an electronic EoP notification to a SoC or their representative is requested either by connecting prescribing or dispensing system.</i> <i>Note: the request from the connecting prescribing or dispensing system will include a nominated electronic address of the SoC or their representative for the delivery of electronic EoP notification.</i>
DS-1506	The system SHALL provide a mechanism for a connecting dispensing system to request the re-delivery of an electronic EoP notification for the active repeat GEP associated with a previously dispensed prescription using the DSPID of the previously dispensed prescription. <i>Note: this supports consumers when are unable to locate the EoP of the active repeat, however able to access and present the EoP of the previously dispensed prescription to the dispenser and the dispenser can request the re-delivery of the EoP notification when an active repeat exists.</i>

Reference	Requirement
DS-1315	For an electronic EoP notification that is delivered to a nominated electronic address of the SoC or their representative, the system SHALL include only the following details in the electronic EoP notification content: • the initials of the SoC's name • medicine name (as entered by the prescriber) • medicine strength (as entered by the prescriber) • URI (for example, a URL) link to the EoP • barcode or QR code representing the DSPID • DSPID. <i>Note: the electronic EoP notification delivered to a nominated electronic address of the SoC or their representative must not contain information other than the information mentioned in this requirement.</i> <i>Note: if the SoC or their representative is unable to access the URI link due to network issues, the dispenser can manually enter the DSPID from the electronic EoP notification into the dispensing system to retrieve the electronic prescription.</i>
DS-1320	For an electronic EoP notification containing the URI link that is delivered to a nominated electronic address of the SoC or their representative, the URI link (accessible through web browser) SHALL include only the following details for an active electronic prescription: • the initials of the SoC's name • medicine name (as entered by the prescriber) • medicine strength (as entered by the prescriber) • medicine frequency • barcode or QR code representing the DSPID • DSPID • prescribed date • name of the prescriber or name of prescribing organisation • remaining number of repeat authorisations (if applicable) • electronic prescription status • PBS/RPBS or Private flag • privacy notice • the text: 'For prescription expiry information, please check with your pharmacy'. <i>Note: only the original medicine name and medicine strength value, as entered by the prescriber (not normalised or mapped strength values) is to be displayed on the EoP to support clinical safety and prevent misinterpretation.</i> <i>Note: include privacy notice in accordance with applicable privacy obligations.</i>

Reference	Requirement
DS-1325	An electronic EoP notification and EoP delivered to a nominated electronic address of a SoC or their representative SHALL NOT include commercial branding.
DS-1335	When displaying an electronic EoP in a web browser, the system SHALL follow the Web Content Accessibility Guidelines (WCAG) level AA. This makes EoPs easier to use for people with disabilities and those from different cultural and language backgrounds. <i>Note: For example, the EoP should support features like language interpretation services and larger font sizes.</i> <i>Note: the latest available recommended WCAG version should be applied when designing webpages.</i>
DS-9A	When a connecting system indicates that an electronic prescription has been sent directly to a pharmacy, the system SHALL NOT generate an EoP and send an electronic EoP notification to the nominated electronic address intended for the SoC's or their representative. <i>Note: prescribers indicate CBEPs on an EMC will be sent directly to a pharmacy using the connecting EMCS.</i> <i>Note: prescribers or dispensers indicate GEPs (both original and repeat authorisations) will be sent directly to a pharmacy using connecting general prescribing and dispensing systems.</i>

3.1.6 Privacy

Reference	Requirement
DS-25A	The system SHALL ensure that all collection, use, storage and disclosure of personal and sensitive electronic prescription information adhere with Australian Privacy Principles (APP 6) within the Privacy Act 1988.

3.1.7 Security

Reference	Requirement
DS-23	The system SHALL put in place necessary controls for managing 'OFFICIAL' data with a Protective Marking of 'OFFICIAL: Sensitive'.
DS-938	The system SHALL validate digital certificates. <i>Note: see Appendix B for further implementation guidance.</i>
DS-1000	The system hosting the electronic EoP webpage SHALL limit the number of queries submitted from a single endpoint to 10 queries per minute per endpoint. <i>Note: a single endpoint may include an IP address or device.</i>

3.1.8 Cryptography

Reference	Requirement
DS-1015	The system SHALL encrypt electronic prescription information assets in transit and at rest, using Australian Signals Directorate (ASD) approved cryptographic algorithms. <i>Note: this includes all transmissions of electronic prescription information over public networks.</i>

3.1.9 ASLR Integration

Reference	Requirement
DS-200	The system SHALL facilitate the exchange of prescription item information between the NPDS and the ASLR.
DS-1712	The system SHALL NOT share with the ASLR, GEP items (including original or repeat authorisation) that have been flagged as sent directly to a pharmacy. <i>Note: GEP items flagged as shared directly with a pharmacy for clinical safety, staged supply, or verbal authority purposes are not to be shared with the ASLR to prevent unintended access.</i>
DS-1709	The system SHALL NOT share with the ASLR, CBEP items from an EMC. <i>Note: all CBEP items are flagged as shared directly with a pharmacy for clinical safety reasons and are not to be shared with the ASLR to prevent unintended access.</i>
DS-344	When the system receives a request from the ASLR to share prescription information as part of ASL registration, the system SHALL share with the ASLR, prescription item information for all known prescriptions for that SoC only if all the following conditions are met: • the SoC or their representative consents to the pre-population of their ASL • the SoC or their representative, at the time of prescription creation, did not exercise their choice to keep the prescription information away from the ASL (even if the ASL was not active at the time) • the prescription is active (i.e. not cancelled/ceased, not expired, not disabled, or not already dispensed) • the prescription is not indicated to have been shared directly with a pharmacy

Reference	Requirement
DS-345	When the system receives prescription item information (including an original or repeat authorisation) from a connecting system, the system SHALL share with the ASLR, prescription item information for all known prescriptions for that SoC only if all the following conditions are met: • the SoC has an active ASL • the SoC or their representative did not exercise their choice to keep the prescription information away from the ASL • the prescription is not indicated to have been shared directly with a pharmacy
DS-380	The system SHALL NOT generate a DSIPD that links to or generates an EoP for a paper prescription. <i>Note: paper prescriptions cannot have an EoP.</i> <i>Note: the prescription information can be displayed in the ASL without the EoP. However, there must not be a dispense without the paper prescription.</i>

3.2 Active Script List Registry

The ASLR is a national service that supports and assists the SoC or their representative, with managing their active prescription information through the ASL capability, also known as MySL.

