



22 December 2009

The Hon John Hill MP
Chair, Australian Health Workforce Ministerial Council
Minister for Health
GPO Box 2555
ADELAIDE SA 5001

Dear Minister

Proposals for Ministerial Council approval

I am pleased to submit the attached proposals from the Pharmacy Board of Australia on mandatory registration standards.

The proposals for registration standards are submitted in line with schedule 7, clause 30 of the *Health Practitioner Regulation National Law Act 2009* (Qld) (the National Law).

The proposals submitted relate to:

- criminal history registration standard
- English language requirements registration standard
- professional indemnity insurance arrangements registration standard
- continuing professional development registration standard
- recency of practice registration standard
- supervised practice standard, and
- examinations for general registration standard.

Common minimum registration standards across all boards are proposed for criminal history matters.

The proposals have been subject to wide-ranging consultation as required in relation to registration standards by section 40 of the National Law, and comments have been received from the sector, governments and other stakeholders. The Board has found it very useful during the consultation process to receive advice agreed across jurisdictions from the heads of all health departments across Australia on their views on the matters under consideration.

The Pharmacy Board of Australia carefully considered the Governance Committee's suggestion to broaden the professional indemnity insurance arrangements registration standard to allow employed pharmacists to be indemnified by employers. The Board has not adopted this suggestion in the

registration standard presented as it is currently standard practice to require pharmacists to hold individual indemnity cover in almost all States and Territories and continuation of this practice was clearly supported in the majority of the submissions. The definition of practice for a health practitioner is wider than currently appears in state and territory legislation and more accurately reflects what happens in practice. Pharmacists frequently “practise” outside their employment boundaries and therefore it is in the public interest to require individual cover.

I advise that the development of the proposals has been consistent with the Australian Health Practitioner Regulation Agency’s *Procedures for Development of Registration Standards* which the Agency has issued under section 20(1)(a) of the *Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008* (Qld).

The Board looks forward to receiving the approval of the Ministerial Council for these proposals under section 12 of the National Law.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Stephen Marty', with a long horizontal flourish extending to the right.

Stephen Marty
Chair



**Proposals to the Australian Health
Workforce Ministerial Council in
registration standards and
related matters**

1 Mandatory registration standards

1.1 Criminal history

Pharmacy Board of Australia

Criminal history standard

Summary

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the 10 factors set out in this standard. While every case will need to be decided on an individual basis, these 10 factors provide the basis for the Board's consideration.

Scope of application

This standard applies to all applicants and all registered health practitioners. It does not apply to students.

Requirements

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the following factors.

1. The nature and gravity of the offence or alleged offence and its relevance to health practice.

The more serious the offence or alleged offence and the greater its relevance to health practice, the more weight that the Board will assign to it.

2. The period of time since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place greater weight on more recent offences.

3. Whether a finding of guilt or a conviction was recorded for the offence or a charge for the offence is still pending.

In considering the relevance of the criminal history information, the Board is to have regard to the type of criminal history information provided. The following types of criminal history information are to be considered, in descending order of relevance:

- (a) convictions
- (b) findings of guilt
- (c) pending charges
- (d) nonconviction charges; that is, charges that have been resolved otherwise than by a conviction or finding of guilt, taking into account the availability and source of contextual information, which may explain why a nonconviction charge did not result in a conviction or finding of guilt.

4. The sentence imposed for the offence.

The weight the Board will place on the sentence will generally increase as the significance of the sentence increases, including any custodial period imposed. The Board will also consider any mitigating factors raised in sentencing, where available, including rehabilitation.

5. The ages of the health practitioner and of any victim at the time the health practitioner committed, or allegedly committed, the offence.

The Board may place less weight on offences committed when the applicant is younger, and particularly under 18 years of age. The Board may place more weight on offences involving victims under 18 years of age or other vulnerable persons.

6. Whether or not the conduct that constituted the offence or to which the charge relates has been decriminalised since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place less or no weight on offences that have been decriminalised since the health practitioner committed, or allegedly committed, the offence.

7. The health practitioner's behaviour since he or she committed, or allegedly committed, the offence.

Indications that the offence was an aberration and evidence of good conduct or rehabilitation since the commission, or alleged commission of the offence, will tend to be a mitigating factor. However, indications that the offence is part of a pattern of behaviour will tend to have the opposite effect.

8. The likelihood of future threat to a patient of the health practitioner.

The Board is likely to place significant weight on the likelihood of future threat to a patient or client of the health practitioner.

9. Any information given by the health practitioner.

Any information provided by the health practitioner such as an explanation or mitigating factors will be reviewed by the Board and taken into account in considering the health practitioner's criminal history.

