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Message from the Chair

The Pharmacy Board of Australia (the Board) has continued to implement its strategic plan. This work was initially done in the previous year with external consultants. It has enabled the Board committees to also develop work plans and the Board to undertake regular evaluation of its performance and progress against plans.

Below are details of the type of work each committee was responsible for over the past year.

- The Finance and Governance Committee accepted responsibility for risk assessment, in addition to advising the Board on budget preparation, financial management, effective governance and preparing comments for the review of the National Registration and Accreditation Scheme (the National Scheme).
- The Notifications Committee considered an increased number of notifications frequently involving complex situations.
- The Policies, Codes and Guidelines Committee had the task of reviewing all of the Board's policies, registration standards, codes and guidelines; this included a large consultation to develop new guidelines on compounding.
- The Registration and Examinations Committee has reviewed examination procedures and the development of an increased question data bank, and an increased number of pharmacists applying to return to practice.

The Board, through careful management of expenditure and thorough planning, has been able to maintain registration fees at the 2013-14 level for the ensuing period.

I would like to sincerely thank all the Board members for their dedication, effective contributions and professional approach to the work of the Board, and the committee chairs for their leadership and enthusiasm in their roles.

In addition, the Board is fortunate to have the valuable support and contributions of pharmacists who serve as examiners and committee members, and I sincerely thank them.

I also acknowledge the contributions and support from AHPRA's executive team and the support staff in the national and jurisdictional offices. In particular, I thank Mr Joe Brizzi, the Board's Executive Officer, and Ms Michelle Pirpinias, the Board's Senior Policy Officer, for their professionalism, dedicated service and contributions to ensure the smooth and effective administration of the Board.

Stephen Marty

Chair, Pharmacy Board of Australia



Renew registration online now

The Board has launched its 2014 renewal of registration campaign for pharmacists and AHPRA has sent email reminders to pharmacists who have provided an email address.

Pharmacists should act now if their contact information has changed to not miss future reminders to renew. To update contact details visit the Board's website and use the appropriate link under online services for practitioners. A user ID and secure password is needed. Practitioners who have forgotten their user ID can complete a web enquiry form. Select 'Online Services - Practitioner' as the category type.

The registration renewal date for pharmacists with general or non-practising registration is 30 November 2014. The quickest and easiest way to renew registration is [online](#).

Renewal applications received during December will incur a late payment fee.

Under the National Law¹, practitioners who do not renew their registration within one month of their registration expiry date must be removed from the Register of Pharmacists. Their registration will lapse and they will not be able to practise pharmacy in Australia. A fast track application can be made, but

¹ Health Practitioner Regulation National Law, as in force in each state and territory

only during January. The practitioner cannot practise until the application is processed and the national register is updated.

Pharmacists should read the Board's registration standards carefully before applying to renew as information in support of declarations made in an application could be requested.

A renewal FAQ is available on the Board's website.

Graduate applications

AHPRA is calling for online applications from students who are in their final year of an [approved program of study](#). Pharmacy graduates are eligible to apply for provisional registration to undertake a Board approved period of supervised practice.

Students due to complete study at the end of 2014 are urged to apply for registration before completing their course. An email reminder to apply early and online will be sent by AHPRA on behalf of the Board to final-year students on the Student Register. Applications can also be made by completing a [paper application form](#).

Pharmacy students are encouraged to read the information on AHPRA's website under [Graduate applications](#). Graduates must meet the Board's [registration standards](#) and hold provisional registration before they start practising.

Snapshot of the registered workforce

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

The Board's June 2014 data update shows there are 28,282 registered pharmacists in Australia, an increase of 94

practitioners since March 2014 – and of 943 practitioners since June 2013. Of these pharmacists, 25,455 have general registration and 1,846 have provisional registration.

A total of 964 pharmacists are non-practising and 17 have some form of limited registration. See Table 1 for further details.

