

Pharmacy regulation at work in Australia

2014/15

Regulating pharmacists in the National
Registration and Accreditation Scheme

Managing risk to the public
Regulating pharmacists



Pharmacy
Board of Australia | AHPRA

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Pharmacy Board in 2014/15 from www.ahpra.gov.au
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Highlights



Finalised guidelines on compounding of medicines and professional practice profile for pharmacists undertaking complex compounding

Stakeholder engagement on opportunities for pharmacists to administer vaccines

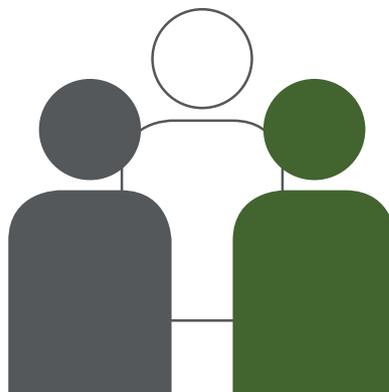


Funded the development of an examiner training program



29,014

registered pharmacists in Australia on 30 June 2015



2.59% increase in number of registered pharmacists compared to 2013/14

31% of registered pharmacists are based in New South Wales, **25%** are based in Victoria

61.6% of registered pharmacists are aged under 40

5% decrease in number of notifications received about registered pharmacists compared to 2013/14

11 immediate actions cases, compared to 19 in 2013/14



490 notifications received about registered pharmacists – **1.7%** of the registrant base

Of the **323** notifications closed in 2014/15 (excluding New South Wales), **45%** were concluded following an assessment and **37%** following an investigation

In **43%** of notifications closed (excluding New South Wales), no further action was required



238 pharmacy registrants under active monitoring on 30 June 2015, including **38%** due to suitability/eligibility and **27%** due to conduct issues

About this report

This report provides a profession-specific view of the Pharmacy Board of Australia's work to manage risk to the public and regulate the profession in the public interest.

The Board has worked in close partnership with the Australian Health Practitioner Regulation Agency (AHPRA) to bring out the best of the National Registration and Accreditation Scheme (National Scheme) for all Australians.

The data in this report are drawn from data published in the [annual report](#) 2014/15 for AHPRA (reporting on the National Scheme).

This report looks at these data through a profession-specific lens. Wherever possible, historical data are provided to show trends over time, as well as comparisons between states and territories.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with the AHPRA and National Boards' 2014/15 [annual report](#).

Contents

About this report	2
Message from the Chair, Pharmacy Board of Australia	3
Message from the Agency Management Committee Chair and the AHPRA CEO	4
Major outcomes/achievements 2014/15	5
Pharmacy Board registration, notifications, and monitoring and compliance data 2014/15	7
Working across the professions	11
Members of the Pharmacy Board of Australia in 2014/15	13
List of tables	
Table PH1: Registrant numbers at 30 June 2015	8
Table PH2: Registered practitioners by age	8
Table PH3: Notifications received by state or territory	8
Table PH4: Per cent of registrant base with notifications received, by state or territory	8
Table PH5: Immediate action cases by state or territory (excluding NSW)	8
Table PH6: Notifications closed by state or territory	8
Table PH7: Stage at closure for notifications closed under the National Scheme (excluding NSW)	9
Table PH8: Outcome at closure for notifications closed under the National Scheme (excluding NSW)	9
Table PH9: Outcome of assessments finalised on mandatory notifications for pharmacy practitioners, by grounds for the notification (excluding NSW)	9
Table PH10: Active monitoring cases at 30 June 2015, by state or territory (including NSW)	9

Message from the Chair, Pharmacy Board of Australia

During 2014/15, the Pharmacy Board of Australia (the Board) revised a number of registration standards and submitted them to the Ministerial Council for their consideration. We also consulted on and finalised guidelines on compounding of medicines and professional practice profile for pharmacists undertaking complex compounding. We analysed feedback received following consultation on guidelines on dispensing of medicines, practice-specific issues, specialised supply arrangements, and the responsibilities of pharmacists when practising as proprietors.

The Board engaged with the public, pharmacy stakeholders and governments on the opportunities for pharmacists to administer vaccines to the public. The Board continues to monitor developments on a state and territory level, including authorities for pharmacists to administer vaccines, and training requirements and options for accreditation of vaccination training programs. This work will help the Board assess the need for any regulatory action under the Health Practitioner Regulation National Law (National Law).

