Public consultation on draft revised Board guidelines

6 March 2015

Responses to consultation questions

Please provide your feedback as a Word document (not PDF) by email to pharmacyconsultation@ahpra.gov.au by close of business on Friday 1 May 2015.

Stakeholder Details

If you wish to include background information about your organisation please provide this as a separate word document (not PDF).

Organisation name
The Society of Hospital Pharmacists of Australia (SHPA)
Contact information *(please include contact person's name, position title and email address)*
Jerry Yik Policy and projects analyst [redacted]
Submissions will generally be published unless you request otherwise. Do you want all or part of it treated as confidential?
No.

Your responses to consultation questions on the draft revised guidelines

Guidelines for dispensing of medicines *Please provide your responses to any or all questions in the blank boxes below*
1. From your perspective, how are the current *Guidelines for dispensing of medicines* working?
No specific comment.
2. Is the content and structure of the draft revised guidelines helpful, clear, relevant and more workable than the current guidelines?
No specific comment.
3. Is there any content that needs to be changed or deleted in the draft revised guidelines?

Guidelines for dispensing of medicines

Please provide your responses to any or all questions in the blank boxes below

11 Pharmacists' workload

SHPA suggests that the Board should consider reviewing the 150-200 items per day guideline given the extra time in dispensing required now that the guidelines suggest updating the patient's health record as part of the dispensing process.

12 Dispensary assistants / dispensary technicians and hospital pharmacy technicians

The guidelines state that the descriptions for dispensary assistants, dispensary technicians and hospital pharmacy technicians do not apply to a provisionally registered intern pharmacist.

However, the guidelines do not comment on the role of intern pharmacists under *12.2 Assignment of duties, 12.3 Pharmacist's responsibilities during dispensing and supply of medicines and other tasks* and *12.4 Supervision ratios*. Given that intern pharmacists will be involved with the dispensing of medicines and counselling of patients, the guidelines should deliberate on what the appropriate supervision constructs should be.

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

No specific comment.

5. Do you have any other comments on the draft revised guidelines?

No specific comment.

6. Do you think that that the proposed review period of five years, with the option to review earlier if the need arises, is appropriate?

Yes.

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?

Yes.

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

- That pharmacists should be required to document all patient interactions / counselling episodes regardless of whether it was conducted face-to-face, over the telephone or internet
- That pharmacists should be required to work within e-health initiatives such as the PCEHR / *my health record* / medicine list smart phone apps, which will support the transition of care between sectors and providers

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?

Guidelines for dispensing of medicines *Please provide your responses to any or all questions in the blank boxes below*
No specific comment.

Guidelines on practice-specific issues *Please provide your responses to any or all questions in the blank boxes below*
10. From your perspective, how are the current *Guidelines on practice specific issues* working?
No specific comment.
11. Is the content and structure of the draft revised guidelines helpful, clear, relevant and more workable than the current guidelines?
No specific comment.
12. Is there any content that needs to be changed or deleted in the draft revised guidelines?
No specific comment.
13. Is there anything missing that needs to be added to the draft revised guidelines?
No specific comment.
14. Do you have any other comments on the draft revised guidelines?
No specific comment.
15. Do you think that that the proposed review period of five years, with the option to review earlier if the need arises, is appropriate?
Yes.

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?
No specific comment.

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*
17. Is the content and structure of the draft revised guidelines helpful, clear, relevant and more workable than the current guidelines?
No specific comment.
18. Is there any content that needs to be changed or deleted in the draft revised guidelines?
Terminology used in the guidelines should be consistent throughout. Under *Summary of Guidelines*, there is reference to 'dose administration containers' where 'dose administration aids' would be more appropriate.
19. Is there anything missing that needs to be added to the draft revised guidelines?
No specific comment.
20. Do you have any other comments on the draft revised guidelines?
1.2 Labelling of DAAs The dot point list of what should be included needs to clearly state that the name, strength, dose form, directions and cautionary advisory labels be included for all medicines included in the DAA. We also believe that the label should include information on other medicines that are not included in the DAA to ensure the patient and carers are aware that other medicines are required (e.g. eye drops) or medicines that are contained in another DAA. There could also be comment on the inclusion of information about recent changes to the patient's medicines (e.g. new medicines, changes to the dose of a medicine, recently ceased medicines). The language in this section reflects DAAs used in the residential care environment (e.g. medication chart); given the increased use of DAAs in other environments, there should be reference to the patient's current and comprehensive medication list.
21. Do you think that that the proposed review period of five years, with the option to review earlier if the need arises, is appropriate?
Yes.

Guidelines for proprietor pharmacists (Currently titled *Guidelines on responsibilities of pharmacists when practising as proprietors)* *Please provide your responses to any or all questions in the blank boxes below*
22. From your perspective, how are the current *Guidelines for proprietor pharmacists* working?
No specific comment.
23. Is the content and structure of the draft revised guidelines helpful, clear, relevant and more workable than the current guidelines?
No specific comment.

Guidelines for proprietor pharmacists (Currently titled *Guidelines on responsibilities of pharmacists when practising as proprietors)* *Please provide your responses to any or all questions in the blank boxes below*
24. Is there any content that needs to be changed or deleted in the draft revised guidelines?
No specific comment.
25. Is there anything missing that needs to be added to the draft revised guidelines?
No specific comment.
26. Do you have any other comments on the draft revised guidelines?
No specific comment.
27. Do you think that that the proposed review period of five years, with the option to review earlier if the need arises, is appropriate?
Yes.

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