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Chair's message

Welcome to the first newsletter for 2018 from the Pharmacy Board of Australia (the Board).

In this issue I would like to draw your attention to the update on compounding, which highlights three important things you need to know. This includes the 1 February 2018 implementation of the Board's revised guidance on *Compounding of sterile injectable medicines*, the recently published joint statement by the Board and the Medical Board of Australia describing good compounding practice, and two new FAQ addressing important considerations to help determine when it is appropriate, or not appropriate, to compound a medicine.

I would also like to announce the Board's upcoming survey of recent interns and preceptors, which follows on from a pilot survey conducted in 2017. The Pharmacy Internship Experience Survey (PIES) is a national survey giving interns and preceptors the chance to give feedback on their own experiences, so the Board can continue to improve the supervised practice process for future interns. Your insights will be invaluable in helping us shape a positive intern experience for those coming into the profession, and I would strongly encourage those invited to participate to take the time to respond to the survey.

Lastly, on behalf of the Board I wish you a Happy New Year and all the best for 2018.

William Kelly

Chair, Pharmacy Board of Australia



News from the Board

Want to know what it's like to be a Pharmacy Board member? We asked Bhavini Patel



Photo: Bhavini Patel

Ever considered serving on the Pharmacy Board of Australia? Being a National Board member is a way of genuinely working to improve patient safety. We found out more by asking outgoing Board member Bhavini Patel, a practitioner member from the Northern Territory, questions about the work involved.

Bhavini is a clinical pharmacist based in Darwin who has expertise working with patients with kidney disease. Her career has been primarily based in hospital pharmacy, though she has been involved in outreach work in remote primary care and became an advanced practice pharmacist in 2015. Bhavini previously held a professional leadership role as Director of Pharmacy at the Royal Darwin Hospital for 13 years, where she developed a team of innovative and passionate pharmacists and technicians providing clinical pharmacy and medicine supply services across the NT. She has also lectured at Charles Darwin University from 2001 to 2010. In 2007 she completed a two-year fellowship aimed at mid-career health professionals on translating evidence into clinical practice, which further developed her leadership in implementing evidence policy as it applies to health system reform.

1. Did you have any previous regulation experience before joining the Pharmacy Board?

Yes, I was a member of the Northern Territory Pharmacy Board from 2001 and was the Board Chair from 2004 to 2010. The NT was the only jurisdiction nationally at the time that had a single piece of legislation which regulated 12 different health professions together. This helped me gain experience in setting standards for pharmacy degrees and intern training programs, managing complaints made about pharmacists and developing premises standards. In this role I was privileged to provide input into what we now call the National Law.¹

2. Why did you first seek appointment to the Board?

I was excited to be part of establishing the future of health professional regulation in Australia. This was going to be a big and exciting change and I wanted to be part of it. The experience I had gained in the NT would be valuable in designing a robust national mechanism for the regulation of pharmacists nationally. I was interested in building a system that placed a strong emphasis on good practice and that the public could access safe and effective services from pharmacists.

3. When did you first join the National Board and what role do you play as a practitioner member?

I have been a Board member since 2009, before the start of the National Scheme.² All members play a role in the development of registration standards, continuing professional development (CPD) standards, standards for pharmacy programs and intern training programs and various guidelines to help pharmacists provide safe and effective care to patients. I have been able to carry out a number of different roles. Currently I am Chair of the Policies, Codes and Guidelines Committee and I am a member of the Registration and Examinations Committee. I bring both a clinical pharmacist and health policy perspective to these roles as well as an understanding of pharmacists who work in a rural and remote setting.

4. What contribution did you make that you are most proud of during your time on the Board?

When I recall my first term, it would be contributing to the decision not to have state-based boards. This has allowed nationally consistent processes (which we are now so familiar with) for complaints, registration and intern training programs.

Other highlights include helping develop and implement the compounding guidelines in response to a critical, potential patient-safety gap identified by the Board. This felt like real public safety in action. I also feel proud of the work on supporting pharmacists to develop learning plans to meet their CPD obligations and making a practice change as a result of that learning. I am confident this has had a significant effect on improving care provided to patients.

5. What will be your most enduring memory of being a member of the Board?

I have many memories from my time on the Board. Many which come to mind are of good camaraderie and humour despite the seriousness of our role as Board members. I have been fortunate to work with other skilled members who I also have learned a lot from.

6. What kind of person would make a good Board member?

If you are someone who believes that the public should be safe when receiving care from a health practitioner, who can process large amounts of information to come to balanced decisions, someone who has integrity and can focus on public safety issues...this is the type of person it takes. Oh yes...and someone who is able to commit time to the role as it is a real commitment alongside other parts of your career and life.