I sincerely thank all Board members for the dedication, effective contributions and professional approach to the work of the Board. I also acknowledge and thank the outgoing Chair of the Board, Mr Stephen Marty, for his dedication and outstanding service to the Board.

I also acknowledge the contributions and support from the AHPRA executive team and the support staff in the national and jurisdictional offices.



Mr William Kelly
Chair, Pharmacy Board
of Australia

Message from the Agency Management Committee Chair and the AHPRA CEO

The National Boards work in partnership with AHPRA to maintain professional standards for practitioners and manage risk to patients. This past year we have seen huge steps taken to ensure we are fulfilling our core purpose of protecting the public in the most effective and efficient ways possible.

We have seen the introduction of new co-regulatory arrangements in Queensland this year, and the National Boards and AHPRA have built positive working relationships with the Office of the Health Ombudsman to ensure the protection of the health and safety of the Queensland public.

The National Boards have worked to help improve the experience of notifiers, and to ensure timely outcomes for notifiers and practitioners. This has resulted in a significant reduction in the time it takes AHPRA and the National Boards to assess notifications.

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

A key strength of the National Scheme has been the regular interaction between all National Boards, particularly through their Chairs. This has facilitated cross-profession approaches to common regulatory issues, and cross-profession consultation and

collaboration. The National Boards and AHPRA have continued to work closely together this year to test and implement new ways of doing things.

We have had some significant achievements during the past year, through the hard work and dedication of board and committee members, and AHPRA staff. More information is detailed in the 2014/15 [annual report](#) of AHPRA and the National Boards.



Mr Martin Fletcher
Chief Executive Officer,
AHPRA



Mr Michael Gorton AM
Chair, Agency
Management
Committee

Major outcomes/achievements 2014/15

Registration standards and guidelines

This year, after conducting wide-ranging consultation, the Pharmacy Board of Australia revised the following registration standards:

- ▶ professional indemnity insurance arrangements
- ▶ continuing professional development and related guidelines
- ▶ recency of practice
- ▶ supervised practice arrangements, and
- ▶ examinations for eligibility for general registration.

The revisions took into account feedback from stakeholders and were submitted to the Ministerial Council for their consideration.

With input from technical experts, the Therapeutic Goods Administration and the Board's Policies, Codes and Guidelines Committee, the Board also consulted publicly and finalised its:

- ▶ guidelines on compounding of medicines, and
- ▶ professional practice profile for pharmacists undertaking complex compounding.

These documents were published and subsequently implemented on 28 April 2015. The implementation of the expiry of compounded parenteral medicines section in the guidelines was postponed to enable a further period of consultation with stakeholders.

The Board also conducted wide-ranging consultation on the following guidelines:

- ▶ dispensing of medicines
- ▶ practice-specific issues
- ▶ specialised supply arrangements, and
- ▶ responsibilities of pharmacists when practising as proprietors.

Pharmacists administering vaccines

The Board engaged with the public, pharmacy stakeholders and governments on the opportunities for pharmacists to administer vaccines to the public. The Board continues to monitor developments on a state and territory level, including authorities for pharmacists to administer vaccines, and training requirements and options for accreditation of vaccination training programs. This work will help the Board assess the need for any regulatory action under the National Law.

Registration examinations for general registration

As part of its program of work on quality assurance of the registration examination, the Board funded the development of an examiner training program which has been undertaken by approved oral examiners.

Stakeholder engagement

The Board maintained collaborative engagement with its stakeholders during 2014/15. Through wide-ranging consultation on its registration standards and guidelines, the Board engaged pharmacy stakeholders, government and the public to ensure that it was informed about relevant issues that required consideration during the review of these documents.

Pharmacists and stakeholders were invited to meet with the Board at stakeholder events held in Canberra and Melbourne. The Board also participated in the 2015 Australian Pharmacy Professional Conference. These events are a core part of the Board's engagement strategy and provide an opportunity for Board members and stakeholders to discuss issues regarding the National Scheme and practice.

