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## Message from the Chair

Welcome to the final newsletter for 2014 from the Pharmacy Board of Australia (the Board). This edition of the newsletter will update you about important topics such as practice advice, the Board's annual report and registration renewal.

Recently we released our [2013/14 annual report](#), and this gave me the opportunity to reflect on the Board's achievements, challenges and priorities during the last year. This year, for the first time, we have also published a profession-specific profile – [Pharmacy regulation at work in Australia, 2013/14](#).

I would also like to remind you all that the registration renewal date for pharmacists with general or non-practising registration was 30 November 2014. If you haven't already renewed your registration, please do so as soon as possible.

We have started preparing for a busy 2015 and I look forward to working with you all as we continue to work on improving and strengthening the National Registration and Accreditation Scheme (the National Scheme), driving operational excellence and protecting the public.

On behalf of the National Board, I wish you all a safe and happy festive season.

**Stephen Marty**  
Chair, Pharmacy Board of Australia



## Practice advice

### Expired stock

The Board has received several notifications involving expired medicines being dispensed to patients. We would like to remind pharmacists that the expiry date of every dispensed medicine must be checked to ensure that the medicine is in date for the expected duration of treatment.

A good dispensing process, with a number of routine checks including an expiry date check, should be in place and observed every time a medicine is dispensed. Review of the [Guide to good dispensing](#) by Pharmaceutical Defence Limited and the *Australian Journal of Pharmacy* may assist you in evaluating and improving your dispensing practice to minimise dispensing errors, including the supply of an expired medicine, and save you time and expense.

You also need to leave the manufacturer's expiry date visible when labelling a dispensed medicine to ensure that patients or clients, carers and/or other healthcare providers have access to this information if needed.

To further minimise the risk of supplying an expired medicine, processes should be in place in the pharmacy for the periodic checking of expiry dates of stock, easy identification of near-outdated stock, and appropriate disposal of any expired stock.

### Checking of dose administration aids

Errors in dose administration aids (DAAs) have also been the subject of notifications to the Board. Please read the Board's [Guidelines on specialised supply arrangements](#), which address the provision of DAAs by pharmacists, and provide guidance on how to minimise errors when undertaking this activity. You should also refer to the [DAA service standards and guidelines](#) issued by the Pharmaceutical Society of Australia.

The role of packing a DAA can be delegated to a suitably trained person, but the pharmacist is responsible for checking the packed DAA before it is supplied to a patient. Although many factors may contribute to an error in a DAA, it is the final check by the pharmacist that ultimately determines whether the DAA supplied has been accurately packed, and is in accordance with the patient's current medication regimen. This vital check by the pharmacist is as important as the check of any individually dispensed medicine, and requires vigilance. Make sure you dedicate sufficient time (without interruption) to this important task.

### Responsibilities of proprietor pharmacists

In a recent case heard by the Board, pharmacists who are partners in a pharmacy have been cautioned by the Board for not sufficiently carrying out their responsibilities as proprietor pharmacists; the pharmacy is not located in the jurisdiction of their principal places of practice.

The Board reminds proprietors that even if they are operationally silent, or present only infrequently at the pharmacy, they must maintain an active interest in how the practice of pharmacy is being conducted and intervene if this practice is not appropriate and in accordance with:

- any applicable state, territory and Commonwealth law
- relevant Pharmacy Board of Australia policies, codes and guidelines
- applicable professional practice and quality-assurance standards and guidelines, and
- good pharmacy practice.

A summary of the Board's [Guidelines on responsibilities of pharmacists when practising as proprietors](#) is provided below.

A registered pharmacist who is a proprietor of, or who has a pecuniary interest in a pharmacy business, must:

- maintain, and be able to demonstrate an awareness of, the manner in which that pharmacy business is being conducted, and
- when necessary, intervene to ensure that the practice of pharmacy is conducted in accordance with applicable laws, standards and guidelines.

The guidelines also explain how a proprietor pharmacist would determine how the pharmacy business is being conducted. We draw your attention to two particular obligations that were not met by the proprietor pharmacists in the case recently dealt with by the Board:

- ensuring that the pharmacy is resourced suitably and that staff members are trained sufficiently to sell goods and provide services, and
- ensuring business procedures and policies established by the proprietor/s are being followed.

Proprietor pharmacists should refer to the Board's [guidelines](#) to ensure that they are fully aware of their additional professional responsibilities to ensure the safe, effective delivery of services to the public from their pharmacy.

Also, proprietors cannot assume that it is acceptable to deviate from the guidance provided for reasons such as changing commercial factors that may create financial pressures on a pharmacy business. Public safety is paramount and must always be considered as part of the delivery of pharmacy services.

A code or guideline approved by the Board, or a law of a co-regulatory jurisdiction, is admissible in proceedings under the National Law<sup>1</sup> against a pharmacist as evidence of what constitutes appropriate professional conduct or practice for the pharmacy profession.

