Guidelines on practice-specific issues

Pharmacy Board of Australia

0325 09/10

Pharmacy Board of Australia

Contents

Pharmacy Board of Australia

Introduction

These guidelines have been developed by the Pharmacy Board of Australia (the Board) under section 39 of the *Health Practitioner Regulation National Law Act* (the National Law) as in force in each state and territory. The guideline provides guidance to those registered in the profession in relation to a matter of professional practice, not set down in the legislation or a registration standard, which can be used in proceedings under the National Law as evidence of what constitutes professional conduct or practice for the health profession. The relevant sections of the National Law are attached.

Who needs to use these guidelines?

These guidelines are developed to provide guidance to registered pharmacists or those seeking to become registered pharmacists. They apply to all pharmacists registered in the following categories:

- general
- provisional
- limited

These guidelines do not apply to students; however, students should become familiar with these guidelines prior to undertaking supervised practice placements.

In addition to complying with these guidelines, pharmacists are encouraged to maintain an awareness of the standards published by the profession and relevant to their area of practice and category of registration. In considering notifications (complaints) against pharmacists, the Board will have regard to relevant professional practice and quality-assurance standards, depending on the nature of the matter under consideration. Standards should be accessed on the websites of the professional bodies:

- Pharmaceutical Society of Australia (PSA)
- The Society of Hospital Pharmacists of Australia (The SHPA)
- The Pharmacy Guild of Australia (The PGA)

Note: As part of the agreement by the Council of Australian Governments to provide for the National Law, ownership of pharmacies, regulation of premises, inspections and related matters do not form part of the National Law, and each jurisdiction will have separate legislation and guidelines for these purposes.

Pharmacists must comply with all legislation relevant to the practice of pharmacy in the jurisdiction in which the specific services outlined in these guidelines are provided or where issues occur.

Summary of guidelines

These guidelines address miscellaneous subjects and settings facing pharmacists with particular reference to drugs of abuse. As patterns of drug abuse change over time, the content of these guidelines is expected to be revised as needed.

Guidelines

1 References

Up-to-date works of reference are essential to the practice of pharmacy and must be readily accessible to pharmacists.

Guidelines

Pharmacists must be able to readily access contemporary works of professional reference in either conventional or electronic forms. The information is to be immediately available to the pharmacist during the clinical assessment, reviewing, dispensing and counselling processes.

The Board's website includes an up–to-date list of essential references.

The *Australian Pharmaceutical Formulary and Handbook* includes Internet addresses on a wide variety of subjects.

All Australian, State and Territory acts and regulations, and a number of additional references are accessible on the Internet.

In addition to accessing the references listed in these *Guidelines* during the clinical assessment, reviewing, dispensing and counselling processes, pharmacists should use additional references relevant to their area of practice. Consideration should also be given to accessing reference material which provides information in the Australian context. Pharmacists may also need to use more than one reference to ensure that all current and relevant information is accessed.

While it is the pharmacy owner's responsibility to provide the resources, it is the responsibility of the pharmacist to ensure prescribed references are readily available and accessed when required. As part of the premises approval process, State or Territory pharmacy premises authorities may prescribe particular references in addition to those shown on the Board's website.

2 Drugs of abuse

As part of their continuing professional knowledge, pharmacists are expected to have a contemporary knowledge of the drugs that are subject to abuse or misuse, both generally and in their own localities.

Guidelines

Keeping abreast of the Australian professional literature, and the public media and engagement with colleagues is strongly recommended.

Requests for drugs to which this policy relates are to be treated circumspectly because of manipulative behaviour on the part of drug seekers. A genuine therapeutic need is to be established by careful questioning. A pharmacist supplying potential drugs of abuse to a patient must comply with all relevant State or Territory, and Commonwealth legislation, Pharmacy Board of Australia *Guidelines for Dispensing of Medicines*, and established practice and quality assurance standards.

Evidence of any developing trend in the use of drugs of abuse should be communicated to the authorities, such as the State or Territory health authority, and to colleagues and professional bodies.

3 Pseudoephedrine

Pseudoephedrine is used as a precursor in the illicit manufacture of amphetamines. It is extracted from products in which pseudoephedrine is the sole active ingredient or is one of several active ingredients. Extra obligations, which vary between States and Territories, devolve on pharmacists in managing requests to supply products containing it.

Guidelines

Requests for pseudoephedrine are to be treated circumspectly because of manipulative behaviour on the part of drug seekers. A genuine therapeutic need is to be established by careful questioning, including when requested on prescription.

Only one package is to be supplied at a time unless there are exceptional circumstances, documentation of which should be kept. The sale of multiple packs of pseudoephedrine-containing products (other than in exceptional circumstances but including on prescription) and failure to comply with the local regulations applying to Schedule 3 (pharmacist only) medicines and these guidelines may be considered as unprofessional conduct.

Pharmacists should ensure that stock levels are kept to no more than one week's supply and any reserve stock is to be kept out of public view.

Suspicious requests for pseudoephedrine products should be communicated to that section of the police that deals with drug crimes.

The Board endorses the use of Project STOP as a means of assisting the pharmacist in determining whether pseudoephedrine should be supplied when a person requests it. All purchases, including those on prescription, should be entered on Project STOP.