The Board continues to work closely with the Australian Pharmacy Council (APC), the accreditation authority for the pharmacy profession, on matters including accredited pharmacy programs and intern training programs, and the written examination component of the registration examination for general registration, which is administered by the APC on behalf of the Board.

The Board is a member of Pharmacy Practitioner Development Committee which includes representation from a range of pharmacy stakeholders. This provides additional opportunities to collaborate on a range of relevant work, including the review of the *National competency standards framework for pharmacists in Australia* – the Board has contributed 50% of the funding for the delivery of this project. The Board also continued its involvement at meetings of the Australian Pharmacy Liaison Forum as an observer.

Priorities for the coming year

During the coming year, the Board will continue:

- ▶ its revision of the expiry of compounded parenteral medicines section in its *Guidelines on compounding of medicines*, with finalisation and publication to occur during 2015/16
- ▶ to monitor developments in practice such as pharmacists administering vaccines and new initiatives such as proposals for prescribing by pharmacists, and
- ▶ to contribute to the review of the *National competency standards framework for pharmacists in Australia* and, upon completion, fund the dissemination of printed copies to all registered pharmacists.

Pharmacy Board registration, notifications, and monitoring and compliance data 2014/15

Registration

On 30 June 2015 there were 29,014 registered pharmacists across Australia. This is an increase of 2.59% since the previous year. New South Wales (NSW) and Victoria have the largest numbers of pharmacists (8,969 and 7,182, respectively). The majority (61.6%) of practitioners are aged under 40.

Notifications

There were 490 notifications received in 2014/15, of which 244 were lodged in NSW and 246 in the other states and territories combined. The rate of notifications about pharmacists nationally is 1.7%.

It is important to note that for matters considered jointly by health complaints entities and AHPRA, only matters within the National Boards' jurisdiction have been included in this report. Note also that Queensland became a co-regulatory jurisdiction on 1 July 2014, with the commencement of the Health Ombudsman Act. AHPRA only has access to data relating to matters referred by the Office of the Health Ombudsman. We are unable to report on all complaints about registered health practitioners in Queensland.

There were 528 notifications closed in 2014/15, of which 323 were lodged outside of NSW. Of these notifications, 144 were closed after assessment, 41 were closed after a panel (25) or tribunal (16) hearing. The remaining cases were closed after an investigation (119), or a health or performance assessment (19).

In 146 of the closed cases, the Board determined that no further action was required (140), or decided that the notification should be handled by the health complaints entity that received it (six). In seven cases the practitioner's registration was suspended (five), the practitioner surrendered their registration (one) or the practitioner's registration was cancelled (one); in two cases the practitioner was not permitted to reapply for registration for 12 months or more. In the remaining cases, a caution (106) or reprimand (five) was issued, conditions imposed (43), or an undertaking accepted from the practitioner (13).

A National Board has the power to take immediate action in relation to a health practitioner's registration at any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- ▶ because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- ▶ the practitioner's registration was improperly obtained, or
- ▶ the practitioner or student's registration was cancelled or suspended in another jurisdiction.

In relation to students, the Board must reasonably believe that they:

- ▶ have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more, or
- ▶ have or may have an impairment, or
- ▶ have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

Immediate action was initiated for 11 pharmacy practitioners during 2014/15. Integrated data for all professions including outcomes of immediate actions are published from page 36 in the 2014/15 [annual report](#) of AHPRA and the National Boards. More information about immediate action is published on our website under [Notifications](#).

Monitoring and compliance

AHPRA, on behalf of the National Boards, monitors health practitioners and students with restrictions placed on their registration, or with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports Boards to manage risk to public safety.

At 30 June 2015, there were 238 pharmacy registrants under active monitoring.

