Communiqué

10 July 2012

The Pharmacy Board of Australia met on 29 June 2012 at the national office of the Australian Health Practitioner Regulation Agency (AHPRA) in Melbourne.

Automated dose packaging systems guideline

The Board requested that its Polices, Codes and Guidelines Committee review its *Automated dose packaging systems guideline* published in the *Guidelines on specialised supply arrangements*, and in particular, whether there was a need to clarify issues regarding the responsibilities of pharmacists at different stages of the process. The Committee reviewed the guideline in relation to dose administration aids (DAAs) when prepared using automated dose packaging systems.

The Board's guideline states:

> *The supply pharmacist is responsible for ensuring that the packing pharmacist has an accurate and current medicine chart for the medicines to be packed, as well as being responsible for the Quality Use of Medicines support for the patient.*
>
> *The packing pharmacist is responsible for ensuring packs are prepared in a timely and accurate manner according to the most recent medicine chart.*
>
> *The Board considers that it is the supplying pharmacist who carries the ultimate responsibility for all aspects of the supply, including accuracy and provision of medicines' information relating to DAAs prepared by a third-party packing facility.*

The responsibilities of pharmacists supplying DAAs that have been packed by a third-party packing facility, is an issue which may cause confusion for some members of the profession. The Board reiterates what is stated in its current guideline. It reinforces its position providing the following clarification that "*it is the supplying pharmacist who carries the ultimate **professional** responsibility for all aspects of the supply, including accuracy and provision of medicines' information relating to DAAs prepared by a third-party packing facility".*

If a third-party packing facility is involved in preparing DAAs, this does not abrogate the supply pharmacist of his or her responsibilities in relation to aspects of the supply, including accuracy and provision of medicines' information.

Fact sheet: Unapproved pharmacies and switching between PBS and non-PBS

The Board advised in previous communiqués, work in progress to highlight the consequences for consumers who have medicines which are listed on the PBS and RPBS, dispensed from unapproved pharmacies.

Work on the development of a fact sheet has progressed and was finalised by the Department of Health and Ageing. The fact sheet outlines to all pharmacists, the consequences for consumers in relation to pharmaceutical benefits entitlements when obtaining supply from an unapproved pharmacy and when switching between PBS and non-PBS (private) supply. A copy of the fact sheet is attached to this communiqué. (published with the permission of the Department of Health and Ageing) and will be published on the Department of Health and Ageing website shortly.

Health profession agreement and fees

The Board has finalised its budget for 2012-13 and is in the process of finalising the health profession agreement (HPA) with AHPRA for the same period. The HPA will outline how AHPRA will support the Board and enable the Board to fulfil its functions under the National Law and its primary role to protect the public.

The HPA will also include details of fees set by the Board including fees for registrants. The Board's registration fee for 2012-13 has been set (with a rebate for practitioners whose principal place of practice is NSW). The new fee represents an increase of less than the current CPI of 1.6%. The annual renewal fee will apply from 1 July 2012 and covers the 1 December 2012 to 30 November 2013 registration period for most practitioners.

NSW is a co-regulatory jurisdiction. The Pharmacy Council of New South Wales and the Health Care Complaints Commission work in tandem to assess and manage concerns about pharmacists' conduct, health and performance. This is the responsibility of the Australian Health Practitioner Regulation Agency (AHPRA) and the Board in all states and territories, except NSW.

The fees set by the Board are published on the Board's website (www.pharmacyboard.gov.au/Registration/Fees.aspx) and are effective from 1 July 2012. A copy of the HPA will also be published on the website.

Notification Committee membership – Expressions of interest

The Board is seeking expressions of interest from suitably qualified and experienced phrmacists to be appointed as a member of the Pharmacy Board of Australia National Notifications Committee under the *Health Practitioner Regulation National Law Act* as in force in each state and territory (the National Law). The Notifications Committee considers notifications from all jurisdictions with the exception of NSW.[1] The expression of interest process is therefore open to pharmacists in all other states and territories.