4 Supply of Schedule 2 poisons (pharmacy medicines) and Schedule 3 poisons (pharmacist only medicines)

In addition to any statutory requirements, the Board has regard to the *Standards for the Provision of Pharmacy Medicines and Pharmacist Only Medicines in Community Pharmacy* (produced by PSA) any substance-specific protocols and quality-assurance standards.

Guidelines

Staff members need to be trained to ask specific questions of intending purchasers of Schedule 2 and Schedule 3 medicines, and any queries that arise from the person's response should be referred to a pharmacist.

The particular statutory obligations on the supply of Schedule 3 medicines must be observed. The pharmacist must be satisfied that there is a therapeutic need. This means more than agreeing to supply the medicine on request, or merely asking patients if they have used the medicine previously and know how to use it.

Only one package is to be supplied at a time unless there are exceptional circumstances, documentation of which ideally should be kept. The sale of multiple packs of Schedule 2 or Schedule 3 medicines (other than in exceptional circumstances), and failure to comply with local jurisdiction regulations applying to Schedule 2 and Schedule 3 medicines and these guidelines may be considered as unprofessional conduct.

5 Complementary and alternative therapy when practised by pharmacists

A pharmacist who is acting in the capacity of an alternative therapies consultant is to carry out this function as separate and distinct from the practice of pharmacy in approved-pharmacy premises.

Guidelines

A pharmacist in a pharmacy-approved (under State or Territory) pharmacy premises authority and practising complementary and alternative therapies, such as naturopathy, homoeopathy or herbal medicine that involve a private consultation with a client, is to do so in a room that is:

- separate from the dispensary, general trading and professional service areas
- approved by the State or Territory pharmacy premises authority.

- Another pharmacist is to be in charge of the pharmacy when the first pharmacist is acting as a complementary or alternative therapist.

The supply of complementary medicines and any accompanying advice in the ordinary course of pharmacy practice does not imply that the pharmacist is practising complementary medicine.

6 Allied health, and complementary and alternative therapy when practised by other persons in the pharmacy

The dispensing of medicines and any advice by the employees of a pharmacy business are responsibilities of the proprietors and individual pharmacists.

Guidelines

Pharmacists need to ensure that allied health practitioners, and complementary and alternative therapy practitioners who are employees of a pharmacy business do not compound or otherwise dispense any medicines at the pharmacy, use any dispensing labels relating to the pharmacy or maintain exclusive records.

Subject to State or Territory pharmacy-authority approval, a pharmacist may rent or lease consulting rooms in a pharmacy to allied health practitioners, and complementary and alternative therapy practitioners, provided the person is not an employee of the pharmacy business. In such a case, the person must use labels unrelated to those of the pharmacy.

The Board has regard to any professional practice standards and guidelines relating to the employment of allied health practitioners in pharmacies.

7 Screening and risk assessment

This guideline relates to pharmacists providing in-pharmacy monitoring through fingerprick blood collection, blood pressure and peak flow measurements.

Guideline

Pharmacists who conduct screening and risk assessment tests are expected to follow established practice and quality-assurance standards, including the relevant guidelines issued by PSA.

8 Substances not approved for human use in medicines

Manufacturers of analytical reagents (ARs) do not usually sanction the use of their products for therapeutic use, despite the implicitly high level of purity.

Guidelines

Pharmacists should only supply or use after careful consideration, chemicals and other substances for therapeutic purposes that have not been approved by Australian health authorities for use in humans. When pharmacists use such substances in a medicine, it is prudent to keep records of the supply to and from the pharmacy.

9 Supply of tobacco and alcohol products

Guideline

The sale or supply of tobacco products, alcoholic beverages, home brewing or alcohol distilling kits by a pharmacist is inconsistent with the practice of pharmacy and is considered as unprofessional conduct within the meaning of the National Law.

Review

These guidelines apply from 12 August 2010. The Board will review these guidelines at least every three years.

Last reviewed: 30 August 2011

Attachment 1

Extract of relevant provisions from the *Health Practitioner Regulation National Law Act* as in force in each state and territory

Part 5, Division 3 Registration standards and codes and guidelines

Section 39. Codes and guidelines

A National Board may develop and approve codes and guidelines—

(a) to provide guidance to the health practitioners it registers; and

(b) about other matters relevant to the exercise of its functions.

Example. A National Board may develop guidelines about the advertising of regulated health services by health practitioners registered by the Board or other persons for the purposes of section 133.

Section 40. Consultation about registration standards, codes and guidelines

(1) If a National Board develops a registration standard or a code or guideline, it must ensure there is wide-ranging consultation about its content.

(2) A contravention of subsection (1) does not invalidate a registration standard, code or guideline.

(3) The following must be published on a National Board's website—

(a) a registration standard developed by the Board and approved by the Ministerial Council;

(b) a code or guideline approved by the National Board.

(4) An approved registration standard or a code or guideline takes effect—

(a) on the day it is published on the National Board's website; or

(b) if a later day is stated in the registration standard, code or guideline, on that day.

Section 41. Use of registration standards, codes or guidelines in disciplinary proceedings

An approved registration standard for a health profession, or a code or guideline approved by a National Board, is admissible in proceedings under this Law or a law of a co-regulatory jurisdiction against a health practitioner registered by the Board as evidence of what constitutes appropriate professional conduct or practice for the health profession.