Table PH1: Registrant numbers at 30 June 2015										
Pharmacist	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
2014/15	482	8,969	210	5,660	2,100	692	7,182	3,105	614	29,014
2013/14	469	8,769	212	5,536	2,033	679	6,985	3,046	553	28,282
% change from prior year	2.77%	2.28%	-0.94%	2.24%	3.30%	1.91%	2.82%	1.94%	11.03%	2.59%

*Principal place of practice

Table PH2: Registered practitioners by age														
Pharmacist	U - 25	25 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70 - 74	75 - 79	80 +	Total
2014/15	2,427	6,318	5,515	3,626	2,525	2,074	1,865	1,760	1,183	838	478	311	94	29,014
2013/14	1,913	6,252	5,335	3,517	2,505	2,037	1,898	1,768	1,196	898	528	324	111	28,282

Table PH3: Notifications received by state or territory										
Pharmacist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	19	2	39	38	17	94	37	246	244	490
2013/14	4	10	87	26	14	142	39	322	192	514

Table PH4: Per cent of registrant base with notifications received, by state or territory										
Pharmacist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	3.9%	1.0%	0.7%	1.8%	2.5%	1.3%	1.2%	1.3%	2.7%	1.7%
2013/14	0.6%	4.7%	1.4%	1.2%	2.1%	1.9%	1.2%	1.5%	2.0%	1.7%

Table PH5: Immediate action cases by state or territory (excluding NSW)						
Pharmacist	QLD	SA	TAS	VIC	WA	Total
2014/15		1		4	6	11
2013/14	10	3	1	3	2	19

Table PH6: Notifications closed by state or territory										
Pharmacist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2014/15	11	6	74	42	18	126	46	323	205	528
2013/14	6	5	90	16	15	118	36	286	178	464

Stage at closure	Total 2014/15	Total 2013/14
Assessment	144	157
Health or performance assessment	19	13
Investigation	119	90
Panel hearing	25	14
Tribunal hearing	16	12
Total	323	286

Outcome at closure	Total 2014/15	Total 2013/14
No further action	140	136
Health complaints entity to retain	6	6
Refer all of the notification to another body	1	
Caution	106	104
Reprimand	5	6
Accept undertaking	13	9
Impose conditions	43	19
Suspend registration	5	3
Practitioner surrendered registration	1	2
Cancel registration	1	1
Not permitted to reapply for registration for 12 months or more	2	
Total	323	286

Table PH9: Outcome of assessments finalised on mandatory notifications for pharmacy practitioners, by grounds for the notification (excluding NSW)

Grounds for notification	End matter				Total closed after assessment	Refer to further stage				Total referred to further stage	Total assessments finalised 2014/15
	No further action	Refer all of the notification to another body	Caution	Accept undertaking		Health or performance assessment	Investigation	Investigation and health or performance assessment	Panel hearing		
Standards	2		4		6		10		1	11	17
Impairment	1		1		2		4			4	6
Sexual misconduct										0	0
Alcohol or drugs										0	0
Not classified										0	0
Total 2014/15	3	0	5	0	8	0	14	0	1	15	23

Table PH10: Active monitoring cases at 30 June 2015, by state or territory (including NSW)

Profession	Conduct	Health	Performance	Suitability / eligibility ¹	Total 2014/15
Pharmacist	64	39	45	90	238

Note:

1. AHPRA performs monitoring of compliance cases for 'suitability/eligibility' stream matters for NSW registrations.

Keeping the public safe: monitoring

Health practitioners and students may have restrictions placed on their registration for a range of reasons, including as a result of a notification, the assessment of an application for registration or a renewal of registration, or after an appeal lodged with a tribunal. Types of restrictions being monitored include:

Drug and alcohol screening – requirements to provide biological samples for analysis for the presence of specified drugs and/or alcohol.

Health – requirements to attend treating health practitioner(s) for the management of identified health issues (including physical and psychological/psychiatric issues).

Supervision – restrictions that allow the practice of a health profession to occur only under the supervision of another health practitioner (usually registered in the same profession).

Mentoring – requirements to engage a mentor to provide assistance, support and guidance in addressing issues, behaviours or deficiencies identified in skills, knowledge, performance or conduct.

Chaperoning – restrictions that allow patients generally, or specific groups of patients, to be treated or examined only when a suitable third party is present.

Audit – requirements for a health practitioner to submit to an audit of their practice, which may include auditing records and/or the premises from which they practise.

Assessment – requirements that a health practitioner or student submits to an assessment of their health, performance, knowledge, skill or competence to practise their profession.

Practice and employment – requirements that a practitioner or student does, or refrains from doing, something in connection with their practice of their profession (for example, restrictions on location, hours or scope of practice, or rights in respect of particular classes of medicines).

Education and upskilling – requirements to attend or complete a (defined) education, training or upskilling activity, including prescribed amounts of continuing professional development.