The expression of interest process will commence shortly and will be managed by AHPRA. Current committee members and pharmacists who have a good knowledge of the National Law, local Drugs and Poisons legislation, Professional Practice Standards and Pharmacy Board Guidelines are encouraged to lodge an expression of interest. Further information will be published in July on the Board's website (www.pharmacyboard.gov.au/News.aspx).

Contact details

A high percentage of pharmacists have provided AHPRA with an e-mail address which provides the Board and AHPRA with an additional and effective avenue of communication with pharmacists. Pharmacists have the benefit of receiving up-to-date information from the Board and AHPRA such as the Board's newsletters and notification of the availability of on-line renewal of registration facilities.

The Board sent an electronic news letter to pharmacists by e-mail on 4 June 2012. The news letter is published on the Board's website at www.pharmacyboard.gov.au/News/Newsletters.aspx. Unfortunately, a number of e-mails 'bounced' as a number of pharmacists have not notified the Board of their new e-mail addresses. New contact details should be updated though the log-in section of the Board's website (www.pharmacyoard.gov.au). This can be accessed by clicking on the 'your account' button.

Stephen Marty
Chair
10 July 2012

[1] *NSW is a co-regulatory jurisdiction under the National Law, where the Pharmacy Council of NSW has responsibility for considering notifications*

Unapproved Pharmacies and Switching between PBS and non-PBS

What is an Unapproved Pharmacy?

From the perspective of Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme (PBS/RPBS) supply and claiming, an unapproved pharmacy:

- is licensed under relevant state or territory legislation to operate as a pharmacy business at particular premises; but
- is not approved to supply pharmaceutical benefits under the *National Heath Act 1953*; and
- does not have a PBS Pharmacy Approval Number (PAN).

Unapproved pharmacies may dispense medicines listed on the PBS and RPBS, but only as non-PBS (private) supplies. These prescriptions do not attract a Commonwealth subsidy, ie they cannot be claimed under the PBS. Under the *National Health Act 1953* and the *National Health (Pharmaceutical Benefits) Regulations 1960* only pharmacists practising at approved premises (pharmacies) can supply pharmaceutical benefits.

What is the impact on your customers if they have their medicines dispensed at an unapproved pharmacy?