10. Any other matter that the Board considers relevant.

The Board may take into account any other matter that it considers relevant to the application or notification. A Board will not require an applicant or registered health practitioner to provide further information that may prejudice their personal situation pending charges and the Board must not draw any adverse inference as a result of the fact that information has not been provided.

Note: the above factors have been numbered for ease of reference only. The numbering does not indicate a priority order of application.

Definitions

Criminal history is defined in the Schedule of the National Law as:

- every conviction of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law
- every plea of guilty or finding of guilt by a court of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law and whether or not a conviction is recorded for the offence
- every charge made against the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

1.2 English language skills

Pharmacy Board of Australia English language skills standard

Summary

An internationally qualified applicant or an applicant who is an international student must have the necessary English language skills for registration purposes by achieving a minimum score of 7.5 in the IELTS academic module, or OET alternative (see 'Definitions', below).

Test results will generally need to be obtained within two years, but preferably within 12 months prior to applying for registration. The Board may grant an exemption in specified circumstances.

Scope of application

This standard applies to all internationally qualified applicants and applicants who are international students seeking registration in Australia.

Requirements

1. An applicant who is:
 - (a) an internationally qualified applicant, or
 - (b) an applicant who did not undertake and complete their secondary education in English and in one of the countries specified in exemption (1) belowmust submit evidence of secondary education or arrange for evidence to be provided (in the case of test results), to the Pharmacy Board of competency in English language skills as demonstrated by having completed the IELTS examination (academic module) to the following standard:
 - The applicant must have achieved a minimum score of 7.5 in each of the four components (listening, reading, writing and speaking).
2. An alternative English proficiency test that will be accepted is completion and an overall pass in the OET with grades A or B only in each of the four components.
3. Results must have been obtained within two years prior to applying for registration.
4. An IELTS or OET Test Report Form more than two years old will be accepted as current if accompanied by proof that a candidate has actively maintained employment as a registered health practitioner using English as the primary language of practice in a country where English is the native or first language. Test results must comply with the current requirements of this policy.
5. Results from any of the abovementioned English language examinations must be obtained in one sitting.
6. The applicant is responsible for the cost of English tests.
7. The applicant must make arrangements for test results to be provided directly to the Board by the testing authority; for example, by secure internet login.

Exemptions

1. The Board may grant an exemption from the requirements where :
 - (a) the applicant provides evidence of successful secondary education in English, and that the applicant's tertiary qualifications in the relevant professional discipline were taught and assessed in English, in one of the countries listed below, where English is the native or first language:
 - Canada
 - Republic of Ireland
 - New Zealand
 - United Kingdom
 - United States of America
 - South Africa
 - Australia.
 - (b) an applicant applies for limited registration in special circumstances, such as:
 - to perform a demonstration in clinical techniques
 - to undertake research that involves limited or no patient contact
 - to undertake postgraduate study or training while working in an appropriately supported environment that will ensure patient safety is not compromised.

These special circumstances exemptions will generally be subject to conditions requiring the use of a translator and/or supervision by a registered pharmacist.

2. The Board reserves the right at any time to require an applicant who has been granted an exemption to undertake a specified English language test.

Definitions

IELTS means the International English Language Testing System developed by the University of Cambridge Local Examinations Syndicate, The British Council and IDP Education Australia. The test is administered at least once a month by IELTS Australia and The British Council at more than 230 centres worldwide.

OET means Occupational English Test (OET) administered by the Centre for Adult Education.

An **internationally qualified applicant** means a person who qualified as a health practitioner outside Australia.

One sitting means the period of time set by the testing authority for completion of the test. For example, IELTS states that the Listening, Reading and Writing components of the test are always completed on the same day. Depending on the test centre, the speaking test may be taken up to seven days either before or after the test date.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

1.3 Professional indemnity insurance

Pharmacy Board of Australia

Professional indemnity insurance arrangements standard

Summary

Registered pharmacists, including provisionally registered pharmacists, are required to obtain and maintain the approved level of individual professional indemnity insurance (PII) cover during the period of registration and in accordance with the terms and conditions set under this standard.

Scope of application

This requirement applies to all registered pharmacists except those registered in the non-practising category.

Requirements

1. A pharmacist must not commence practice until their PII is in place.
2. The PII policy must be in the name of the pharmacist and must not expire during the registration period.
3. The PII policy must cover the pharmacist at any time he or she practises.
4. The policy must include an approved level of cover not less than \$20 million for any single claim (i.e. for each claim) that may be made against the pharmacist.
5. The policy must include suitable run-off cover once the pharmacist ceases to practise.
6. An applicant for renewal of general registration must declare that they have not practised as a pharmacist during the preceding year without all PII requirements being met.

