

Public consultation on draft revised Board guidelines

Stakeholder Details

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Submissions will generally be published unless you request otherwise. Do you want all or part of it treated as confidential? **No**

The Board has also noted the potential for advancements in technology to change the way that pharmacists deliver particular pharmacy services. It has decided to explore through this consultation, the views of its stakeholders and the public about the possible inclusion of further guidance for pharmacists on the use of technology in the delivery of pharmacy services.

7. Is guidance for pharmacists required to address the use of information and communication technology, including, but not restricted to videoconferencing, internet and telephone, as an alternative to face-to-face delivery of pharmacy services?

We believe that the only guidance required for pharmacists in relation to the use of information and communication technology is a reminder that the same principals which govern all other aspects of communication with patients need to be adhered to.

8. If guidance is required, what should it specifically address?

Any guidance issued should include a reminder to ensure that the principles of patient privacy and confidentiality are maintained, regardless of the communication methods utilised.

9. Is the provision of explanatory information for pharmacists instead of a guideline a suitable alternative approach to address the use of information and communication technology in the delivery of pharmacy services?

We believe that the provision of explanatory information reminding pharmacists that when communication methods other than face to face conversations are utilised to communicate with patients or other health care professionals there is an obligation to ensure that privacy obligations are met, and that any technology utilised has appropriate security protections in place to ensure confidentiality are not unwittingly breached.

Guidelines on dose administration aids and staged supply of dispensed medicines (Currently titled Guidelines on specialised supply arrangements)
Please provide your responses to any or all questions in the blank boxes below

16. From your perspective, how are the current Guidelines on specialised supply arrangements working?

'If a DAA is prepared at a third-party packing facility, the supply pharmacist cannot delegate their professional responsibilities to individuals at that facility. It is the supply pharmacist who is ultimately responsible for all aspects of the supply of DAAs, including accuracy of the DAA, and provision of the DAA and accompanying medicines' information to the patient or their agent. The direct supply of the DAA to the patient or their agent from the third-party packing facility should not take place, as it precludes the supply pharmacist from being able to fulfill these professional responsibilities.'

We believe the current Guidelines, in particular section 1.7 'Packing by a third-party' reproduced above still allow confusion around how the supply pharmacist demonstrates meeting their responsibilities for the accuracy of the DAA. Confusion still exists for some parties (eg QCPP assessors, Health Dept inspectors) around a belief that this requirement can only be met by pharmacist physically inspecting identifying each and every tablet contained within a DAA.

We believe that pharmacists are able to meet their responsibilities for accuracy by engaging in a documented supply agreement with a TGA licensed third party manufacturer who utilises validated visual inspection technology, and combine this with appropriately documented processes at the pharmacy to ensure that the right medication is provided to the right patient in every instance.

While we are confident that this approach meets the requirement outlined in the current Guidelines, sufficient market confusion still exists and we believe further clarification would be beneficial.

18. Is there any content that needs to be changed or deleted in the draft revised guidelines?

Answered in response to 16.

19. Is there anything missing that needs to be added to the draft revised guidelines?

Answered in response to 16.