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Chair's message

Welcome to the final newsletter for 2016 from the Pharmacy Board of Australia (the Board). In this newsletter we provide an update on important topics such as practice advice, the Board's annual report and registration renewal.

The [2015/16 annual report](#) by AHPRA and the national health practitioner boards was published recently. It is a comprehensive record of the National Registration and Accreditation Scheme for the 12 months ending 30 June 2016.

During the period of the report, the Board published revised registration standards on professional indemnity insurance arrangements, continuing professional development and related guidelines, recency of practice, supervised practice arrangements, and examinations for general registration. The Board also published revised guidelines for pharmacists on a wide range of practice matters.

Renewal of registration closed on 30 November with a late renewal period open until 31 December 2016, after which names will be removed from the register. Pharmacists who have not yet renewed are urged to do so.

And finally, on behalf of the National Board I wish you all a safe and happy festive season.

William Kelly
Chair, Pharmacy Board of Australia

Quarterly registration data

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

At September 2016, there were 29,819 registered pharmacists comprising the following number of registrants according to registration type:

- 27,073 – general registration
- 1,697 – provisional registration
- 9 – limited registration, and
- 1,040 – non-practising registration.

The quarterly registration data at September 2016 for the pharmacy profession are published on the Board's website under [About>Statistics](#). The report includes a number of statistical breakdowns by gender, age and principal place of practice.

2015/16 annual report now published

The AHPRA and National Boards' annual report covering the financial year to 30 June 2016 was tabled in parliament on Friday 11 November.

The report provides a nationwide snapshot of the work of AHPRA and the National Boards, including the Pharmacy Board of Australia, in implementing the National Registration and Accreditation Scheme (the National Scheme). It also includes Board-specific data and highlights a multi-profession approach to risk-based regulation with a clear focus on ensuring that Australians have a safe and competent health workforce.

Insights from the year include:

More practitioners: There were almost 20,000 more registrants in 2015/16 than there were last year, totalling 657,621 health practitioners across the 14 regulated health professions. Student registrations increased by more than 11,000 registrants year-on-year, to 153,710.

Growth in notifications: There were 10,082 notifications received during the year, an increase of 19.7% nationally (representing 1.5% of the registration base). The top three notifier complaints related to clinical care (41.8%), medication issues (11.5%) and health impairment (10.7%). This may be attributed to greater awareness of the National Scheme, due to a nationwide campaign aimed at employers, practitioners and the general public.

Improved monitoring and compliance to ensure public safety: 2,532 practitioners were being monitored for health, performance and/or conduct in 2015/16. A National Restrictions Library was launched, which currently contains 73 restrictions (conditions and undertakings) to improve national consistency.

Further highlights are included in the Pharmacy Board of Australia [news item](#). To view the 2015/16 annual report in full, along with supplementary tables that break down data across categories such as registrations, notifications, statutory offences, tribunals and appeals, and monitoring and compliance, see www.ahpra.gov.au/annualreport/2016/.

In the coming months, AHPRA and the National Boards will also publish summaries of our work regulating health practitioners in every state and territory, which will be released in late 2016. Expanded, profession-specific summaries will also be released and progressively published from early 2017.

Reminder to renew online to avoid lapsed registration

Pharmacists who did not apply to renew their registration by 30 November must renew in December to avoid lapsed registration. Those who apply to renew their registration during the December late period will incur an additional [late fee](#).

Under the National Law, registered health practitioners are responsible for renewing their registration on time each year. If you do not renew online by 31 December 2016 you will have lapsed registration and will not be able to practise. You must make a new application for registration.

Of the more than 28,000 pharmacists due to renew by 30 November, 98.95 per cent applied to renew their general or non-practising registration on time.

Further information

Useful information about renewal is on the Board's website:

- [Registration standards](#)
- [Registration renewal](#)
- [Renewal FAQ](#)

Pharmacy Board of Australia commits to closing the gap

The Board is pleased to announce its involvement in the development of a National Scheme-wide strategy that seeks to improve patient safety for Aboriginal and Torres Strait Islander people.

Protecting the public is our primary purpose and, as a Board within the National Scheme, we are uniquely placed to make a contribution to this significant work.

This is an important first step for the National Scheme to use its platform to commit to practical and measurable actions that create meaningful opportunities for Indigenous Australians.

The Board looks forward to contributing to this work and we will update you as progress continues.

Board and AHPRA publish health profession agreement

The Board and the Australian Health Practitioner Regulation Agency (AHPRA) have published the health profession agreement (HPA) for 2016-20.

The HPA sets out the partnership between the Board and AHPRA, and the services AHPRA will provide in supporting the Board to carry out its functions within the National Registration and Accreditation Scheme, (National Scheme) in the public interest.

The 14 National Boards and AHPRA are committed to working together to ensure not only transparency and accountability in financial reporting, but also in the role both play in protecting the public through the regulation of the professions under the National Law.

The 2016-20 Pharmacy Board of Australia and AHPRA Health Profession Agreement is available on the [Health Profession Agreements](#) page.