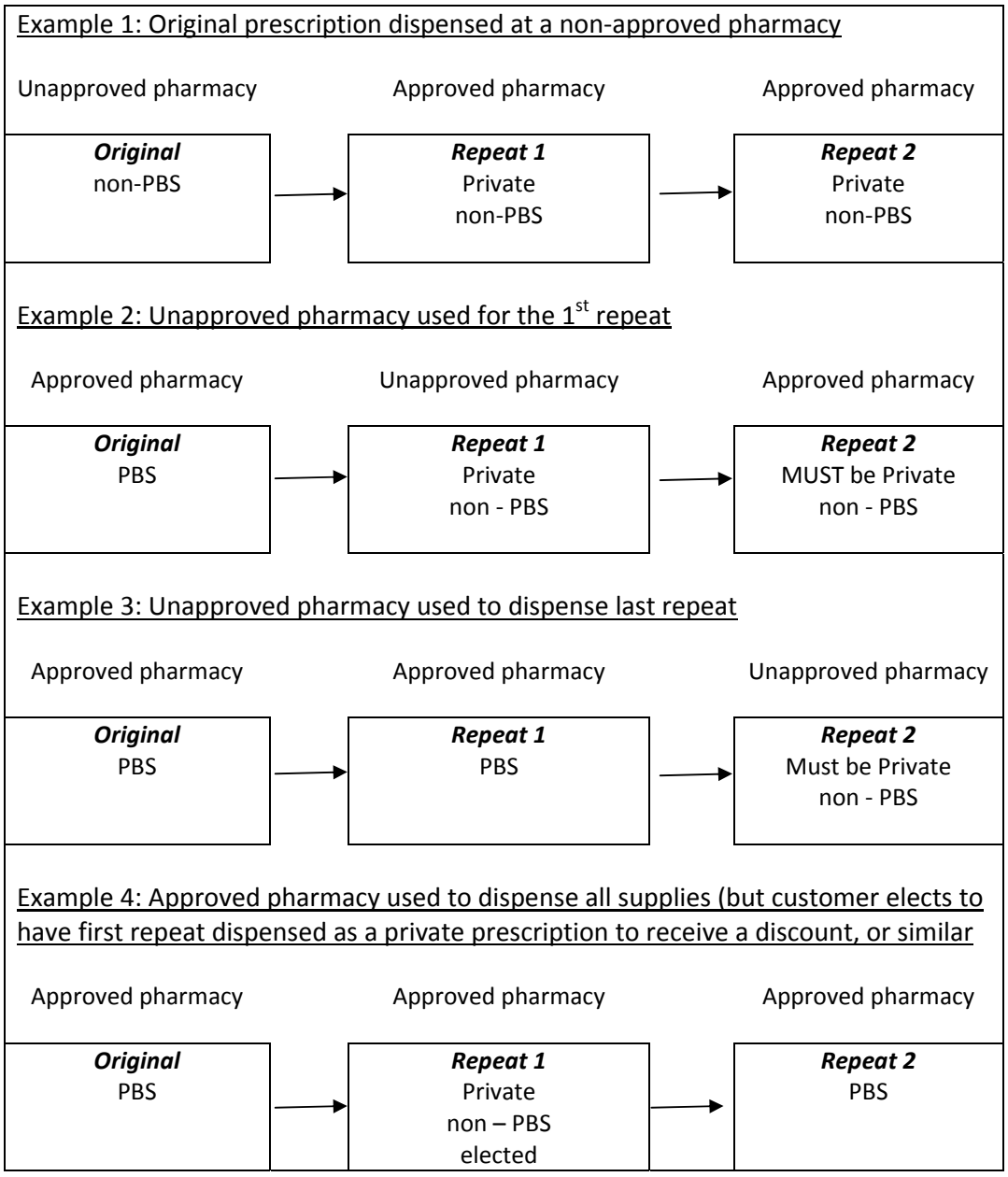
If your customer has a prescription that is eligible to be supplied on the PBS/RPBS, but chooses to have their prescription supplied at an unapproved pharmacy, the supply is considered to be outside the PBS/RPBS and the following consequences apply:

- The payment made for that medicine will not count towards your customer's PBS Safety Net Threshold;
- Your customer cannot elect to "switch" any subsequent repeats on that prescription to be supplied under the PBS/RPBS. Once an unapproved pharmacy is used to dispense a valid PBS/RPBS prescription, that supply, and **all** subsequent repeats, must be supplied as non-PBS (private) supplies; and
- Your customer will not be able to obtain a refund from DHS-Medicare for any amount paid over and above the PBS copayment for a medicine.

If your customer wants the remaining repeats on the prescription that was previously dispensed by an unapproved pharmacy to be dispensed under the PBS/RPBS, your customer will need to go back to their prescriber and ask for a new prescription. The new prescription will then need to be taken to an approved pharmacy for dispensing under the PBS/RPBS.

What happens if your customer switches between approved and unapproved pharmacies when having PBS/RPBS prescriptions dispensed?

If an approved pharmacy is always used to dispense an original PBS/RPBS prescription, and any subsequent repeats, your customer may choose to "switch" between PBS/RPBS and private dispensing at any time. However, once an unapproved pharmacy is used to dispense an eligible PBS/RPBS prescription, that supply, and **all** subsequent repeats, must be supplied as non-PBS (private) supplies. In these circumstances, your customer cannot "switch" between PBS/RPBS and private dispensing for any of the remaining repeats on that prescription.



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