Table 1 – Pharmacists: state and territory by registration type and subtype (June 2014)

Registration type/subtype	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total
General	424	7,868	188	5,010	1,855	624	6,334	2,802	350	25,455
Provisional	34	638	19	427	133	48	366	181	-	1,846
Limited (Total of Subtypes)	1	5	1	2	-	-	4	3	1	17
Postgraduate Training or Supervised Practice	1	5	1	2	-	-	4	3	1	17
Area of Need	-	-	-	-	-	-	-	-	-	-
Public Interest	-	-	-	-	-	-	-	-	-	-
Teaching or Research	-	-	-	-	-	-	-	-	-	-
Non-Practising	10	258	4	97	45	7	281	60	202	964
Total Practitioners	469	8,769	212	5,536	2,033	679	6,985	3,046	553	28,282

* No principal place of practice

The data published by the Board also contain information on pharmacists by principal place of practice, gender by state and territory and registration type and subtype by age group.

Visit the [About>Statistics](#) section of the Board's website for further workforce details.

Preventing avoidable mistakes

The Board reminds pharmacists to be mindful when dispensing medicines so that avoidable mistakes are not made. Pharmacists have a duty to make the care of patients or clients their first concern and to practise safely and effectively.

While the Board will not comment on individual cases, it has recently received reports of mistakes being made that could have been avoided had a scanner been used or screen alert been noted, including:

- incorrect strengths of thyroxine and prednisolone being dispensed, and
- quetiapine 300mg being dispensed instead of ranitidine 300mg.

All of these have the potential for adverse outcomes for patients. In accordance with the Board's *guidelines for dispensing of medicines*, pharmacists have an obligation to use systems and processes to prevent mistakes that could have adverse outcomes for patients. These and other Board codes and guidelines are admissible in proceedings under the National Law, for example, when handing complaints against pharmacists, as evidence of what constitutes appropriate professional conduct or practice for the pharmacy profession.

The Board is aware that there are some computer software systems which print a barcode on the label, allowing the label and medication to be scanned, thereby reducing possible errors.

Errors in Dose Administration Aids (DAAs) have also been the subject of notifications about pharmacists. The Board's *Guidelines on specialised supply arrangements* state:

'The filling of DAAs is repetitive, yet it requires close and systematic concentration to minimise the risk of error. The role may be delegated to suitably trained pharmacy students, interns and dispensary assistants, and the work subjected to checking by a pharmacist. Sufficient space and time, freedom from interruption and good lighting are necessary for safe performance of the task. The area where the work is carried out must be tidy and orderly.'

Pharmacists cannot delegate to non-pharmacist staff members the responsibility for checking packed DAAs and should allow enough time to conduct this important check before supplying DAAs.

Methotrexate incidents

In recent months, the Notifications Committee of the Pharmacy Board of Australia (the Committee) has received notifications of several medication incidents involving the drug methotrexate, resulting in patient deaths. In all cases, while the medication was dispensed correctly, the resultant packaging of the drug into DAAs was incorrect, and the incorrect packing was not detected by the releasing pharmacist.

The following is a summary of one particular incident and details the processes carried out that led to a patient death.

The prescription for methotrexate was correctly dispensed by a pharmacist for packaging into a DAA for use by the patient. The drug was prescribed as part of the patient's treatment for

rheumatoid arthritis, with directions to be taken once a week on the same day each week. The setting out of the patient's medication into a DAA was carried out by a pharmacy technician, who incorrectly packed the methotrexate to be taken every day. This incorrect packing was done for two separate weekly packs.

The two packs were checked by two different pharmacists on consecutive weeks who both released the packs for the patient to use, and placed their initials on the packs as having been checked as correct.

The contents of the two DAAs were consumed by the patient for a total of nine days, by which time the patient had developed mouth ulceration which prevented the patient from eating properly and led to a hospital admission, where the packing error was detected by admitting hospital staff.