Quick reference guide to Board guidelines

The Board has published on its [Codes, Guidelines and Policies](#) webpage a quick reference guide to its guidelines, to help pharmacists identify the appropriate document to read.

The Board reminds pharmacists that they should be familiar with the Board's guidelines, which can be used in disciplinary proceedings under the National Law or law of a co-regulatory jurisdiction as evidence of what constitutes appropriate professional conduct or practice for pharmacists.

Compounding guidelines update

The Board is developing revised guidance which is to replace the currently postponed section 'Expiry of compounded parenteral medicines' of the Board's *Guidelines on compounding of medicines* (compounding guidelines).

[Submissions](#) received from stakeholders in the Board's February-March 2016 public consultation on review of guidance on the expiry of compounded parenteral medicines have now been published on the Board's website.

Upon conclusion of its deliberations in 2017, the Board will publish revised guidance, along with FAQ to assist pharmacists in understanding the guidance and implementing any required changes.

Surveys of interns and preceptors

In 2017 the Board will be conducting a pilot survey of a small group of interns and preceptors, to investigate issues relevant to the quality of the intern training experience. The pilot survey is aimed at informing the development of a larger-scale study which the Board may conduct at a later date.

Gaining insights into the intern training experience will inform the Board's future supervised practice policy review and the development of information for interns and preceptors.

Change to the written examination eligibility criteria from 1 January 2018

From **1 January 2018**, interns wishing to sit the Intern Written Examination will need to have completed **40 per cent of their required approved supervised practice hours** by the date of the examination. The current eligibility requirement is completion of 30 per cent of approved supervised practice hours which will be maintained for examinations conducted during 2016 and 2017.

The Board made this decision in conjunction with the Australian Pharmacy Council (APC). The decision was based on APC's recommendation about the optimum time for candidates to sit the written examination during the intern year and is based on data collected by APC over more than five years.

The change in eligibility criteria will ensure interns have had sufficient time and experience in their supervised practice to demonstrate their competence and also have the best possible chance to be successful at the examination. With written examinations scheduled on a regular basis, the change in eligibility criteria is expected to have little or no impact on interns.

Practice advice

Schedule 8 medicines

The Board invited state and territory pharmacy premises regulators* to highlight important issues relevant to pharmacy practice by making a contribution to the Board's newsletter to pharmacists. The following advice is provided to pharmacists to address recent concerns expressed to the Board.

Experience amongst pharmacy premises regulators suggests that there has been deterioration in the professional care and attention that some pharmacists are paying to the handling of Schedule 8 medicines. Failure by pharmacists to provide the necessary professional care and attention will come at a cost to the community and may result in action taken by regulators under relevant legislation.

A number of issues regarding Schedule 8 medicines have emerged in practice including:

- increased prescribing and complexity in the use of Schedule 8 medicines
- proliferation of products containing Schedule 8 medicines

- large number of strengths and combination products available for Schedule 8 medicines that include medicines such as oxycodone, morphine and naloxone, and
- Schedule 8 medicines being supplied in larger and bulkier packaging.

There is evidence in some jurisdictions that as much as 50 per cent of non-compliance issues associated with pharmacy premises visits/inspections conducted by pharmacy premises regulators were related to the inappropriate handling and storage of Schedule 8 medicines. Possible reasons for the deficiencies include:

- lack of familiarity with the jurisdictional legislative requirements relevant to Schedule 8 medicines
- lack of familiarity with electronic recording software
- lack of capacity of safes intended for the storage of Schedule 8 medicines, and
- pharmacists deferring recording and on occasion, the complete absence of appropriate recording of the activities associated with Schedule 8 medicines.

We remind you that the management of any emerging practice issue requires a proportionate response. In some cases, this can be as simple as ensuring that existing processes are modified to achieve the required outcome. At other times, the responsible pharmacist may be required to source and use additional or alternative tools and resources.

To ensure public safety, you must manage Schedule 8 medicines in accordance with your legal and professional obligations and minimise the opportunity for misuse of these medicines and illegal medicine redirection. Relevant legislation, professional practice standards and guidelines should be followed, and, where appropriate, you should seek advice from the relevant regulator such as state and territory pharmacy premises regulators.

* The approval and regulation of pharmacy premises are matters not covered by the Health Practitioner Regulation National Law, as in force in each state and territory and are therefore not the responsibility of the Pharmacy Board of Australia. These matters are the responsibility of pharmacy premises regulators in each jurisdiction.

Tribunal decisions

There are important lessons for registered pharmacists from tribunal decisions. The Board refers the most serious concerns to tribunals in each state and territory. Cases published in the last month have included:

Pharmacist reprimanded, has conditions imposed for professional misconduct

A Western Australian pharmacist has been reprimanded, ordered to pay costs and had conditions imposed on her registration after admitting to engaging in professional misconduct.