There is an expectation for the NPDS and ASLR to interoperate and exchange information in a non-disruptive and harmonious manner and the degree of co-operation between systems is a routine aspect of conformance testing.

Interpreting Status Requirements

Some requirements in this document refer to recording different statuses or states. These statuses are conceptual and can be shown either as the state itself or as its opposite. The aim is not to enforce a specific way of representing the status, but to make sure the intended meaning and outcome are clear.

Software developers can choose to implement the status as described, or use the opposite value, as long as the intent of the requirement is met. For example:

- “Add to ASL” can be set as ‘true’
- “Do not add to ASL” can be set as ‘false’ or left blank (null)

Software developers must refer to the NPDS technical interface specifications to ensure these concepts are implemented in a way that meets conformance requirements.

Note: When a requirement asks for a Boolean status (true/false), you can use either the value as described or its opposite, unless the requirement specifically says otherwise.

- *A value of ‘true’ means the item is present (for example, consent is given).*
- *A value of ‘false’ or ‘absent’ means the item is not present (for example, consent is not given).*

This approach gives flexibility in how systems are designed, as long as the intended outcome is achieved.

This profile refers to the following concepts:

- *A Subject of Care (SoC): The person for whom the medicines prescribed on the electronic prescription are intended.*
- *A Carer: An authorised individual who can register for and interact with the SoC’s ASL as if they were the SoC (e.g., a parent registering and managing ASL for their children).*
- *An Agent: An individual authorised by the SoC or the Carer to collect medicines on their behalf via their ASL. A SoC or the Carer may nominate an agent in their ASL.*

Primary Contact Point for ASL Notifications

This profile requires an ASL to have a single primary electronic contact point, such as a mobile number or email address. This contact point can belong to the person receiving

care (SoC) or their representative (who is supporting the SoC). The SoC or their representative can choose who this contact point will be to receive ASL notifications.

3.2.1 ASLR Authentication and Authorisation

Reference	Requirement
ASLR-270	The system SHALL receive prescription information from the NPDS only if the SoC's ASL has been activated. <i>Note: the ASLR must not be in possession of SoC's prescription information unless the SoC consents by activating their ASL.</i>
ASLR-343	The system SHALL NOT transact with a non-conformant connecting system. <i>Note: the connecting systems transacting with ASLR are NPDS, prescribing systems, dispensing systems and consumer-facing applications/intermediaries.</i> <i>Note: ASLR may transact with other national services, such as My Health Record (MHR), NPDS and any future national services, in accordance with applicable governance and integration requirements.</i>
ASLR-343A	For every transaction, the system SHALL verify that the connecting system's conformance ID is valid and active. <i>Note: every communication received by the system must contain a conformance ID and the system must verify that conformance ID is valid and active. The transaction is rejected if provided conformance ID is invalid.</i> <i>Note: every communication received by a consumer-facing application, both the conformance ID of the consumer-facing application and intermediary is verified.</i> <i>Note: ASLR may transact with other national services, such as My Health Record (MHR), NPDS and any future national services, in accordance with applicable governance and integration requirements</i>
ASLR-938	The system SHALL validate digital certificates. <i>Note: see Appendix B Implementation Advice for further implementation guidance</i>

3.2.2 ASL Registration and Management

ASL Assisted Registration and Management: The ASL assisted registration and management feature allows a SoC or their representative to register for an ASL with the support of an authorised user of an electronic prescribing conformant prescribing or dispensing system in accordance with ASL legislation and policy framework. Authorised users may assist with ASL registration and ongoing ASL management activities only when the SoC or their representative has provided relevant consent.

ASL Self Registration and Management: A SoC or their representative may choose to self-register a SoC for an ASL through a conformant consumer-facing application. Developers and implementers of conformant consumer-facing applications that provide

ASL self-registration access and management functionality should ensure these capabilities are designed in accordance with ASL legislation and policy framework and with useability and accessibility in mind.

Reference	Requirement
ASLR-210	The system SHALL support ASL assisted registration functionality provided by connecting prescribing and dispensing systems.
ASLR-395	If the system receives a request to register an ASL via self-registration through connecting consumer-facing applications/intermediaries, the system SHALL support the ASL self-registration for the SoC by validating SoC's IHI via the HI Service B2B webservice and not activate the ASL if that IHI validation process fails. <i>Note: the validation of IHI process must confirm the IHI is active and valid before completing the ASL registration for the SoC.</i>
ASLR-210A	For an ASL registration, system SHALL receive ASL registration information from a connecting prescribing, dispensing or consumer-facing application/intermediary system and SHALL only store the following SoC's information in the ASLR: • IHI number • legal family name • legal given name (if available) • date of birth • gender • Medicare card number and IRN (if available) • DVA number (if available) • residential address (if available) and SHALL store one and only one primary contact for SoC's ASL, as nominated by SoC or their representative through the ASL registration process, for administrative purposes: • mobile number; or • email address. <i>Note: the above attributes align to the attributes used by the HI Service when there is a need to validate an IHI.</i> <i>Note: it is important that the ASLR stores the SoC's data as communicated by connecting systems to maintain data integrity across systems.</i> <i>Note: see also ASLR-225, ASLR-235 and ASLR-230 for carers and agents.</i> <i>Note: the SoC or their representative needs to nominate, through the ASL assisted registration process, a primary contact that can receive ASL notifications.</i>