Character – requirements that a health practitioner or student remain of good character for a specified period of time (for example, that no further notifications are received regarding them).

A health practitioner or student may simultaneously have restrictions of more than one type and/or category in place on their registration at any time.

Statutory offences: advertising, practice and title protection

Concerns raised about advertising, title and practice protection during the year were managed by AHPRA's statutory compliance team.

Concerns raised about advertising during the year are reported on page 55 the 2014/15 [annual report](#) of AHPRA and the National Boards.

More detail about our approach to managing statutory offences is reported from page 54 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record checks at other times. Applicants seeking registration must disclose any criminal history information when

they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months.

While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which the Board may take health, conduct or performance action. The criminal record check is undertaken by an independent agency, which provides a criminal history report. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

More detailed information about criminal record checks is published from page 32 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

Working across the professions

A key strength of the National Scheme is the regular interaction between National Boards. This has facilitated cross-profession approaches to common regulatory issues and supported joint consultation and collaboration.

While the National Scheme is a multi-profession scheme operating within a single statutory framework and with one supporting organisation (AHPRA), a range of regulatory approaches – which are tailored to professions with different risk profiles and professional characteristics – are being explored with National Boards.

Policy development to address the objectives and guiding principles of the National Law is an important part of AHPRA's support for National Boards, including development and review of registration standards, codes and guidelines, and the coordination of cross-profession policy projects such as a revised approach to international criminal history checks.

Standards, codes and guidelines

The core registration standards (English language skills, professional indemnity insurance, criminal history, recency of practice and continuing professional development) required under the National Law, together with each Board's code of conduct or equivalent, are the main way National Boards define the minimum *national* standards they expect of practitioners, regardless of where they practise in Australia.

Five core registration standards for all 14 health professions regulated under the National Scheme

- ▶ Continuing professional development
- ▶ Criminal history
- ▶ English language skills
- ▶ Professional indemnity insurance arrangements
- ▶ Recency of practice.

National Boards have developed common guidelines for advertising regulated health services and for mandatory notifications. Most National Boards have a similar code of conduct. This commonality facilitates the National Law's guiding principles of efficiency, effectiveness and fairness. It also helps consumers to understand what they can expect from their health practitioners.

The standards, together with the code of conduct and guidelines developed by National Boards to provide guidance to the professions, bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and help inform Board decision-making when concerns are raised about practitioners' conduct, health or performance. An approved registration standard, code or guideline may be used in disciplinary

proceedings as evidence of what constitutes appropriate professional conduct for the profession.

Our work on professional standards in 2014/15

During 2014/15, there were 15 public consultations undertaken by National Boards on 17 registration standards and 13 guidelines.

All National Boards consulted on draft guidelines for the regulatory management of registered health practitioners and students infected with blood-borne viruses. The consultation was open from July to September 2014. A Twitter chat was held on this consultation.

A number of registration standards for the 14 currently regulated health professions were submitted for approval by the Australian Health Workforce Ministerial Council (AHWMC) during 2014/15, in accordance with the National Law.

The revised criminal history registration standard for all 14 Boards and the revised English language skills registration standard for 13 Boards were approved by the AHWMC in March 2015, as well as standards and guidelines for some of the individual Boards.

This work has focused on continuing to build the evidence base for National Board policy and reviewing the structure and format of registration standards, guidelines and codes consistent with good practice.

See Appendix 3 of the 2014/15 [annual report](#) of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2014/15.

Stakeholder engagement and improving our communications

The National Boards and AHPRA continue to work closely with two external advisory groups, the Community Reference Group and the Professions Reference Group. Communiqués from both groups are published on the AHPRA website after each meeting. Both groups provide feedback on how we can continue improving the way we communicate so that we can engage more effectively with our stakeholders.

AHPRA refreshed the homepages across all 15 National Board and AHPRA websites to make important information easier to find, and included new information for employers and practitioners

as tabs on the login window. Following feedback from the Community Reference Group, AHPRA included the *Register of practitioners* search on the homepage, and introduced brightly coloured 'tiles' to highlight important topics.