Definitions

Practice as a pharmacist means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a pharmacist in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles; and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

Professional indemnity insurance arrangements means arrangements that secure for the practitioner insurance against civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries and covers the costs and expenses of defending a legal claim, as well as any damages payable. Some government organisations under policies of the owning government are self-insured for the same range of matters.

Run-off cover means insurance that protects a practitioner who has ceased a particular practice or business against claims that arise out of activities which occurred when he or she was conducting that practice or business. This type of cover may be included in a PII policy or may need to be purchased separately.

In this Standard, '**registered pharmacist**' does not include a registered pharmacist holding non-practising registration.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

1.4 Continuing professional development

Pharmacy Board of Australia

Continuing professional development standard

Summary

A registered pharmacist must undertake the continuing professional development (CPD) required by this standard. Failure to do so may constitute behaviour for which health, conduct or performance action may be taken.

The requirement for participation in a specified number of CPD credits will be introduced in phases over a period of years, commencing with a minimum requirement.

The Board will assess compliance with the requirement at the annual renewal of registration.

A common framework for weighting of CPD activities will provide guidance for pharmacists and CPD providers.

Scope of application

This standard applies to pharmacists who have general, provisional or limited registration and does not apply to those with non-practising registration.

Requirements

1. Registered pharmacists are required to complete 20 CPD credits for the period ending 30 September 2011, 30 CPD credits for the period ending 30 September 2012, and 40 CPD credits for the period ending 30 September 2013.
2. The CPD activities must:
 - (a) consist of education programs, seminars, workshops, lectures, conferences, discussion groups, multimedia or website-based programs, or the research and preparation of articles published in pharmacy publications or such other publications approved by the Board, or review of professional journals, or any combination of two or more of the above or self-directed learning consistent with maintenance of competence
 - (b) be of significant intellectual or practical content and deal primarily with matters directly related to the practice of pharmacy
 - (c) in other than self-directed learning, be conducted by persons who are qualified by practical or academic experience in the material covered
 - (d) be relevant to the scope of the registered pharmacist's role as a provider of pharmacy services and to the practice of pharmacy
 - (e) have an aggregate value of CPD credits equal to or greater than the minimum determined by the Board.
3. The Board will audit compliance with the standard annually using methods determined by the Board.
4. Applicants for renewal of registration will be required to complete a declaration of compliance with this standard.
5. Failure to meet the standard may result in a condition being placed on the pharmacist's registration.
6. Pharmacists will be expected to self-assess their individual needs with reference to the Competency Standards for Pharmacists in Australia.

Definitions

Approved training organisation means a training organisation approved by the Board.

Cardiopulmonary resuscitation is the technique of rescue breathing combined with chest compressions, to temporarily maintain circulation to preserve brain function until specialised treatment is available (Australian Resuscitation Council).

Continuing professional development is the means by which members of the profession continue to maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a pharmacist in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes working in a direct non-clinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles; and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

References

The Board will publish a guideline on how pharmacists can satisfy this standard.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

1.5 Recency of practice

Pharmacy Board of Australia Recency of practice standard

Summary

This standard applies to a person who was previously registered as a pharmacist in Australia but has not held registration for more than three years, or a person who holds registration but has not practised as a pharmacist for more than three years.

Scope of application

An applicant for general registration, or a person who did not lodge an application for registration within three years of completion of the requirements for initial general registration, is required to demonstrate to the Board that he or she is competent to practise.

Requirements

1. Applicants who have not practised pharmacy for more than 450 hours within the previous three years are required to provide evidence to satisfy the Board of their current competence to practise. This may be in the form of evidence of supervised practice, completion of education courses, assessment and/or an examination.
2. The Board will determine the period of supervised practice, education program and assessment and/or examination to be undertaken by the applicant on an individual basis depending on:
 - (a) when the applicant last practised in Australia
 - (b) the nature of their practice as a pharmacist in another jurisdiction
 - (c) activities undertaken during the period since the applicant last practised as a pharmacist in Australia.

Definitions

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a pharmacist in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles; and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

Recency of practice means that a practitioner has maintained recent practice in the profession since qualifying or obtaining registration.

References

The Board may publish guidelines with respect to recency of practice requirements.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

2 Board-specific standards

2.1 Supervised practice arrangements

Pharmacy Board of Australia Supervised practice arrangements standard

Summary

Supervised practice, which includes internship, is undertaking pharmacy practice under the direct supervision of a pharmacist who holds general registration (a preceptor), while the pharmacist is providing pharmacy services in registered pharmacy premises or other circumstances as determined by the Board. Interns must be registered by the Board to undertake the period of supervised practice required for initial general registration pursuant to clause 52(1)(b)(i) of the proposed National Law.

