

25 September 2026

Australian Commission on Safety and Quality in Health Care
Level 5, 255 Elizabeth Street
Sydney NSW 2000
By email: NSQHSSThirdEdition@safetyandquality.gov.au

Dear Sir/Madam

NSQHS Standards (third edition) – Consultation 2 – Submission

Cannabis Council Australia (CCA) welcomes the opportunity to comment on the initial draft of the third edition of the National Safety and Quality Health Service (NSQHS) Standards.

Cannabis Council Australia (CCA) is the national peak body for medicinal cannabis, representing licensed producers, prescribers, pharmacists and other health professionals. CCA's purpose is to support a sustainable medicinal cannabis sector that achieves safe, affordable and equitable access to medicinal cannabis healthcare for Australians who may benefit — through evidence-based practice, sound clinical governance and nationally consistent standards.

Healthcare involving access to medicinal cannabis products

As the ACSQHC is aware, the majority of medicinal cannabis products prescribed at scale across Australia are unapproved therapeutic goods, accessed through the Therapeutic Goods Administration's Special Access Scheme and Authorised Prescriber pathways. Prescribing occurs across a wide range of settings — public, private, and via in person and/or virtual consultations. Prescribers comprise medical doctors (specialist and non-specialist) and nurse practitioners.

CCA has called for, welcomes and is actively engaged in a review of the regulatory framework underpinning patient access to healthcare that involves medicinal cannabis. CCA has proposed a patient-centred safety and quality framework to inform such regulatory reform with the objective of improving product safety and quality, strengthening clinical governance and building the evidence base for health care involving medicinal cannabis. It is with this forward-looking perspective that we offer the following high-level comments for the Commission's consideration.

Standards restructure

CCA congratulates the Commission on its approach in restructuring and revising the Standards in a manner that better reflects evolving modes of health care delivery, the role of research in health care delivery, workforce pressures, new models of care, increasing use of digital technologies and a greater focus on how patients experience their health care. CCA notes the Standards drive a greater focus on integrated care and cultural safety.

Patient experience: recognition of stigma, distinct from bias

Healthcare involving medicinal cannabis continues to attract a significant amount of stigma. This has presented real challenges in pursuing standard pharmaceutical research and development pathways that build the evidence base underpinning its value as a therapeutic good.

CCA notes the initial draft of the Standards addresses bias, discrimination and racism at several points. However, bias and stigma are distinct constructs: bias concerns the judgements, decisions and conduct of the workforce, while stigma concerns the patient's own experience — anticipation of negative treatment, internalisation of stereotypes, and the effect this has on whether a person seeks and continues care.

This distinction is material to many types of healthcare where patients may experience stigma independent of the underlying condition being treated. CCA recommends that stigma be named explicitly and addressed as a distinct concept from bias in the final Standards.

Digitally enabled care

Given the range of settings and practitioners that may be involved in a patient's care — which in the case of medicinal cannabis prescribing includes a significant share delivered via telehealth — CCA welcomes the draft Standards' emphasis on interoperability with national digital health infrastructure.

Healthcare integration and development of virtual care standards

Telehealth is now a well-established way of delivering health care, throughout the Australian health care system in a wide variety of settings, and is highly valued by patients, their families and clinicians. Single-purpose medicinal cannabis telehealth clinics first emerged to solve an access problem, as early-adopter prescribers were distributed across Australia. They are just one example of how health care in Australia is changing, and of its shift toward digitally enabled models.

CCA welcomes the forthcoming development of Virtual Care Standards to supplement the Standards, and looks forward to actively engaging in the process of their development to better integrate healthcare delivered via telehealth, such as that involving medicinal cannabis, in support of improved continuity of care for patients.

CCA would welcome further engagement with the Commission on any of the matters raised in this submission and the opportunity to discuss how its reform framework aligns with the purpose of the Standards.

To organise a meeting, please contact me via lisa.penlington@cannabiscouncil.org.au or on 0417 494 099. In the meantime, thank you for the opportunity to respond to this consultation.

Yours sincerely,



Lisa Penlington
Chief Executive Officer