Jurisdictional differences in training and registration requirements for Medication Assisted Treatment for Opioid Dependence: A review of publicly available documents

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Introduction: *Opioid dependence treatment (ODT) with methadone and buprenorphine reduces opioid-related harms and mortality. In Australia, prescriber training and authorisation requirements are governed by jurisdictional policies that may create barriers to care and limit treatment access, with limited understanding of national consistency. This study mapped Australian ODT prescriber training and authorisation frameworks to identify jurisdictional variations and workforce implications*

Method: *A desktop review of publicly available legislation, policies, guidelines, and training resources from all Australian jurisdictions was conducted as of 19 March 2026. Data were extracted into a comparative framework examining eligibility, curriculum, assessment, authorisation, refresher requirements, delivery modes, clinical placements, incentives, and prescribing limits.*

Key Findings: *Substantial variation existed in training and authorisation requirements across jurisdictions. Training ranged from brief online modules (~3 hours) to programs requiring supervised clinical placement and examinations. NSW, ACT, and Tasmania included more structured competency pathways, while some jurisdictions allowed limited buprenorphine/naloxone prescribing without training or accreditation. Clinical placements were mandatory in some states but not others. Refresher and renewal requirements also varied, with only some jurisdictions mandating periodic retraining. Financial and workforce incentives were inconsistent and mainly targeted rural and regional programs. Training commonly focused on clinical assessment, dosing, risk management, and regulatory compliance.*

Discussions and Conclusions: *Marked jurisdictional heterogeneity exists in ODT prescriber training and authorisation systems. Variability in competency requirements, and accreditation may contribute to inequitable workforce distribution, service quality, and inconsistent treatment access. Simplifying training requirements and improving national harmonisation may strengthen workforce capability and support equitable ODT provision.*

Implications on communities, practice, policy and/or First Nations communities: *Standardised, flexible, and culturally safe training pathways may improve patient access and quality of care, particularly in rural and underserved communities. Embedding First Nations health priorities within training frameworks may support more culturally responsive opioid treatment services nationally.*

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