This standard also applies to a person who, after a period of more than three years in which they have not practised pharmacy, seeks to return to general registration under the recency of practice standard.

Scope of application

This standard applies to individuals who hold provisional registration to complete the requirements for general registration under the proposed national law, to individuals who hold non-practising registration who wish to apply for general registration and to those applying for registration after not holding general registration for a period of three years or more.

Requirements

1. The requirements for supervised practice are as follows:
 - (a) For the purpose of clause 52(1)(b)(i) of the proposed National Law, the period of supervised practice to be undertaken for general registration is 1824 hours in the case of graduates of Australian or New Zealand pharmacy courses approved by the Board.
 - (b) In the case of graduates of pharmacy courses conducted by an overseas course provider, provided that the qualification has been assessed and accepted by the accreditation authority as being comparable to Australian pharmacy qualifications, the period of supervised practice is to be determined in accordance with guidelines developed by the Board or, if delegated, the accreditation authority.
 - (c) Graduates from Australian programs are not eligible to undertake supervised practice unless they have completed an accredited program which has been approved by the Board.
 - (d) In the case of a person referred to in 1(a) and 1(b) above the supervised practice is to include satisfactory completion of an intern training program.
 - (e) In the case of persons who hold non-practising registration or who have not been registered for a period of three years or more and are applying for general registration, any period of supervised practice will be determined by the Board.
2. Supervised practice must be undertaken under the following conditions:
 - (a) each period of supervised practice is undertaken under the direction and/or supervision of a preceptor approved by the Board for a minimum period of 152 hours
 - (b) it must be under the direct supervision of a pharmacist who holds general registration (not necessarily the approved preceptor)
 - (c) supervised practice hours are undertaken regularly and consistently such that a minimum of 80 hours are undertaken in a period of four consecutive weeks
 - (d) a maximum of 180 hours in a four consecutive week period may be counted as supervised practice hours
 - (e) supervised practice hours may be undertaken from the date of commencement of supervised practice or from the date of publication of final results of an approved pharmacy program, whichever is later
 - (f) at least 50 per cent of the supervised practice hours required in 2(a) must be undertaken in a community pharmacy or a hospital pharmacy department; and

- (g) supervised practice hours may only be undertaken in premises where the total number of interns does not exceed the total number of supervising pharmacists at any time.
3. To be approved as preceptor, a pharmacist must:
- (a) hold general registration
 - (b) have held general registration and practised as a pharmacist in the area of practice where the supervised practice is to be conducted for a minimum of 12 months (unless the pharmacist has been registered for a shorter period and is approved by the Board to act as preceptor)
 - (c) be practising in registered pharmacy premises or in other circumstances as determined by the Board
 - (d) not have conditions placed on his/her general registration that would impact on the supervised practice of the intern; and
 - (e) have attended within the previous three years preceptor training approved through the accreditation process approved by the Board.

Definitions

An approved **preceptor** is a pharmacist responsible for the supervision of a person undertaking supervised practice either during undergraduate clinical training placements or during a period of supervised practice as part of the process leading to general registration.

An intern training program is a program or work integrated learning conducted by intern training providers and accredited by the accreditation authority.

References

The Board may issue guidelines to assist preceptors and those undertaking supervised practice.

Review

With the exception of Requirement 3, this standard will commence on 1 July 2010 for individuals commencing a period of supervised practice after that date.

Requirement 3 of this standard will commence on 1 July 2013.

The Board will review this standard at least every three years.

2.2 Examinations for general registration

Pharmacy Board of Australia Examinations for general registration standard

Summary

The Board requires that, pursuant to clause 52(1)(b)(ii) of the National Law, an individual applying for initial general registration must undertake an examination determined by the Board.

Scope of application

To assess an individual's ability to competently and safely practise as a pharmacist, an examination conducted by or on behalf of the Board must be successfully completed by each individual applying for initial general registration except those individuals entitled to registration pursuant to the *Trans-Tasman Mutual Recognition Act 1997*.

Requirements

1. The examination may consist of two or more parts being:
 - (a) a written examination or examinations
 - (b) an oral examination or examinations.
2. The written examination or examinations will be conducted by or on behalf of the Board in accordance with policies published by the Board.
3. The oral examination or examinations will be conducted by or on behalf of the Board in accordance with policies published by the Board.
4. The written and oral examinations will be conducted in accordance with eligibility criteria contained in policies published by the Board.

Definitions

An intern training program is a program or work integrated learning conducted by intern training providers and accredited by the accreditation authority.

Eligibility criteria are rules to indicate when an applicant may sit the written and oral examinations.

References

The Board will publish its policies to assist applicants in understanding the eligibility criteria and the rules for conduct of the written and oral examinations for general registration.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.