The patient's condition deteriorated rapidly and the patient died some days later in hospital. The death was referred to the Coroner's Office. The Coroner subsequently found that the cause of death was immune system compromise caused by the toxic effects of methotrexate dispensed and incorrectly packed by the pharmacists as daily instead of once weekly doses.

The Committee found that the pharmacists' professional performance was unsatisfactory, and referred the matters for hearing by a Professional Performance Standards Panel.

This case underscores the Board's concern when pharmacists dispense and subsequently pack into a DAA for later consumption by the patient, drugs with a narrow therapeutic index. Extra vigilance is required to be exercised by pharmacists with these drugs.

Pharmacists' workloads

The Board is concerned that there are some pharmacists who fail to practise in accordance with the Board's *Guidelines for dispensing of medicines* (dispensing guidelines), particularly in relation to recommended dispensing levels. Excessive workloads on pharmacists contribute to work-related pressure and stress, and may hinder the ability of pharmacists to meet their professional obligations; such as review of the patient's medication history and provision of medication counselling, and may contribute to the occurrence of dispensing errors.

The Board draws pharmacists' attention to the guidance on 'Pharmacists' workloads' in the dispensing guidelines, which recommends that if dispensing levels for a pharmacist are in the range of 150-200 items per day, trained dispensary assistants and/or intern pharmacists should be utilised, and that if the dispensing workload exceeds 200 items per day, additional pharmacists or dispensary assistants may be required. Other factors such as the use of advanced dispensing technologies should be taken into account. This is a guide to assist pharmacists to allocate adequate time to dispense every prescription or order in accordance with professional practice standards and Board guidelines.

The Board acknowledges that workloads may vary from hour to hour and day to day, and that pharmacists may be required to dispense above the recommended rate in unforeseen circumstances. However, the Board expects that pharmacists (including managers), directors of hospital pharmacy

departments and pharmacy owners take appropriate steps to ensure that the workload of pharmacists is reasonable and manageable to enable professional obligations to be met. Pharmacy owners are reminded of their responsibility to ensure that the pharmacy is suitably resourced and that staff members are sufficiently trained, as outlined in the Board's *Guidelines on responsibilities of pharmacists when practising as proprietors*.

Pharmacists are reminded that non-compliance with Board guidelines may be used in disciplinary proceedings under the National Law as evidence of what constitutes appropriate professional conduct or practice for pharmacists. When considering notifications (complaints) against pharmacists, including those which might relate to a dispensing error, the Board will give consideration to whether a breach of the guidelines has taken place.

As part of the Board's current review of the registration standards, codes and guidelines, draft revised *Guidelines for dispensing of medicines* have been developed. The Board will be seeking feedback on these guidelines through preliminary and public consultation over the coming months, including feedback on the proposed guidance on 'Pharmacists' workloads'. Pharmacists are encouraged to participate in the public consultation on these guidelines to have their views heard.

Pharmacists are also referred to a resource titled [Workplace Pressures in Pharmacy: Practical advice for New Zealand pharmacists, pharmacy staff and employers](#) by the Pharmacy Council of New Zealand, which has useful tips on workplace pressures, including workload, that are also relevant to the Australian pharmacy context.

Pharmacy oral examination (practice) candidate guide

The Board has published an updated guide to its oral examination for candidates. The revised *Pharmacy oral examination (practice) candidate guide* (the candidate guide) is published on the Board's [website](#). Interns undertaking examinations from October 2014 are advised to review the updated guide. There are no changes to the structure and content of the oral examination. The candidate guide provides information about the examination, its administration and rules to assist interns in their preparation for the oral examination (practice).

Health Profession Agreement

The Board and AHPRA have published the [health profession agreement](#) (HPA) that outlines the partnership between the Board and AHPRA, and the services AHPRA will provide to the Board in 2014/2015. The HPA also provides information about the Board's financial operations and fees.