7. What was the process of becoming a Board member like?

It is pretty straightforward. Make sure you address the selection criteria and be patient when waiting for the selection process to take its course!

8. What skills do you possess that have helped during your tenure on the Board? And what advice would you give someone who is thinking about applying?

Collaboration, detail focused while keeping the big picture in mind, having a broad understanding of the Australian healthcare system and the different roles pharmacists play in it, having the ability to synthesise complex information and respecting other people's perspective to allow good decision-making, some financial skills and governance experience in other settings and finally, the ability to have fun.

My advice is to make contact with an existing Board member and have a discussion so you can fully appreciate the role. I am available to talk to anyone interested so please feel free to reach out and say hello!

Want to make your mark in pharmacy? Join the Board!

Board practitioner and community member vacancies are now open for applications. This is an opportunity for members in the profession and in the community with relevant skills, knowledge and experience to make their mark. The Board plays a key role in regulating pharmacists through exercising its functions under the National Law and the health and safety of the public is central to its work. Interested people are encouraged to take a look.

Find out more on the [Board's website](#).

The Board has published insights from outgoing Board members to help those interested in applying to understand how the role of a Pharmacy Board member supports the [National Registration and Accreditation Scheme \(the National Scheme\)](#).

- More information about these vacancies, including [application forms](#), is available on the [AHPRA website](#) and the [Board's website](#).
- Applicants can also find out more about the different [pharmacy regulators and stakeholders](#) in Australia.
- Applications close **Monday 19 February 2018 5pm AEDST**. For enquiries, please contact statutoryappointments@ahpra.gov.au.

¹ The Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

² National Registration and Accreditation Scheme (the National Scheme).

2016/17 at a glance: The Pharmacy Board of Australia



7,540 pharmacy students registered, up **3.6%** from last year

30,360 pharmacists registered, up **2.2%** from 2015/16



355 notifications closed



169 pharmacists were being actively monitored for compliance with restrictions on their registration¹

18% resulted in accepting an undertaking or conditions being imposed on a pharmacist's registration

30.1% resulted in a pharmacist receiving a caution or reprimand

1.7% resulted in suspension or cancellation of registration

49.3% resulted in no further action being taken

53 statutory offence complaints were made; **48** were closed

Most of the new matters related to advertising breaches; 13 related to title protection

Immediate action was considered **22** times and taken **21** times²

More information

Pharmacists made up **4.5%** of total health practitioner registrant base

38.1% of pharmacists are male, **61.9%** are female

373 notifications about pharmacists were lodged with AHPRA³

1.8% of pharmacists had notifications lodged about them

1 notification was lodged about a pharmacy student

51 mandatory notifications were made:

44 about standards, **6** about impairment and **1** about alcohol or drugs

Check out the Board's [Pharmacy regulators and stakeholders diagram](#) on the Board's website which gives an overview of the different pharmacy regulators and stakeholders.

¹ Data at 30 June 2017.

² Immediate action is an interim step the Board can take to suspend or cancel a pharmacist's registration while a complaint is being considered.

³ The Australian Health Practitioner Regulation Agency (AHPRA) works in partnership with the Pharmacy Board of Australia to implement the National Registration and Accreditation Scheme (the National Scheme).

Pharmacy annual report summary 2016/17 published

A profession-specific annual report summary that looks into the work of the Board over the 12 months to 30 June 2017 has now been published.

The report draws on data from the [2016/17 annual report](#) by AHPRA and the National Boards. The information provides a snapshot of the profession as at 30 June 2017, and includes the number of applications for registration, outcomes of criminal history checks and segmentation of the registrant base by gender, age, registration type and principal place of practice.

Notifications information includes the number of complaints or concerns received, matters opened and closed during the year, types of complaint, monitoring and compliance and matters involving immediate action.

Insights into the profession include:

- 30,360 pharmacists were registered in 2016/17.
- 3,345 new applications for registration were received.
- Student registration increased by 3.6%, to 7,540 in 2016/17.
- Pharmacists make up 4.5% of all registered health practitioners in Australia.
- The number of pharmacists increased by 2.2% from 30 June 2016.
- 61.9% of pharmacists are women; 38.1% are men.
- New South Wales (NSW) was the principal place of practice for most pharmacists (9,270).
- The Northern Territory (NT) was home to the smallest number (225).
- The age bracket with the largest number of pharmacists was 30–34 (6,256).
- 1,669 pharmacists were under 25 years of age.
- 151 were aged 80 or over.
- 373 notifications (complaints or concerns) were lodged with AHPRA about pharmacists.
- AHPRA closed 355 notifications about pharmacists in 2016/17.
- 175 pharmacists were actively monitored by AHPRA because conditions had been placed on their registration.
- Immediate action was taken by the Board on 21 matters relating to pharmacists in 2016/17, compared with 20 instances in 2015/16.
- 53 complaints were made about possible statutory offences by pharmacists during the year. Most of the new matters related to advertising breaches; 13 related to title protection.

