

Contents

Chair's report	1	Managing health records and other information	2
Revised guidelines, code and policy released, effective from mid-March	1	Expression of interest process for appointment as member of a panel	2
Approval to begin internships	1	Snapshot of the registered workforce	2
Directing or inciting unprofessional conduct or professional misconduct	2	Update on practitioner audit	4
Vaccination	2	For more information	4

Chair's report

The value of ongoing renewal data

Midway into the fourth year of the National Registration and Accreditation Scheme, the National Boards and the Australian Health Practitioner Regulation Agency (AHPRA) are analysing renewal data to identify and better meet the needs of health practitioners when they apply to renew their registration each year.

Putting our efforts into streamlining online renewals is working well for practitioners and the National Scheme by making the process quicker and easier and keeping costs down.

Renewal campaigns for all 14 regulated health professions produced strong results in 2013.

Of the 12 professions due to renew by 30 November, more than 97 per cent of members have done so, 94.6 per cent online. One per cent used our new service to let us know they did not intend to renew, so we could stop sending them reminders.

Pharmacy renewal highlights

Of 25,724 pharmacists due to renew their registration, 24,771 (96%) renewed on time. Applications were not received from 495 practitioners (2%) and 302 applications (1%) were withdrawn by the applicant.

At the time of the final update on the November renewal campaign in January 2014, there were 156 applications (1%) still under assessment.

Stephen Marty

Chair, Pharmacy Board of Australia

Revised guidelines, code and policy released, effective from March 2014

During 2013, the Pharmacy Board of Australia participated in a cross-Board consultation on revisions to the guidelines that are common to all National Boards. The code of conduct common to most National Boards was also reviewed and revised. The Board's *Code of conduct for pharmacists* is based on this common code.

These documents have now been published online:

- the *Code of conduct*
- *Guidelines for advertising regulated health services*
- *Guidelines for mandatory notifications*, and
- a new *Social media policy*.

The documents contain important information for all registered health practitioners and come into effect on 17 March 2014. They have been released early to give practitioners time to read and understand their obligations and be ready for when they come into effect.

Pharmacists need to familiarise themselves with this guidance to ensure their practice meets the Board's expectations from mid-March 2014. To view the documents, visit [Codes and guidelines](#) on the Board's website. Frequently asked questions (FAQ) on the transition from the current to the new/revised documents are also available on the [FAQ page](#).

Approval to begin internships

The Board reminds interns and preceptors of their legal obligations regarding internships. Interns must be granted provisional registration to comply with the Board's registration standards, including the *Supervised practice arrangements registration standard*.



Additionally, supervised practice cannot be accumulated unless an intern has had their period of supervised practice approved by the Board **before starting their internship**.

Application forms for provisional registration and approval of supervised practice can be downloaded from the Board's [website](#).

Any queries regarding provisional registration and approval of supervised practice can be directed to AHPRA by phoning 1300 419 495.

Directing or inciting unprofessional conduct or professional misconduct

From time to time, the Board is advised by pharmacists that during the course of their practice, they are issued directives by non-pharmacists or are denied the opportunity to make decisions on certain day-to-day practice issues. Action by non-pharmacists (such as managerial staff) which impinges on the ability of pharmacists to meet their legal and ethical responsibilities may be subject to action under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

Determining:

- the location of scheduled medicines for sale in community pharmacies
- whether to supply generic brands of Schedule 4 medicines (or specific brands), and
- how regulated health services and therapeutic goods are advertised

are some of the practice issues that pharmacists have advised that non-pharmacists have assumed authority for in practice.

Pharmacists who fail to meet their legal, professional and ethical obligations under National Law may be subject to voluntary or mandatory notifications (complaints). These may lead to investigation.

As a result of an investigation the Board or its delegate can make a range of decisions based on the allegations, facts and evidence. This could include a finding of unprofessional conduct or professional misconduct as defined in the National Law. Further information can be accessed on the AHPRA website: www.ahpra.gov.au/Notifications/Fact-sheets.aspx.

The Board wishes to draw pharmacists' attention to section 136 of the National Law, which outlines that there are serious consequences for an individual (or corporate entity) who directs or incites a pharmacist to do anything in the course of practising pharmacy that amounts to unprofessional conduct or professional misconduct.

Vaccination

The Board noted the work undertaken on its behalf by the Advanced Practice Framework Steering Committee and has advised that in its opinion vaccination is within the current

scope of practice of a pharmacist. However, further work regarding competence to do so, standards, training and where this may take place will need to be completed before vaccination by a pharmacist will be able to occur.

Managing health records and other information

The Board has received reports of incidents in which pharmacists have become the target of *ransomware*, a type of malicious software that can block access to a computer system and encrypt data such as patient files. A sum of money is demanded by the source to enable unencrypted patient data to be accessed.

The Board's [Code of conduct for registered health practitioners](#) states:

Maintaining clear and accurate health records is essential for the continuing good care of patients or clients. Good practice involves:

b) ensuring that records are held securely and are not subject to unauthorised access, regardless of whether they are held electronically and/or in hard copy.

Pharmacists are advised to discuss appropriate methods of protecting their electronic patient records with computer software and hardware providers. Pharmacists are also reminded of their obligations to maintain patient records securely, especially when considering solutions for back-up storage of such information.

Expression of interest process for appointment as member of a panel

On behalf of the Board, AHPRA will shortly call for expressions of interest from experienced practising pharmacists interested in being included on a list of approved persons for appointment to panels.

Under the National Law, a National Board convenes health panels and performance and professional standards panels when required to hold hearings into specific health, performance or conduct matters for individual registered health professionals. Such panels consist of members chosen from a National Board list of approved persons for appointment to panels.