National Return and Disposal of Unwanted Medicines

The Board supports the Return Unwanted Medicines (RUM) project for the return of unwanted medicines and considers this to be an important service to promote safety of the public

in relation to their medicines. The Board notes that there have been reports of a shortage of RUM bins and urges pharmacists to ensure their efficient use, this may be achieved by compressing bulky packaging. Further information regarding the RUM project can be found on the [Return Unwanted Medicines website](#). Pharmacists are encouraged to be adequately prepared for the anticipated increase in returned medicines from members of the public with the launch of the Medicines Wise Week (13 – 17 October 2014) by NPS MedicineWise.

Pharmacists' Support Service

The Pharmacists' Support Service (PSS) is a free service run by pharmacists for pharmacists. Any Australian pharmacist, pharmacy intern or student can access PSS if they are stressed, are concerned about their mental health or just need a listening ear. The PSS telephone is answered by pharmacist volunteers who have undertaken training in crisis support counselling. Anonymous and discreet support is available on 1300 244 910 between 8.00am and 11.00pm (EST) every day of the year. More information about PSS and some useful resources for pharmacists can be found on the PSS website at www.supportforpharmacists.org.au.

Consultations

Public consultation on practitioners with blood-borne viruses closed

All 14 National Boards invited practitioners, members of the community and other stakeholders to provide feedback on guidelines that will determine how, from a regulatory perspective, health practitioners with blood-borne viruses should be managed.

Public consultation on registration standards and guidelines closed

Consultation has closed on the following revised Board registration standards and guidelines:

- Registration standard: Professional indemnity insurance arrangements
- Registration standard: Continuing professional development and related guidelines
- Registration standard: Recency of practice
- Registration standard: Supervised practice arrangements
- Registration standard: Examinations for eligibility for general registration
- Guidelines on compounding of medicines and draft Professional practice profile for pharmacists undertaking complex compounding.

Once finalised, the Board, in accordance with the requirements of the National Law, will submit its revised registration standards to the Ministerial Council. The registration standards approved by Ministerial Council will then be published on

the Board's website, including further details regarding their implementation. Until revised registration standards are published, pharmacists are required to meet the requirements of the current [registration standards](#).

The Board will also publish the finalised *Guidelines on compounding of medicines and Professional practice profile for pharmacists undertaking complex compounding* on its website and provide further details regarding their implementation. Until the revised guidelines are published, pharmacists are reminded of their obligation to refer to the current compounding guideline published in the Board's *Guidelines for dispensing of medicines* in addition to ensuring compliance with:

- relevant state and territory and Commonwealth legislation
- practice standards and guidelines relevant to compounding published by the Pharmaceutical Society of Australia and The Society of Hospital Pharmacists of Australia
- occupational, health and safety standards, and
- the Australian standards for cleanrooms.

The Board wishes to thank all individuals and organisations who made submissions to all the consultations. Further work will be done to review and analyse the feedback received to assist the Board in finalising all consultations.

The consultations can be viewed under [Past consultations](#) on the Board's website.

National Scheme news

Three-year review of the National Scheme

The independent review of the National Scheme is underway and a consultation paper is now [published](#).

The terms of reference for the review are published at the [Australian Health Ministers' Advisory Council website](#) under 'media releases' on the right-hand tab. The review – led by independent reviewer, Mr Kim Snowball – was built into the intergovernmental agreement that set up the framework and governance arrangements for the National Scheme. The agreement stated that the Australian Health Workforce Ministerial Council (Ministerial Council) would initiate an independent review after three years of the National Scheme's operation.

The National Boards and AHPRA are actively participating in the review process.

Regulatory principles endorsed for National Scheme

The National Boards and AHPRA have launched refreshed regulatory principles that will underpin the work of the Boards and AHPRA in regulating Australia's health practitioners in the public interest.

