

To whom it may concern,

I wish to express my concern, to the view in the guidelines on compounding medicine with regards to point 4 supervision of appropriately trained staff.

The Pharmacy Board of Australia needs to consider the definition of a separate employee in a compounding pharmacy as a pharmacy compounding laboratory technician.

Currently the Victorian Pharmacy Authority is encouraging lab staff to have completed a Pharmacy dispensary assistant's course as per the current guidelines. These courses were put together to educate people (without a tertiary education or even finishing high school) in pharmacy to assist them safely providing medication and information to the public. Little of this is relevant to the work in the role as a compounding laboratory technician. The role for a pharmacy lab technician, is much more suited to person with bachelor degree or higher in science or like with experience in laboratories.

Below is a crude generalisation however makes the point, by definition the VPA is guiding us to preferentially choose an 18 year girl who hasn't finished a VCE but has completed a trained dispensary assistants course compared to a science graduate or even a pharmaceutical science graduate who has spent a minimum of 3 years in lab environments plus studying chemistry. This is hardly what I would call, making the compounding pharmacy and the medicine it makes safer. I would be interested to see the perspective of Worksafe and Fair Work Australia.

I recently decided not to employ someone who had completed a pharmaceutical science degree from the Victorian College of Pharmacy (Monash) for this very reason. This is essentially the same degree as the pharmacy degree without pharmacy practice, is this person after studying for 3 years expected to do a pharmacy dispensary assistant course when they are working in compounding laboratory? They would be perfect for a role. I chose an overseas pharmacist, the VPA was happy they were from Ireland but what about other countries Brazil, Bangladesh ?

The whole purpose of these guidelines is to create a separate space in the pharmacy with separate guidelines to follow separate procedures implemented. For pharmacies you have to do it properly which involves the employment of these specific trained technicians not untrained dispensary assistants who work in the shop and a bit out the back. A person with science degree will be better placed to make sure these guidelines are followed.

I would like some consideration in the definition of not wholesaling to other pharmacies. I really think there could be scope with the implementation of these guidelines that this could be achievable. In the UK 'special' pharmacies exist that do this, I agree without standards that this is not a wise idea but with these guidelines and regular checks of compounding pharmacies and

registration of the ability to do complex compounding, I believe if we can compound under a patients name and wholesale so the receiving pharmacy can co dispense. I don't believe it is best practice that the patients regular and usual pharmacy can't keep a record, dispense, counsel to the patient receiving the medication.

Kind regards,

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