Reference	Requirement
ASLR-265	When the system receives a SoC's details for ASL registration and performing an ASL registration, the system SHALL obtain and record the SoC's or their representative's consent confirming their agreement to proceed with ASL registration before completing the ASL registration for the SoC. <i>Note: a nominated primary contact through the ASL assisted registration process is used to obtain ASL registration consent.</i>
ASLR-265A	When obtaining consent for ASL registration, the system SHALL provide the SoC or their representative access to the ASL registration Terms & Conditions and applicable privacy notice. <i>Note: this ensures SoC or their representative is informed of how their personal data will be collected, used, and managed by ASLR.</i>
ASLR-215	When the system receives a Carer's or Agent's details and registers the Carer or Agent in SoC's ASL, the system SHALL capture the Carer or Agent consent flag provided by the requesting prescribing and dispensing system before registering the Carer or Agent. <i>Note: the SoC or their representative is responsible for obtaining consent from the Carer or Agent and communicating this to the healthcare provider as part of the ASL assisted registration and management process.</i> <i>Note: the connecting prescribing or dispensing system will include a consent flag whenever Carer or Agent details are submitted to the ASLR.</i>
ASLR-220	When storing a Carer's or Agent's details, the system SHALL record within the ASLR whether an individual is a Carer or an Agent of the SoC. <i>Note: a 'Carer' and 'Agent' are different concepts and must be captured separately.</i>

Reference	Requirement
ASLR-225	The system SHALL support the registration of at least one Carer on the SoC's ASL and only store the following Carer's information in the ASLR: • family name • given name (if available) • address (if available) • relationship to SoC (if available) and MAY capture the Carer's contact details for administrative purposes, including: • mobile number • email address. <i>Note: the connecting prescribing or dispensing system will provide Carer details to the ASLR.</i> <i>Note: if the Carer is an organisation (e.g., residential aged care facility) then ASLR-235 applies.</i> <i>Note: the system must record the above attributes as separate attributes (i.e., not as a single text field) as future architecture may require this information to be discrete and ready to be validated for identity management purposes.</i>
ASLR-235	The system SHALL support the registration of an organisation name and details as a Carer for the SoC and only store the following organisation information in the ASLR: • organisation name • organisation address (if applicable) • name of organisation point of contact (if available) and MAY capture at least one of the contact details of the carer organisation below, for administrative purposes: • mobile number • email address. <i>Note: the connecting prescribing or dispensing system will provide Carer details to the ASLR.</i> <i>Note: community care organisations, such as a residential care facility, with the SoC's permission, can be nominated as a Carer for a SoC receiving care at that organisation. This enables the organisation to receive electronic notifications and provide site consent on behalf of the SoC.</i> <i>Note: the attributes specified in ASLR-225 do not apply to organisations as a Carer.</i>

Reference	Requirement
ASLR-230	The system SHALL support the registration of at least one Agent on the SoC's ASL, and only store the following Agent's information in the ASLR: • family name • given name (if available) • address (if available) • relationship to SoC (if available) <i>Note: the connecting prescribing or dispensing system will provide Agent details to the ASLR.</i> <i>Note: the system must record the above attributes as separate attributes (i.e., not as a single text field) as future architecture may require this information to be discrete and ready to be validated for identity management purposes.</i>
ASLR-250	The system SHALL support the subsequent update of the SoC's, Carer's and Agent's information that is registered in the ASL. <i>Note: the connecting prescribing or dispensing system will provide updated details to the ASLR.</i> <i>Note: the term 'update' includes add, remove and modify operations.</i>
ASLR-266	When details of the SoC or any registered Carer or Agent associated with a SoC's ASL are updated, the system SHALL send an electronic confirmation notification to the nominated primary contact of the SoC's ASL indicating the registered details have been updated. The electronic confirmation notification SHALL NOT contain any personal or identifiable details. <i>Note: an example notification content is 'The registered Carer details for your ASL have changed. If you did not request this change, contact a pharmacy for assistance'.</i> <i>Note: personal or identifiable information would include name, phone number, address, email address, pharmacy/clinic that made the change.</i>
ASLR-355	The system SHALL reject the request to delete, remove or erase the nominated primary contact details associated with an ASL. <i>Note: the ASLR supports the editing/updating of primary contact information.</i>

Reference	Requirement
ASLR-416	When the primary contact details associated with a SoC's ASL are updated, the system SHALL send an electronic confirmation notification to the previously nominated primary contact indicating the primary contact details have been updated. The electronic confirmation notification SHALL NOT contain any personal or identifiable details. <i>Note: an example notification content is: "The primary contact details for your ASL have changed. If you did not request this then contact a pharmacy for assistance".</i> <i>Note: personal/identifiable information would include name, phone number, address, email address, pharmacy/clinic that made the change.</i>

3.2.3 ASL Viewing

ASL Viewing for healthcare professional: ASL viewing access for healthcare professionals is controlled by the SoC or Carer. The ASL viewing feature allows authorised users of electronic prescribing conformant prescribing or dispensing systems, to request access and view a SoC's ASL through the SoC's assertion of identity and consent. The process is initiated through electronic consent notifications sent to the primary electronic address (such as SoC's or Carers mobile number) and authorised users can only access and view the SoC's ASL once the consent has been granted.

ASL Viewing for SoC or Carer: ASL viewing allows SoCs and Carers to view information about active prescriptions and manage how these items are displayed or made available within the ASL. It may also allow the SoC or Carer to hide/unhide a prescription item, controlling whether prescriptions are displayed to healthcare professionals who have been granted viewing access to the SoC's ASL.