The principles are endorsed by all National Boards and the AHPRA Agency Management Committee and will guide Boards and AHPRA when they are making decisions. The principles encourage a responsive, risk-based approach to regulation across all professions within the National Scheme.

Regulatory decision-making is complex and contextual, requiring judgement, experience and common sense. The principles will further support consistent, balanced decision-making.

AHPRA and the National Boards will be seeking feedback on the principles in a formal consultation later in 2014 and will review them based on this feedback and 12 months' experience. You can read the regulatory principles in a [media release](#) on the AHPRA website.

Data access and research policy

One of the objectives of the National Scheme is to protect the public by ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered. To achieve this objective AHPRA and the National Boards are increasing the use of data and research to inform policy and regulatory decision-making. Specifically, we're building organisational capacity for analysis, supporting external collaboration on regulatory research, and conducting or supporting high-value regulatory research and analysis.

To do this well, we must effectively govern access to data generated by the National Scheme. We can provide access to de-identified data, as governed by the National Law and the relevant privacy laws and policies, but strict limits exist. These limitations are explained on the [Data access and research page](#) of the AHPRA website, which also includes a downloadable [application form](#) for interested researchers.

AHPRA and the National Boards encourage applications from researchers whose projects aim to deliver regulatory improvement and health workforce reform.

Four-year anniversary of the National Scheme

July marked the four-year anniversary of the National Scheme (with Western Australia joining in October 2010). Reflecting on the past four years, AHPRA Chair, Mr Michael Gorton AM, said the National Scheme had delivered important benefits for the quality and safety of the health system in each state and territory and for health practitioners and the community.

The National Scheme was the product of an important national health workforce reform, which was internationally significant in its scale and ambition.

Headline achievements in the last four years include:

- registering more than 618,000 health practitioners with national mobility of registration
- establishing and maintaining a searchable national online register that makes it easier for the Australian community to find out about the registration status of all registered practitioners
- increasing online renewal rates dramatically (95 per cent average), making it easier for practitioners to renew on time
- establishing data exchange with partners such as the Australian Institute of Health and Welfare and Medicare Australia to greatly improve workforce data for policy and planning, and
- developing a comprehensive set of regulatory policies and standards, across and within professions, to ensure appropriate protection of the public.

New homepages for AHPRA and National Boards' websites

We have changed the homepages of the AHPRA and National Boards' websites, to make them easier to use and make it easier for users to find what they need.

The designs aim to make searches easier and more accurate and promote consultations and AHPRA's social media channels to make it easier for users to find the information they are looking for. The new designs are based on analytics data on how people use the sites as well as feedback from staff (including our customer service teams who receive calls from our stakeholders on where to find information on the sites) as well as members from our community reference group.

With the new homepages, users are able to:

- search the register with one click straight from the homepage
- go to the 'employer' or 'practitioner' tabs, which include links specific to these groups
- browse more news items without clicking through to a specific story, and
- know which website they are on at all times, even if they click between AHPRA and Board pages.

While the new homepages have made an immediate improvement on the usability of the sites, there is still more work to follow. Work on the rest of the sites will begin later this year, which will include extensive consultation with a range of user groups, including practitioners, employers and members of the community.

Queensland – new arrangements for handling notifications from 1 July 2014

On 1 July 2014 a new law came in to effect in Queensland, the *Health Ombudsman Act 2013*.

From this date, all complaints about Queensland health practitioners will be received by the Office of the Health Ombudsman (OHO) who will either manage the matters or refer them to the relevant National Board to manage.

Complaints that were made to AHPRA or National Boards before 1 July 2014 will generally continue to be managed by AHPRA on behalf of National Boards. However, under the new law the Office of the Health Ombudsman can request that a matter be referred to them to be managed. If this were to happen, AHPRA will inform both the notifier and the practitioner who is the subject of the notification.

For information about the Office of the Health Ombudsman please go to www.oho.qld.gov.au or call 133 646 (133 OHO).

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.