The Board decided to investigate Ms Cornelia Naude on 1 July 2014 after receiving information that revealed she dispensed a number of Schedule 4 medications without prescriptions. The

Board referred the matter to the State Administrative Tribunal of Western Australia (the tribunal). During the course of the tribunal proceedings, Ms Naude admitted that she engaged in professional misconduct as defined in section 5 of the National Law between 8 February 2011 and about 25 November 2013.

She admitted to conduct including dispensing to herself nine Schedule 4 medicines including anti-inflammatory medication and antibiotics without a prescription. She also dispensed 22 Schedule 4 medicines including anti-inflammatory medications, antibiotics and a steroid cream to three other members of her immediate family without a prescription.

On two occasions, she failed to record the correct name of the patient to whom a Schedule 4 medicine was supplied in the pharmacy's dispensing records, and on 21 occasions, failed to record the correct name, and address, or name and identifying initials, in the pharmacy's dispensing records of the medical practitioner who apparently prescribed the Schedule 4 medicine. Through her conduct, she also failed to comply with the *Code of conduct for registered health practitioners* approved by the Board.

The tribunal took into consideration Ms Naude's participation in an investigation by AHPRA in respect of her conduct. The tribunal accepted that her conduct was not motivated by financial gain.

The tribunal ordered by agreement that Ms Naude be reprimanded and that conditions be imposed on her registration. The conditions prohibit her from dispensing medications to herself and her immediate family for 12 months, and she must complete a program of education in relation to appropriate dispensing, ethical decision-making and record keeping. The tribunal also ordered that Ms Naude pay a contribution of \$7,000 towards the Board's cost of the proceedings. The decision is published on the tribunal's [website](#).

Provisional pharmacist's registration cancelled for professional misconduct

A Victorian pharmacist has been reprimanded for professional misconduct, had his provisional registration as a pharmacist cancelled and been disqualified from reapplying for registration for a period of four years.

On 14 November 2014, Mr Kuang King Tan was convicted of one charge of rape and sentenced to six months' imprisonment, and on release, a three-year community correction order, for the sexual assault of a customer at a pharmacy where he was working while holding provisional registration.

Following the completion of the criminal proceedings, the Board referred the matter to the Victorian Civil and Administrative Tribunal (VCAT) on 8 April 2016. VCAT affirmed that the facts of the case disclose a 'gross and substantial breach of trust'. VCAT also noted that following the incident, Mr Tan sought to mislead the police, attempted to leave the country and tried to persuade others not to notify the Board. He also failed to report the charges and subsequent conviction to the Board. Although he advised that he was not aware of his obligation to do so, VCAT affirmed that this did not assist his position.

VCAT stated 'it is essential that all practitioners make themselves aware of their obligations under the law and the code of conduct for their profession. The Board plays a critical role in regulating the profession and protecting the public. It relies on registered health practitioners self-reporting relevant matters in order to protect the public and maintain professional standards.'

In making its determination VCAT affirmed that Mr Tan's conduct fell so far below the standards reasonably expected of a registered pharmacist that it falls within the most serious example of professional misconduct. VCAT, however, also noted that the purpose of the determination was not to be punitive. There had not been any previous transgressions and Mr Tan had demonstrated regret and remorse for his conduct.

Further, following completion of a sex offender treatment program, he was expected to have a low risk of reoffending. Balancing these considerations, VCAT agreed that cancelling his provisional registration and disqualifying him from re-registration for a period of four years appropriate. The reasons for the decision can be found on the [Austlii website](#).

National Scheme news

Guidance issued on endorsements in relation to scheduled medicines

The Australian Health Workforce Ministerial Council (Ministerial Council) has recently endorsed *Guidance for National Boards: Applications to the Ministerial Council for approval of endorsements in relation to scheduled medicines under section 14 of the National Law*¹ (the Guidance).

The Guidance is designed to be used by National Boards when preparing applications to the Ministerial Council for approval of an endorsement for scheduled medicines for their profession.

The objectives of the Guidance are to:

- ensure robust, evidence-informed development and assessment of proposals for the use of scheduled medicines
- promote the safe and effective use of scheduled medicines
- facilitate common standards across professions for training and clinical practice with respect to the use of scheduled medicines, and/or
- facilitate nationally consistent, core scheduled medicines authorities to enable innovation in health service delivery.

AHPRA and National Boards will be producing information for stakeholders to support the implementation of the Guidance. This is expected to be published in early 2017.

The Guidance is published on the AHPRA website: see the [Ministerial directives and communiqués](#).

¹ Health Practitioner Regulation National Law, as in force in each state and territory.

Keep in touch with the Board

- Visit www.pharmacyboard.gov.au for the mandatory registration standards, codes, guidelines and FAQ. Visiting the website regularly is the best way to stay in touch with news and updates from the Board.
- Lodge an [online enquiry form](#).
- For registration enquiries, call 1300 419 495 (*from within Australia*) or +61 3 9275 9009 (for overseas callers).
- To update your contact details for important registration renewal emails and other Board updates, go to the AHPRA website: [Update contact details](#).
- Address mail correspondence to: William Kelly, Chair, Pharmacy Board of Australia, GPO Box 9958, Melbourne, VIC 3001.