Reference	Requirement
ASLR-275	The system SHALL provide a mechanism for the connecting prescribing and dispensing system to determine if the SoC has an active ASL.
ASLR-295	If the SoC has an ASL, the system SHALL provide a mechanism for the connecting prescribing or dispensing system to determine whether the healthcare provider organisation has been given site consent to access the SoC's ASL.

Reference	Requirement
ASLR-305	If the SoC has an ASL and a healthcare provider organisation (pharmacy or clinic) requesting to view that ASL has no active ASL site consent, then the system SHALL obtain and record the consent from the primary contact of the SoC's ASL confirming their agreement to proceed with authorisation of access for the healthcare provider organisation prior to granting ASL viewing access and the consent message SHALL include: - the name of the healthcare provider organisation, pharmacy or clinic requesting access (mandatory) - the name of the individual healthcare provider making the request (optional). <i>Note: The healthcare provider organisation name shown in the message should help the ASL primary contact identify which business is asking for access. How this information is displayed may vary depending on the system's design and available data.</i>
ASLR-280	The system SHALL provide a mechanism to view a SoC's ASL to a connecting prescribing or dispensing system only if all the following conditions are met: - the SoC has an ASL; and - the healthcare provider has site consent to access the SoC's ASL.
ASLR-285	The system SHALL provide a mechanism to view a SoC's ASL to a connecting consumer-facing application/intermediary only if all the following conditions are met: - the SoC has an ASL; and - the requesting consumer-facing application/intermediary has been granted access through the ASL linking process.
ASLR-320	When supporting ASL viewing functionality provided by connecting prescribing, dispensing and consumer-facing application/intermediary systems, the system SHALL only make available active prescription item information in an ASL. <i>Note: information relating to a barcode prescription can be displayed in the SoC's ASL. However, the system must ensure the dispensing cannot occur without the physical barcoded paper prescription.</i> <i>Note: information relating to prescription items that are flagged as hidden for prescribing or dispensing systems aren't made available for dispensing, the consumer-facing systems will be able to see hidden prescriptions (e.g., to allow the consumer the opportunity to unhide the prescriptions).</i> <i>Note: GEPs that are flagged for sending directly to a pharmacy (e.g., dosing points) are never shared with ASLR and they won't be made available for displaying in the ASL.</i> <i>Note: CBEPs are never shared with ASLR and they won't be made available for display in the ASL.</i>

Reference	Requirement
ASLR-85	When supporting ASL viewing functionality provided by connecting prescribing, dispensing and consumer-facing application/intermediary systems, the system SHALL NOT make available disabled, cancelled, ceased, expired or dispensed prescription item information in an ASL.
ASLR-315	When supporting ASL viewing functionality provided by connecting prescribing, dispensing and consumer-facing application/intermediary systems, the system SHALL provide at least the following to a connecting system for a SoC's ASL: For all registered Carers and Agents: • family name or organisation name • given name (if available) • address (if available) • relationship to SoC (if available). For each prescription item, the system SHALL provide: • name of the SoC • medicine name (as entered by the prescriber) • medicine strength (as entered by the prescriber) • date prescribed • name of the prescriber or name of prescribing organisation • number of repeat authorisations available (if applicable) • barcode or QR code representing the DSPID for a GEP item • DSPID • date last dispensed (if applicable) • an indication that prescription item is a barcoded paper prescription and dispensing cannot occur without the physical barcoded paper prescription. The system SHALL NOT provide: • medicine(s) direction • prescriber number and the system MAY provide: • contact details of the prescriber or prescribing organisation. <i>Note: the ASL intentionally contains limited information for GEP items to prevent a dispense from the ASL. Dispensers are required to download the full legal prescription from the NPDS before dispensing.</i>

3.2.4 ASL Linking

Conformant consumer-facing applications are available to support SoCs and Carers with ASL viewing and management activities. To access an ASL through a conformant consumer-facing application, the SoC or Carer will need to first link the consumer-facing application user account to their ASL using an 'ASL Linking Code'. This linking code can

be issued by an authorised user of a conformant prescribing or dispensing system, after verifying the SoC's identity.

Reference	Requirement
ASLR-1200	The system SHALL provide a mechanism for the connecting prescribing and dispensing system to request an ASL Linking Code.
ASLR-1200A	The system SHALL provide a mechanism for the connecting prescribing and dispensing system to request to invalidate an existing ASL Linking Code. <i>Note: following the invalidation of ASL Linking Code, connecting prescribing or dispensing system can subsequently request a new ASL Linking Code.</i>
ASLR-1200C	The system SHALL ensure that each new ASL Linking Code generated is unique and is not same as any previously generated ASL Linking Code that has been invalidated.
ASLR-1200B	When an ASL Linking Code is invalidated, the system SHALL NOT automatically remove any granted application user accounts on the SoC's ASL. <i>Note: connecting prescribing and dispensing system can request the ASLR to provide all granted application user account information for a SoC's ASL and request the removal of application user accounts at SoC's request.</i> <i>Related requirements: ASLR-1206, ASLR-1204</i>
ASLR-1201	When supporting ASL linking functionality provided by connecting consumer-facing application/intermediary systems, the system SHALL validate the ASL Linking Code provided by the requesting system is current and valid before granting the application user account access to a SoC's ASL.
ASLR-1201A	When supporting ASL linking functionality provided by connecting consumer-facing application/intermediary systems, the system SHALL permit a single ASL Linking Code to be reused to connect multiple application user accounts of the SoC until the ASL Linking Code is invalidated.
ASLR-1201B	When the system grants an application user account access to a SoC's ASL, the system SHALL record and maintain the following information within the SoC's ASL: • the application user account; and • the name of the connecting consumer-facing application that is associated with the user account <i>Note: connecting consumer-facing application/intermediary systems will share this information when submitting an ASL linking request to the ASLR.</i> <i>Note: recording and maintaining of this information supports ongoing access by the application user account</i>