Further information about the expression of interest process will be published on the Board's [website](#) in early March 2014.

Snapshot of the registered workforce

The Pharmacy Board of Australia publishes quarterly data profiling Australia's pharmacy workforce, including a number of statistical breakdowns about registrants.

Table 1 – Pharmacists: state and territory by registration type and subtype

	General	Provisional	Limited (Total of Subtypes)	Postgraduate Training or Supervised Practice	Area of Need	Public Interest	Teaching or Research	Non-practising	Total
ACT	418	36	1	1				10	465
NSW	7,685	493	4	4				246	8,428
NT	180	17						5	194
QLD	4,826	429						87	5,342
SA	1,810	151	2	2				44	2,007
TAS	622	49	1	1				7	679
VIC	6,210	397	1	1				276	6,884
WA	2,767	190	3	3				56	3,016
No PPP	349	1	1	1				187	538
Total	24,867	1,736	13	13				917	27,560

The Board’s December 2013 data update shows there are 27,560 registered pharmacists in Australia, an increase of 221 practitioners since June 2013 (data released in September and referred to in our November newsletter). Of these, 24,867 have general registration and 1,763 have provisional registration.

A total of 917 pharmacists are non-practising and 13 have some form of limited registration. See Table 1 above for further details.

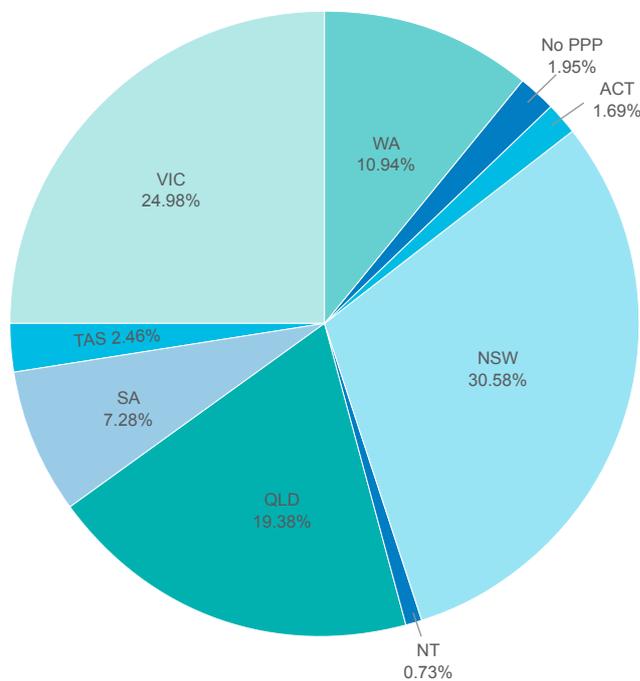
The current percentage of pharmacists by gender across Australia is 60.07 per cent female, 39.93 per cent male, with a state-by-state breakdown shown in Table 2 below.

Table 2 – Pharmacists: percentage by gender

	Female	Male
ACT	65.81%	34.19%
NSW	59.58%	40.42%
NT	62.69%	37.31%
QLD	60.30%	39.70%
SA	60.09%	39.91%
TAS	55.96%	44.04%
VIC	59.60%	40.40%
WA	61.31%	38.69%
No PPP	63.57%	6.43%
TOTAL	60.07%	39.93%

The largest number of pharmacists is in NSW: 8,428 (30.58%); followed by Victoria with 6,884 (24.98%) and Queensland with 5,342 (19.38%). For further details, see the chart below.

Pharmacy practitioners by principal place of practice



For more information, visit the [About>Statistics](#) section of the Board’s website.

Update on practitioner audit

All registered practitioners are required to comply with a range of registration standards that have been developed by the Board that registers them. The registration standards are published on each Board's website under *Registration standards*.

AHPRA and the National Boards are developing a nationally consistent approach to auditing health practitioners' compliance with mandatory registration standards. Pilot audits were conducted for the chiropractic, optometry and pharmacy professions. The pilot audits were designed to determine the frequency, size and type of audits required and establish our audit methodology.

The results of phase one and phase two of the audit pilots are available on the [AHPRA website](#) under *Registration*. The phase two audit pilot was conducted in line with the recommendations of the phase one pilot report and involved auditing a fixed sample size from three professions.

A third phase started in May 2013 for the nursing and midwifery professions. The results from all phases of the pilot will be used to develop an overall auditing framework and audit program, which will be rolled out to all regulated health professions across Australia.

Each time a practitioner applies to renew their registration, they must make a declaration that they have met the registration standards for their profession.

Practitioner audits are an important part of the way that National Boards and AHPRA can better protect the public by regularly checking the declarations made by a random sample of practitioners. Audits help to make sure that practitioners are meeting the standards they are required to meet and enhance the trust of the community in the profession by providing important assurances that practitioners are meeting their professional and legal obligations.

For more information

- Visit www.pharmacyboard.gov.au for the mandatory registration standards, codes, guidelines and FAQ. Visiting the website regularly is the best way to stay in touch with news and updates from the Board.
- Lodge an enquiry form via the website by following the [Enquiries](#) link on every web page under *Contact us*.
- For registration enquiries, call 1300 419 495 (from within Australia) or +61 3 8708 9001 (for overseas callers).
- To update your contact details for important registration renewal emails and other Board updates, go to the AHPRA website: [Update contact details](#).
- Address mail correspondence to: Stephen Marty, Chair, Pharmacy Board of Australia, GPO Box 9958, Melbourne, VIC 3001.

