



## Communiqué

**6 March 2015**

The Pharmacy Board of Australia (the Board) met on 20 February 2015 in Melbourne.

### Stakeholder meeting in Melbourne

The Board recently held a meeting with local pharmacists and stakeholders in Melbourne. This provided an opportunity for Board members to discuss issues regarding the National Registration and Accreditation Scheme (the National Scheme) and local practice. The meeting is part of the Board's program of jurisdictional meetings with pharmacists and stakeholders.

### Quarterly registration data

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

At December 2014, there were a total of 28,883 registered pharmacists comprising the following number of registrants according to registration type:

- 26,096 – general registration
- 1,724 – provisional registration
- 16 – limited registration
- 1,047 – non-practising registration

The quarterly registration data at December 2014 for the pharmacy profession is published on the Board's website ([www.pharmacyboard.gov.au/About/Statistics.aspx](http://www.pharmacyboard.gov.au/About/Statistics.aspx)). It includes a number of statistical breakdowns.

### Public consultation on guidelines closes 1 May 2015

The Board is currently consulting on the following revised guidelines:

- *Guidelines for dispensing of medicines*
- *Guidelines on practice-specific issues*
- *Guidelines on dose administration aids and staged supply of dispensed medicines<sup>1</sup>*
- *Guidelines for proprietor pharmacists<sup>2</sup>*

The consultation paper is published under [Current consultations](#) on the Board's website.

Consultation will close on 1 May 2015 and the community, stakeholders, pharmacists and other health practitioners are welcome to make a submission.

### Board and AHPRA strengthen national drug screening

Mandatory hair testing will be routine for all registered health practitioners with substance-related impairment, under a screening protocol to be introduced by the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards.

Under the protocol, all health practitioners who have restrictions on their registration linked to past substance abuse will have routine hair testing in addition to urine testing.

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<sup>1</sup> Currently titled *Guidelines on specialised supply arrangements*

<sup>2</sup> Currently titled *Guidelines on responsibilities of pharmacists when practising as proprietors*

Routine hair testing helps provide comprehensive information about the use – over time – of a wide range of drugs (not just based on the practitioner’s drug-taking history).

The protocol provides a clear framework across professions for AHPRA’s advice to National Boards about the management of registered practitioners with drug-related impairment. It will make sure drug screening in the National Scheme is evidence based, effective and up to date.

National Boards will continue to make decisions about individual practitioners with impairment case by case, based on testing standards set out in the protocol. This includes:

- nationally consistent threshold limits, so all pathology providers conducting the tests use consistent testing baselines (e.g. will report all positive alcohol readings over 30pg/mg in hair)
- agreed ‘critical events’ – in addition to positive test results – requiring action and follow-up (e.g. unexplained delayed screening tests or results, failure to attend screening, diluted or unsuitable samples, etc.), and
- agreed triggers for National Boards to consider disciplinary action (e.g. positive test results, non-compliance with screening requirements, etc.).

AHPRA has established an expert panel to provide ongoing advice on the biological assessment, testing and monitoring of applicants and registrants with drug and/or alcohol misuse, including impairment. The panel includes Professor Olaf Drummer, Professor Jenny Martin and Dr Robert Ali. Terms of reference for the panel are published on the [Expert Panel on Drug and Alcohol Screening](#) page.

AHPRA is now seeking expressions of interest from pathology providers to provide drug screening services to AHPRA to support ongoing monitoring of practitioners known to have drug-related impairment.

The drug screening protocol is part of a wider, national strategy to effectively manage compliance and monitoring across the National Scheme. The strategy, progressively implemented from July 2014:

- applies to AHPRA’s management, on behalf of National Boards, of all registered health practitioners with limitations on their registration related to health, conduct, performance or registration
- includes structural change, with the appointment of a national director, compliance and monitoring, and
- ensures coordination across all states and territories of AHPRA’s compliance and monitoring program.

## Background

AHPRA introduced an [interim drug screening protocol](#) nationally in July 2014 to guide the monitoring of practitioners with drug-related impairment.

The interim protocol was reviewed by independent expert Professor Olaf Drummer from Victorian Institute of Forensic Medicine, to ensure the approach to biological testing in the National Scheme was evidence based and up to date. His report is published on the [Monitoring and compliance](#) page.

AHPRA has updated the interim protocol in response to Professor Drummer’s findings, including making it more specific about the drugs to be tested, the cut off levels for testing and introducing the use of hair testing. It will be further refined, fully implemented and published when AHPRA has selected an ongoing provider of pathology testing services. The proposed new protocol is published on the [Monitoring and compliance](#) page.

Stephen Marty  
Chair, Pharmacy Board of Australia  
5 March 2015

*[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.*