Reference	Requirement
ASLR-1203	When the system grants an application user account access to a SoC's ASL, the system SHALL send an electronic notification to the primary contact of the SoC's ASL indicating that a new application user account has been granted access to their ASL. The electronic notification SHALL NOT contain any personal information.
ASLR-1206	The system SHALL provide a mechanism for connecting prescribing and dispensing systems to request for all granted application user account information for a SoC's ASL and for each application user account, the system SHALL provide the following information to the requesting systems: - the application user account (consider masking while still allowing the account to be uniquely identified) - name of the consumer-facing application that is associated with the user account.
ASLR-1204	The system SHALL provide a mechanism for the connecting prescribing and dispensing systems to request the removal of application user accounts that have been granted access to a SoC's ASL.
ASLR-1205	When the system removes an application user account access to a SoC's ASL, the system SHALL send an electronic notification to the primary contact of SoC's ASL indicating that an application user account access has been removed from their ASL. The notification SHALL NOT contain any personal information.
ASLR-941	The system SHALL provide a mechanism for the connecting prescribing and dispensing systems to discontinue a SoC's ASL. <i>Note: discontinued ASLs will no longer be accessible, and the data will be removed from the ASLR</i> <i>Note: SoC or their representative will need to register again if they wish to have an ASL.</i>

3.2.5 ASL Logging and Reporting

Reference	Requirement
ASLR-1400	The system SHALL retain logs in accordance with relevant legislation and regulations.
ASLR-1425	The system SHALL, on request, generate a file or files that contain the information captured in the logs. <i>Note: this requirement permits the generation of a file or files that can be shared or sent to authorised requestors.</i>

Reference	Requirement
ASLR-1450	The system SHALL maintain a log of access to a SoC's ASL, at system and at site level. The log SHALL include at least: • date and time (including time zone) of access • SoC's IHI number • outcome of access (success, access denied). For connecting prescribing and dispensing systems, the log SHALL include: • organisation or site ID • conformance ID of the requesting system. For connecting intermediaries and consumer-facing applications: • name of the user account • name of the connecting consumer-facing application • conformance ID of the requesting intermediary • conformance ID of the requesting consumer-facing application. <i>Note: logged access includes unauthorised access attempts.</i>

Reference	Requirement
ASLR-410	The system SHALL retain a log of all electronic ASLR management events, including: • registration • deregistration • consent from SoC • site-consent changes • updates to SoC or SoC representative information • updates to viewing authorisation • item hiding/unhiding • consumer-facing application linking. For each ASLR management event, the log SHALL include: • date and time (including time zone) of ASLR management event • SoC's IHI number • type of ASLR management event • ASLR management event details. For connecting prescribing and dispensing systems, the log SHALL include: • organisation or site ID • conformance ID of the requesting system. For connecting intermediaries and consumer-facing applications: • name of the user account • name of the connecting consumer-facing application • conformance ID of the requesting intermediary • conformance ID of the requesting consumer-facing application.

3.2.6 ASL Cryptography

Reference	Requirement
ASLR-1015	The system SHALL encrypt electronic prescription information assets in transit and at rest, using Australian Signals Directorate (ASD) approved cryptographic algorithms. <i>Note: this includes all transmissions of electronic prescription information over public networks.</i>

4 Acronyms and Abbreviations

Acronym/Abbreviation	Description
ACSC	Australian Cyber Security Centre
ADHA	Australian Digital Health Agency (the Agency)
AMT	Australian Medicines Terminology
ASD	Australian Signals Directorate
ASL	Active Script List
ASLR	med
CAs	Certificate Authorities
CBEP	Chart-Based Electronic Prescription
DISP	Dispensing System Conformance Requirements
DSPID	Delivery Service Prescription Identifier
EMC	Electronic Medication Chart
EMC ID	Electronic Medication Chart Identifier (Chart Identifier)
EMCS	Electronic Medication Chart System
EoP	Evidence of Prescription
EP	Electronic Prescribing
ETP1	Electronic Transfer of Prescriptions 1 (for computer generated barcoded paper prescriptions)
ETP2	Electronic Transfer of Prescriptions 2 (for electronic prescriptions)
GEP	General Electronic Prescription
GUPI	Globally Unique Prescription Identifier
IP Address	Internet Protocol Address
HCP	Healthcare provider
HI Service	Healthcare Identifiers Service operated by Services Australia
HI Service B2B	Healthcare Identifiers Service Business to Business
HPI-I	Healthcare Provider Identifier - Individual
HPI-O	Healthcare Provider Identifier - Organisation
IHI	Individual Healthcare Identifier

Acronym/Abbreviation	Description
MA	Consumer-Facing Application Conformance Requirements
MCPRES	Electronic Medication Chart System Conformance Requirements
MI	Consumer-Facing Intermediary Conformance Requirements
NPDS	National Prescription Delivery Service
OWASP	Open Web Application Security Project
PBS	Pharmaceutical Benefits Scheme
PKI	Public Key Infrastructure
PRES	General Electronic Prescribing System Conformance Requirements
QR Code	Quick-Response Code
RACFID	Residential Aged Care Facility ID
RPBS	Repatriation Pharmaceutical Benefits Scheme
SCID	Script Identifier
SoC	Subject of Care
SMS	Short Message Service
SNOMED CT-AU	Systematised Nomenclature of Medicine – Clinical Terms - Australia
URI	Uniform Resource Identifier
URL	Uniform Resource Locator