## 2013/14 National Scheme annual report

AHPRA and the National Boards have released their 2013/14 [annual report](#) on the National Scheme, providing a comprehensive record of the operations of the National Scheme for the 12 months ending 30 June 2014.

The annual report provides a national snapshot of the work and finances of the National Scheme and is tabled in the parliaments of each state and territory and the Commonwealth. The 2013/14 annual report is an important reporting milestone and covers the lead-up to the scheduled independent three-year review of the National Scheme, now underway.

This year, for the first time, AHPRA and the National Boards have [published summaries](#) of their work regulating health practitioners in every state and territory. [Profession-specific profiles](#) have also been published; [Pharmacy regulation at work in Australia, 2013/14](#) outlines our work in regulating the pharmacy profession in the National Scheme.

The report provides a profession-specific view of the Board's work to manage risk to the public and regulate the profession in the public interest. It is a profile of regulation at work in Australia for the 12 months ending 30 June 2014.

For more information, please read the [media release](#) on the AHPRA website.

## Quarterly registration data

The Board publishes quarterly data profiling Australia's pharmacy workforce.

At September 2014, there were 28,403 registered pharmacists comprising the following number of registrants according to registration type:

- 25,625 – general registration
- 1,796 – provisional registration
- 17 – limited registration, and
- 965 – non-practising registration.

The quarterly registration data update is published on the Board's website under [About>Statistics](#).

## Tribunal decisions

### Mr Nicholas Gledhill

The State Administrative Tribunal of Western Australia has found that Mr Nicholas Gledhill engaged in professional misconduct, reprimanded him and disqualified him from applying for registration for two years. Mr Gledhill had previously let his registration lapse.

The Board referred the matter to the tribunal in 2014, in relation to handling or dispensing schedule 8 medications (drugs of dependence). Mr Gledhill had pleaded guilty to offences committed under the *Poisons Act 1964* (WA) in 2006.

During its investigation, the Board found that in 2005 the WA Department of Health (DoH) had revoked Mr Gledhill's authority to use, supply or sell drugs of addiction and restricted him from doing so. The restriction remains in place. The investigation also found that between:

<sup>1</sup> The Health Practitioner Regulation National Law, as in force in each state and territory.

- October 2009 and December 2012, Mr Gledhill supplied schedule 8 medications on 3,600 occasions to clients visiting the pharmacy where he worked
- November 2011 and December 2012, Mr Gledhill supplied schedule 4 (prescription only) medications on 136 occasions without prescription, contrary to the Poisons Regulations, and
- January 2012 and December 2012 Mr Gledhill falsified entries in the register of drugs of addiction to disguise that he had taken and used schedule 8 drugs himself.

In December 2012 Mr Gledhill failed to place drugs of addiction in a locked safe as required by the Poisons Regulations. The drugs of addiction were instead locked in a drawer at the pharmacy.

In July 2013 Mr Gledhill was charged with 10 counts of breaching the *Poisons Act 1964 (WA)* for self-administering a prescribed drug of addiction between June 2012 and December 2012. In December 2013 Mr Gledhill pleaded guilty to the offences and was convicted and fined \$30,000.

The tribunal noted the disciplinary history of the practitioner, including a 2006 conviction of supplying medications contrary to the DoH restriction and the Act, and subsequent tribunal orders including regular drug screening.

Mr Gledhill had admitted guilt and had not applied to renew his registration in 2013. He said that prescribing the schedule 4 drugs was done out of necessity as the country town where the pharmacy was located only had one GP and prescriptions could be delayed. He also said the drugs had been supplied to the relevant patients in the past.

Mr Gledhill stated he wasn't aware that the restriction remained after December 2007 and that he had sought psychiatric and psychological counselling for his impairment and continues to receive counselling regularly.

The Board and Mr Gledhill reached a settlement in October 2014 which was put to the tribunal. The tribunal found that Mr Gledhill has an impairment and had engaged in professional misconduct. The tribunal:

- reprimanded him
- disqualified him from applying for registration for two years, and
- ordered him to pay the Board's legal costs, fixed at \$5,000.

The full decision is available on the [tribunal website](#).

### Mr Frank Balestra

The State Administrative Tribunal of Western Australia has reprimanded Mr Frank Balestra, cancelled his registration as a pharmacist and disqualified him from applying for registration for 30 years.

The Board referred the matter to the tribunal in April 2013, after an investigation that followed a referral from the Medical Board of Australia.

The Medical Board of Australia alleged Mr Balestra had dispensed approximately 100,000 items of anabolic androgenic steroids, stimulants, human growth hormone and clomiphene (a fertility medicine) to patients for non-therapeutic purposes since 1 January 2006.

At the tribunal hearing, Mr Balestra admitted to professional misconduct by dispensing drugs for non-therapeutic reasons, despite knowing the risks of doing so.

