Public Consultation

Document: Draft *Professional practice profile for pharmacists undertaking complex compounding, April 2014*

Date: 30 June 2014

The draft guidelines are helpful, easy to read and offer pharmacists a comprehensive profile of requirements.

Specific questions

Is there any content that needs to be changed, added or deleted in the draft practice profile in relation to complex compounding?

Page 8: Complex compounding

The inclusion of monoclonal antibodies under "complex compounding" should be reconsidered. There has been much work on the preparation of monoclonal antibodies recently in regards both the occupational health and safety aspects as well as the complexity aspects.[1,2] It may be prudent to not class all monoclonal antibodies together, but consider each as an individual entity.

1. Siderov J. Safe handling of monoclonal antibodies in the health care setting. Position Statement. COSA November 2013 available at https://www.cosa.org.au/publications/position-statements.aspx
2. Western & Central Melbourne Integrated Cancer Service. Australian consensus guidelines for the safe handling of monoclonal antibodies for cancer treatment by healthcare personnel. WCMICS April 2014 available at http://www.wcmics.org/guidelines/

Page 9: *Point 18*

Point 18 requires clarification – "*a compounded product should be prepared only in circumstances when an appropriate commercial product is unavailable or unsuitable"*. There are two commercial compounding companies currently in Australia who prepare ready to use cytotoxic dose forms. This point implies that these commercial entities should be used when compounding parenteral cytotoxic dose forms rather than preparation within a public hospital.

Page 38: *Standard 5.4 Prepare cytotoxic drug products*

Element 1 makes no mention of closed system drug transfer devices and the role they play in reducing environmental contamination and protection of healthcare workers. Pharmacists should have a clear understanding of these products, explain how they reduce contamination, understand what a “closed-system” refers to, and explain how they can be integrated into work practice.

Pharmacists must also understand the hierarchy of risk control and how it applies to the preparation of cytotoxic and other hazardous dose forms to control hazards most effectively.

Pharmacists must also understand the difference between a pharmaceutical and non-pharmaceutical isolator.

Page 39: *Standard 5.4 Prepare cytotoxic drug products – Element 4*

Pharmacists must have a clear understanding of the role of health surveillance individuals working with cytotoxic drugs.

To collect data on the “*time spent in preparing each product*” either on its own with other information is superfluous.

Jim Siderov BPharm MClinPharm BCOP

Cancer Pharmacist