5 Glossary

Term	Meaning
Active electronic prescription	An electronic prescription is active in the NPDS and can be dispensed.
Active Script List (ASL)	The ASL is a prescription management system that provides the consumer with a way to view and manage their active electronic prescriptions and barcoded paper prescriptions. The ASL provides only a subset of prescription information, rather than the full details of each prescription.
Active Script List (ASL) Linking Code	An ASL Linking Code is a unique code generated for a SoC that enables the linking of their ASL to a consumer-facing application user account.
Active Script List Registry (ASLR)	The ASLR is a national service that provides ASL capability.
Agent (in ASL context)	An individual authorised by the SoC or the Carer to collect medicines on their behalf of the SoC.
Australian Medicines Terminology (AMT)	The reference set within SNOMED CT-AU that is the national, standards-based approach to the identification and naming of medicines in clinical systems for Australia.
Authorised prescriber or prescriber	A healthcare provider who is permitted under Commonwealth and jurisdictional regulations to prescribe medicines within their scope of practice and has been granted access to the Electronic Prescribing capability within the prescribing system that enables them to: • create a prescription record and submit it to the NPDS • update an electronic prescription (including correcting/cancelling/ceasing) in the NPDS
Authorised dispenser/pharmacist or dispenser/pharmacist	A healthcare provider who is permitted under Commonwealth and jurisdictional regulations to dispense medicines and has been granted access to the Electronic Prescribing capability within the dispensing system that enables them to: • create a dispense record and submit it to the NPDS • update electronic prescriptions (including cancelling/ceasing/disabling/adding annotations) in the NPDS • update dispense records (including reversal/cancellation) in the NPDS

Term	Meaning
Authorised user	An authorised user is an individual whose access to Electronic Prescribing system functions and operations is governed by role-based permissions and privileges within the system. Access is limited to activities appropriate to the user's professional role and scope of practice. Examples of authorised user groups include but are not limited to: • dispense technicians who may retrieve an electronic prescription from the NPDS for viewing only; or to create a 'draft' dispense record for the pharmacist to finalise and authorise; or view ASL or support ASL registrations. • nurses (or other healthcare professionals) who may retrieve an electronic prescription from the NPDS for viewing only; or create 'prescription records' under prescriber instructions for subsequent review, authorisation, and signing by the prescriber • pharmacists who may create 'draft' prescription records for review, finalisation, and authorisation by an authorised prescriber. • system administrators who manage system user accounts (i.e., create/delete user accounts).
Cancelled electronic prescription	An electronic prescription may be cancelled by an authorised prescriber or an authorised dispenser/pharmacist who is directly involved in the care delivery for a SoC, for a valid reason and in accordance with applicable professional standards, legislation, and regulations. Cancellation is an action performed by an authorised healthcare provider when no dispense events have occurred against the electronic prescription. A cancelled electronic prescription is no longer valid and can no longer be dispensed. A cancelled electronic prescription cannot be re-activated.
Carer (in ASL context)	An authorised individual who can register for and interact with the SoC's ASL as if they were the SoC (e.g., a parent registering and managing ASL for their children).
Ceased electronic prescription	An electronic prescription may be ceased by an authorised prescriber or authorised dispenser/ pharmacist who is directly involved in care delivery for a SoC, for a valid reason in accordance with professional standards, legislations and regulations. Ceasing is an action that may be taken at any time during the prescription lifecycle when an authorised healthcare professional intends to cease a medicine. A ceased electronic prescription is no longer valid and can no longer be dispensed. A ceased electronic prescription cannot be re-activated.
Chart-based electronic prescriptions (CBEP)	An electronic prescription that is generated on an EMC using a conformant EMCS and submitted to the NPDS. A CBEP is a legal instrument that includes all medicine details the pharmacy needs to supply the medicine. When dispensing a CBEP, the authorised dispenser/pharmacist will review the SoC's whole EMC as part of the clinical and dispensing workflow.
Conformance	A measurement (by testing) of the adherence of an implementation to a specification or standard.

Term	Meaning
Conformance Identifier (ID)	A unique text string of up to 36 printable characters consisting of a text string representing the product name, a single character delimiter (' ') and an alpha-numeric string representing the software product version. The Conformance ID is used to uniquely identify the version of the software system which achieved conformance. Conformance IDs are declared to and approved by the Agency and remain confidential.
Conformant consumer-facing application	A conformant consumer-facing application is an application that has been formally assessed for electronic prescribing conformance requirements, enabling it to be used by consumers to engage with electronic prescriptions. Consumer-facing applications provide users with the ability to manage electronic prescriptions via personal electronic devices. This may be a mobile or web application.
Conformant dispensing system	A conformant dispensing system is a pharmacy dispensing software system that has been formally assessed for electronic prescribing conformance requirements, enabling it to be used by authorised dispensers/pharmacists to access electronic prescriptions from the NPDS.
Conformant intermediary	A conformant intermediary is an intermediary that has been formally assessed for electronic prescribing conformance requirements, enabling it to be used by consumer-facing applications to access all functionalities provided through/by the NPDS or ASLR. This may also be known as a 'conformant consumer-facing application intermediary'.
Conformant prescribing system	A conformant general prescribing system or a conformant EMCS system.
Conformant general prescribing system	A conformant general prescribing system is a clinical prescribing software system that has been formally assessed for general electronic prescribing conformance requirements, enabling it to be used by authorised prescribers to generate and transmit general electronic prescriptions to the NPDS.
Conformant electronic medication chart system	A conformant electronic medication chart system is a clinical prescribing software system that has been formally assessed for electronic medication charting system conformance and legislative requirements, enabling it to be used by authorised prescribers to generate and transmit chart-based electronic prescriptions to the NPDS.
Consumer	A SoC or SoC's representative
Delivery Service Prescription Identifier (DSPID)	Unique identifier that identifies the electronic prescription within the NPDS. If applicable, this identifier may change through the prescription lifecycle (e.g., a unique DSPID will be generated for an original GEP and a different DSPID for each subsequent repeat authorisation). The DSPID may also be referred to as SCID.
Disabled electronic prescription	An electronic prescription that has been temporarily placed on hold by a pharmacist, which cannot be accessed and dispensed by other dispensing systems or cannot be accessed and corrected/cancelled/ceased by any prescribing system until re-enabled.