Mr Balestra admitted that he:

- dispensed clomiphene to male patients when he knew that the medical practitioners who had written the original prescriptions didn't have authority under the *Poisons Regulations 1965 (WA)* to do so, and
- dispensed anabolic androgenic steroids, stimulants and human growth hormone to patients:
  - for purposes he knew didn't accord with recognised therapeutic standards, and
  - in quantities and combinations which created a real and substantial risk of known adverse effects; and a real risk of on-selling to others and similarly adverse effects in the purchasers or recipients of those drugs.

In making its decision, the tribunal considered the scale and period of time over which Mr Balestra's conduct occurred, and found that Mr Balestra:

- demonstrated a lack of insight by continuing to dispense drugs even after the tribunal proceedings had begun
- was motivated by the lucrative nature of improperly dispensing the drugs
- continued dispensing to patients even though he knew the patients were suffering from adverse effects of other drugs, and/or were 'doctor shopping'
- on occasions dispensed more medication than the prescribed quantity
- dispensed drugs using prescriptions that he knew were written by medical practitioners who weren't consulting the patients 'in person', and/or were incomplete, and
- held his pharmacy out as being able to dispense anabolic androgenic steroids to prospective customers who were interested or engaged in body building.

The tribunal found Mr Balestra had engaged in professional misconduct. His registration as a pharmacist has been cancelled from 9 January 2015, and he has been disqualified from applying for re-registration for 30 years.

Mr Balestra is banned from dispensing any of the drugs in question, pending the cancellation of his registration.

## Have you renewed your registration yet?

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

At the time of publication of this newsletter, 95% of pharmacists have renewed their registration; of these, 98% have renewed online.

If you haven't already renewed your registration, please do so as soon as possible.

There is a late payment fee for renewal applications received in December, which reflects the cost of managing late renewals.

Under the National Law, if you do not apply to renew your registration within one month of your registration expiry date your registration will lapse and you will not be able to practise in Australia until a new application for registration is approved. Your name must be removed from the Register of Pharmacists and you cannot practise until your application is processed and the national register is updated.

If you have provided an email address to the Board or AHPRA you will have been sent email reminders. If you have not provided an email address to the Board or AHPRA, you will have been sent a reminder in the mail.

A renewal [FAQ](#) is available on the Board's website.

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## Certificate of registration status now available online

### New process makes it easy

Pharmacists can now request a certificate of registration status (CoRS) using the online AHPRA portal. In the past this was a manual process involving a form which was either posted or hand-delivered to an AHPRA office. Pharmacists can now:

- apply online by [logging onto online services](#), or find out more information on our [Practitioner services page](#) of the AHPRA website, or
- apply using the [PDF form](#) (245 KB), which is available for download from our [Common application forms page](#) or the [Practitioner services page](#) of the AHPRA website.

There is a fee of \$50 for each CoRS.

### What is a CoRS?

When practitioners are seeking registration or employment that requires them to be registered outside Australia, the regulatory authority in that jurisdiction may require a [certificate of registration status \(CoRS\)](#). This document is also referred to as a certificate of good standing or certificate of current professional status by some regulators.

The certificate provided by AHPRA:

- identifies the National Board and the recipient organisation
- lists practitioner-specific information including key registration dates, details of any current proceedings, suspensions, cancellations and/or any other relevant information, such as active conditions, undertakings, cautions and reprimands, and
- includes the date of issue of the certificate.

AHPRA offers a service to practitioners to provide a CoRS to regulatory authorities in other countries and some other approved organisations, including a number of specialist colleges. Approved organisations can be found on AHPRA's website under [Practitioner services](#).

The certificate is never provided to the requesting practitioner or to an employer, and can only be sent to an AHPRA-approved regulatory body or organisation.

These changes are part of our ongoing work with AHPRA to improve and streamline services for registered pharmacists.

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## National Scheme news

### Strengthening international criminal history checks

From early 2015, National Boards and AHPRA will implement a new procedure for checking the criminal history of international applicants for registration. The new approach aims to strike a balance between public safety and regulatory burden for practitioners. We need to understand and manage any risk to patients and the public without unnecessarily delaying the registration process for applicants.

For more information, please read the [media release](#) on the AHPRA website.

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## For more information

- Visit the [Board website](#) 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.

*The Pharmacy Board of Australia is the regulator of pharmacists in Australia and acts to protect the public by ensuring that suitably qualified and competent pharmacists are registered. The Board is responsible for developing registration standards, codes and guidelines for pharmacists and managing notifications (complaints)\* about pharmacists and pharmacy students. The Board does this through its powers under the Health Practitioner Regulation National Law, as in force in each state and territory, and the National Registration and Accreditation Scheme, supported by the Australian Health Practitioner Regulation Agency (AHPRA). The Board's work in regulating Australia's pharmacists in the public interest is underpinned by [regulatory principles](#), which encourage a responsive, risk-based approach to regulation.*

\*Except in NSW and QLD which have co-regulatory arrangements.