The National Boards and AHPRA continue to strengthen work with governments on matters of shared interest relevant to the National Scheme. The work with governments covers a broad spectrum of activities, including contributing to public and regulatory policy development through making joint AHPRA and National Board submissions as much as possible to government consultations, including the independent review of the operation of the National Scheme. We also brief health ministers on local and national issues relevant to the regulation of health practitioners in Australia, and raise issues with, and receive the collective views of, the Australian Health Ministers' Advisory Council's (AHMAC) Health Workforce Principal Committee (HWPC) on draft regulatory policies, guidelines and standards, and other matters to inform advice to health ministers.

This year the National Boards and AHPRA have strengthened partnerships with regulatory counterparts, including health complaints entities, co-regulatory bodies and accreditation councils, to ensure more consistent and effective regulatory decision-making and outcomes that are responsive to the national and local environment, and we learn from and share our experience with international regulators.

Establishing a shared set of regulatory principles

In July 2014 the National Boards and AHPRA launched refreshed regulatory principles that underpin our work in regulating Australia's health practitioners, in the public interest. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

We invited feedback on the principles in a formal consultation, which included surveying members of the public and practitioners, as well as board and committee members, and AHPRA staff. The response to the surveys was overwhelming, with more than 800 members of the public providing feedback to the online survey, in addition to more than 140 board/committee members and AHPRA staff members. The vast majority of respondents supported the principles. In the coming year we will continue to work to embed the regulatory principles in all that we do.

The regulatory principles are set out in Appendix 1 of the 2014/15 [annual report](#) of AHPRA and the National Boards.

Collaboration to improve accreditation

The National Boards, AHPRA and the accreditation authorities have worked collaboratively to identify opportunities for improvement, aspects of accreditation that need greater consistency of approach (such as reporting of accreditation decisions), as well as areas within accreditation that lend themselves to cross-professional approaches. Steady progress continues and further cross-profession initiatives – such as work on inter-professional learning and embedding models for simulated learning environments in clinical training – are being implemented or are planned, with the aim of further demonstrating good practice in accreditation of health profession education. The Accreditation Liaison Group (ALG) is the primary vehicle for collaboration on accreditation.

Managing risk through improved international criminal history checks

In February 2015 a new procedure for checking international criminal history, which provides greater public protection, was introduced.

Under the National Law, National Boards must consider the criminal history of an applicant who applies for registration, including any overseas criminal history. The new approach requires certain applicants and practitioners to apply for an international criminal history check from an AHPRA-approved supplier.

More than 4,200 international criminal history checks across the 14 health professions were undertaken since the procedure changed. From these, 10 positive criminal history results were identified. When a positive criminal history is identified, the National Board or its delegate considers whether the health practitioner's criminal history is relevant to the practice of their profession.

Members of the Pharmacy Board of Australia in 2014/15

Adjunct Associate Professor Stephen Marty
Mrs Rachel Carr
Mr Trevor Draysey
Mr John Finlay
Mr Ian Huett
Mr William Kelly
Mr Gerard McInerney
Ms Karen O'Keefe
Ms Bhavini Patel
Mr Brett Simmonds
Dr Katherine Sloper
Dr Rodney Wellard

The Board was supported in 2014/15 by Executive Officer Mr Joe Brizzi and Senior Policy Officer Ms Michelle Pirpinias.

More information about the work of the Board is available at: www.pharmacyboard.gov.au

Pharmacy Board National Committees

Registration and Examinations Committee

Dr Rodney Wellard, Chair
Ms Bhavini Patel
Mr Trevor Draysey
Mrs Rachel Carr
Ms Helen Dowling

Policies, Codes and Guidelines Committee

Mr William Kelly, Chair
Mr Ian Huett
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Ms Bhavini Patel
Adjunct Associate Professor Stephen Marty

Finance, Risk and Governance Committee

Mr Ian Huett, Chair
Mr William Kelly
Dr Katherine Sloper
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Notifications Committee

Mr Brett Simmonds, Chair
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Mr John Finlay
Ms Karen O'Keefe
Mr Gerard McInerney
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Mr Ken Cox (Jurisdictional Member, ACT)
Mr Mark Dunn (Jurisdictional Member, TAS)
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Mrs Helgi Stone (Jurisdictional member, NT)
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www.ahpra.gov.au

Annual report and summaries online:

www.ahpra.gov.au/annualreport

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