Term	Meaning
Dispense Record	The required data elements are stored electronically in the NPDS in accordance with relevant legislation, regulations, and Conformance Profiles. These data elements constitute a legal dispense record for traceability, auditing and operational processes.
Dispense Reversal (or Reverse)	An operation performed to undo a previously completed dispense transaction within the electronic prescribing workflow. A dispense reversal effectively cancels the dispense record (including cancellation of active repeat authorisations generated at the point of dispense, if applicable) and reactivates the EoP associated with the dispense record for future dispensing. It is not the same as prescription cancellation; it applies to dispense records and typically involves sending a dispense reversal message to the NPDS and updating the prescription status to allow future dispensing. Notes: 1. if an active repeat authorisation generated at the point of dispense is cancelled as part of the dispense reversal, the number of remaining repeat authorisations prior to the dispense will be reinstated 2. if the dispense reversal is for a CBEP with multiple supplies, the number of remaining supplies prior to the dispense will be reinstated.
Dispensed electronic prescription	An electronic prescription has been supplied successfully and is no longer available for dispensing.
Dispensing Software Conformance ID	The conformance identifier of a software system used to dispense an electronic prescription or generate a repeat authorisation.
Electronic Medication Chart System (EMCS)	Any system or set of systems that performs electronic medication charting functions and generates prescription record for chart items.
Electronic Medication Chart (EMC)	An EMC is a structured record that lists all of a SoC's medications, including dosages, schedules, and instructions, to ensure safe and accurate administration. EMC is used for charting CBEPs, medication orders, supply orders/supply requests.
Electronic Medication Chart review	A periodic review process that enables authorised users to review the EMC for a SoC ensuring SoC receives medicines in line with their treatment plan and goals.
Electronic Medication Chart Identifier (chart identifier)	Unique identifier which groups one or more CBEPs from the same EMC.

Term	Meaning
Electronic Prescribing (EP)	The process by which a prescription is electronically generated by an authorised prescriber, authenticated with an electronic signature, securely transmitted to the NPDS for dispensing and supply, downloaded by a dispenser/pharmacist, seamlessly integrated into the dispensing software and, in the case of Australian Government subsidised prescriptions, available to be electronically sent to the Services Australia for claiming purposes under the PBS/RPBS regulations. Notes: 1. This definition does not preclude the use of paper processes to support electronic prescribing activity. 2. Repeat authorisation records uploaded to the NPDS by a dispenser/pharmacist are not electronic repeat authorisations unless the original prescription was generated by an authorised prescriber as an electronic prescription.
Electronic prescribing capability	Electronic prescribing capability enables the prescribing and dispensing of medicines without the need for a paper prescription. It supports the creation, transmission, dispensing and management of electronic prescriptions and electronic prescription information using conformant prescribing, dispensing and consumer-facing application/intermediary systems, facilitated through the NPDS and ASLR.
Electronic prescription	An electronic prescription (GEP or CBEP) is generated electronically by an authorised prescriber in a conformant general electronic prescribing system or conformant EMCS, authenticated, securely transmitted to the NPDS for dispensing and supply, integrated into the pharmacy dispensing software and, in the case of PBS/RPBS prescriptions, available to be sent electronically to Services Australia for PBS/RPBS claiming purposes. Notes: The terminology electronic prescription is used in the conformance profile where a requirement is applicable to both GEP and CBEP.
Electronic prescription information assets	An identifiable collection of data stored in any manner relating to the electronic prescribing system. This includes, but is not limited to, personal and sensitive information, health record information and any information relating to prescribing and dispensing events.
Electronic prescription notification record	The required data elements of the prescription shared by the NPDS that is stored electronically in the NPDS to facilitate electronic prescription notifications (e.g. SMS/emails). These notifications inform the SoC/their representative or dispenser/pharmacist of the presence of an electronic prescription.
Electronic transfer of prescription (ETP1)	The process whereby prescribing systems pass an electronic representation of a paper prescription to the NPDS, which is available for download by dispensing systems in support of dispensing a paper prescription.
Electronic transfer of prescription (ETP2)	The process whereby prescribing systems submit the electronic prescription to the NPDS which is available for download by dispensing systems in support of dispensing without the need for a paper prescription.

Term	Meaning
Evidence of Prescription (EoP)	EoP for GEPs are provided to the SoC/their representative as evidence that an electronic prescription was created for that SoC. It will contain a barcode/QR code or URI to discover and retrieve the electronic prescription. CBEPs contain a barcode/QR code or URIs but do not contain EoPs. EoPs for electronic prescriptions must not resemble a legal paper prescription as it is illegal to supply a pharmaceutical benefit from only the EoP.
Exhausted electronic prescription	The electronic prescription has not reached its expiration date, however, has exhausted the authorised number of repeat authorisations/supplies and is no longer available for dispensing.
Expired electronic prescription	An electronic prescription (including any repeat authorisations) which has reached its expiration date as per the relevant legislation, with or without being dispensed, and is no longer valid and cannot be dispensed.
General electronic prescription (GEP)	Electronic prescription created by conformant general electronic prescribing systems for community, outpatient or discharge prescriptions and submitted to the NPDS. A GEP is a legal instrument that includes all medicine details the pharmacy needs to supply the medicine.
Globally Unique Prescription Identifier	A distinct non-repeating identifier assigned to an electronic prescription when it is created and persists for all its repeat authorisations (if applicable).
Healthcare organisation	An entity or part of an entity that provides healthcare.
Individual Healthcare Identifier (IHI)	An Individual Healthcare Identifier (IHI) is a unique number used to identify an individual for health care purposes, in Australia.
Intermediary as a service	Service that enables other consumer-facing applications to connect to the NPDS and ASLR.
Item	Prescription information AND a EoP. This also applies to repeat authorisations.
Electronic Prescription Lock	A state applied by the NPDS to an active electronic prescription when retrieved by a dispensing system to prevent other dispensing systems from retrieving it. Multiple dispensing systems retrieving an active electronic prescription in parallel may result in a duplicate dispense.
MAY	When appearing in a conformance requirement, the verb MAY indicates an optional requirement.
Medicine or medication	A substance you take to treat an illness, treatment or for the prevention of illnesses and injuries.
National Clinical Terminology Service (NCTS)	Responsible for managing, developing and distributing national clinical terminologies and related tools and services to support the digital health requirements including being the Australian National Release Centre for SNOMED CT® on behalf of SNOMED International, National Clinical Terminology Service - National Clinical Terminology Service

Term	Meaning
National Prescription Delivery Service (NPDS)	The NPDS is a national service that enables electronic transfer of prescription information between conformant systems. It provides the mechanism to ensure all prescription information is communicated accurately and securely, supporting safe and efficient supply of medicines.
National Prescription Delivery Service (NPDS) Operator	The operator of the NPDS who provides managed services for the operations of Electronic Prescribing.
Paper prescription	A printed prescription that has been physically signed by a prescriber or a computer-generated barcoded paper prescription
Personal and sensitive information	Personal information is information about an individual. Sensitive information is personal information that has a higher level of privacy protection than other personal information. See https://www.oaic.gov.au/privacy/guidance-and-advice/what-is-personal-information
Prescribing Organisation	A healthcare organisation that supports prescribing of medicines under relevant regulations.
Prescription record	The required data elements are stored electronically in the NPDS in accordance with relevant legislation, regulations, and Conformance Profiles. Together, these data elements constitute a legal prescription and serve as the instrument for the supply of medicines, as well as for supporting clinical safety and operational processes.
Prescription Software Conformance ID	The conformance identifier of a software system used to create an electronic prescription.
Public network	A type of network wherein anyone, namely the general public, has access and through it can connect to other networks or the Internet.
Representative	An individual authorised by the Subject of Care to support them in receiving care.
SHALL	When appearing in a conformance requirement, the verb SHALL indicates a mandatory requirement. Its negative form SHALL NOT indicates a prohibition.
SHOULD	When appearing in a conformance requirement, the verb SHOULD indicates a recommendation. Its negative form SHOULD NOT indicate an option that should not be supported.
Site consent	The SoC provides consent for a site to view the SoC's ASL. The site might be a pharmacy, clinic, franchise or other organisation that would benefit from viewing the ASL.
Subject of Care (SoC)	The person for whom the medicines prescribed on the electronic prescription are intended.

Term	Meaning
Suspended electronic prescription	The CBEP is placed in a suspended status when a required EMC review has not been completed on time. A suspended electronic prescription cannot be accessed and dispensed. It will only be reactivated once an authorised prescriber completes the outstanding EMC review.

Appendix A References

Reference	Full Citation
[ACSQHC2017]	<i>National Guidelines for on-screen display of Medicines Information</i> , Australian Commission on Safety and Quality in Healthcare, December 2017
[AGENCY2023]	<i>Electronic Prescribing - Connecting Systems Conformance Profile v3.0.1</i> , Australian Digital Health Agency, November 2023
[AGENCY2024]	<i>Electronic Prescribing - General Prescribing Systems and Other Connecting Systems Conformance Profile v3.0.1</i> . Australian Digital Health Agency, September 2024

Appendix B Implementation Advice

Breached Credential Service	Services exist that allow for the checking of user credentials and whether they have been exposed within a security breach. These services differ from simple credential checking as they do not just use an algorithm; they use a database of known breached credential information. These services are highly effective at reducing compromises to systems that only use single factor for authentication such as username/id and password. However, they should be used in conjunction with other controls such as Multi-factor Authentication mechanisms, since breached credential lists are only updated when the credential breaches are discovered by the breached credential service operators. Several industries perform this check on their customer accounts at registration and credential change as a good control against password spray and other security attacks. Some useful guidance links include: ○ 2019-130: Password spray attacks – detection and mitigation strategies [ACSC2019] ○ Creating Strong Passphrases [ACSC2021b] One way to check your credentials is by using the service '<i>Have I been Pwned</i>'. This service is referred to by ACSC and has an API for cloud use or a method for offline use that requires manual syncing to the resource. A risk-based approach should be used to determine how often an organisation should update their breached credential list if they choose the offline method. API: https://haveibeenpwned.com/API/v3. Password Lists: https://haveibeenpwned.com/Passwords.
Digital Certificate Validation	Implementation advice for the validation of PKI certificates and use of PKI Certificate Authorities (CAs): • It is recommended that software developers are using CAs and certificates which implements Certificate Transparency (CT), except when NASH certificates are used. • The National Authentication Service for Health (NASH) is a PKI that was established for healthcare in Australia and is highly recommended as a PKI solution, (refer https://www.servicesaustralia.gov.au/national-authentication-service-for-health). Useful links: • RFC5280: Technical detail for certificate validation (https://www.ietf.org/rfc/rfc5280.txt) • National Institute of Standards and Technology (NIST) provided resources for testing PKI implementations, including certificate validation and path checking https://csrc.nist.gov/projects/pki-testing

Encryption of data at rest	Use strong encryption to safeguard sensitive data, both when stored and when transmitted. All prescription and patient data must be protected with encryption algorithms and protocols approved by the Australian Government specifically the Australian Signals Directorate (ASD). Encryption is a foundational control to ensure that even if data is intercepted or stolen, it remains unintelligible. Mandatory encryption of health information is a de-facto requirement under many frameworks due to protection of data confidentiality and integrity.
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