For further details, see the graphic on page 3.

To download this report or to view the main 2016/17 annual report [visit the AHPRA website](#).

AHPRA and the National Boards are also publishing summaries that break down 2016/17 data for the remaining 14 boards in the National Scheme as well as summary reports by state and territory.

Pilot survey goes national to improve supervised practice

Interns and preceptors across Australia will soon have the opportunity to share their experiences of their supervised practice to help improve the experience for those coming in to the profession.

The Pharmacy Internship Experience Survey (PIES) is a national survey giving interns and preceptors the chance to give feedback on their own experiences, so the Board can continue to improve the supervised practice process for future interns.

The large-scale survey builds on last year's [pilot study](#) which surveyed a small group of interns and preceptors and investigated issues relevant to the quality of the intern training experience. The pilot and the rollout of a national survey are part of the Board's goal to continuously improve the training experience for interns to better prepare the pharmacy workforce to provide safe services to the public.

The survey is expected kick off towards the end of the first quarter of 2018. Participants will receive an email from the Board asking them to take part. The Board encourages anyone invited to share their honest experiences.

For more information on internships go to the Board's website, see the [Registration](#) section and select [Internships](#) at www.pharmacyboard.gov.au.

Change in written examination eligibility criteria from 1 January 2018

In its [December 2016 newsletter](#) the Board advised that from 1 January 2018 interns wishing to sit the intern written examination need to complete 40 per cent of their required supervised practice hours by the date of the examination. This is greater than the previous requirement of 30 per cent of hours.

The Board's decision to increase the number of hours was made in consultation with the Australian Pharmacy Council (APC) and was based on APC's recommendation about the optimum time for interns to sit the written examination based on more than five years of data collected by APC.

The dates for the intern written examination are published on the APC website, see www.pharmacycouncil.org.au. Written examinations are held six times a year, every second month. This supports the majority of interns having up to two attempts at the written examination before they are eligible to sit the oral examination which requires interns to have completed 75 per cent of their hours.

A range of factors may affect an intern's ability to accumulate the required number of hours in order to attempt a scheduled examination. These include the start date of their supervised practice, leave taken (such as, for vacation or study purposes before an upcoming examination) and the number of hours worked each week. Interns should keep this in mind when planning their intern year.

Practice advice

Three things about compounding you need to know

1. *Guidance on compounding of sterile injectable medicines comes into effect 1 February 2018*

The Board's revised guidance on the [Compounding of sterile injectable medicines](#) comes into effect on 1 February 2018. From that date, pharmacists who compound sterile injectable medicines must ensure compliance with the revised guidance in their practice.

The Board also published a range of new [frequently asked questions](#) to help pharmacists apply the revised guidance in their practice. Further details are provided in the Board's [news item](#).

2. *Board releases joint statement on compounding of medicines*

In December 2017 the Board released a joint statement with the Medical Board of Australia describing good practice for practitioners when prescribing and dispensing compounded medicines.

The Boards issued the statement to remind pharmacists and medical practitioners of their respective responsibilities relating to compounded medicines which in turn will help to protect patients.

All pharmacists who compound medicines must review and understand the statement.

Read the [news item](#) and review the [joint statement](#) on our website.

3. *Two additional frequently asked questions*

Pharmacists are urged to review two new frequently asked questions which were developed in response to a number of recent matters that raised the question of when a medicine should or should not be compounded by a pharmacist. These include:

- FAQ 1, which provides clarification on the terms 'commercial product' and 'commercially available' which are mentioned in the Board's *Guidelines on compounding of medicines*, and
- FAQ 12, which provides guidance on what a pharmacist should do if they are unable to compound a prescribed medicine to the required standard.

The updated FAQ are available under [FAQ and Fact Sheets](#) on the Board's website.

Legal dispensing without a prescription

State and territory drugs and poisons legislation sets out the legal requirements and the limited circumstances that enable pharmacists to dispense a medication without a prescription. By not complying with the applicable legal requirements, pharmacists may be putting their patients at risk, and may also face prosecution by the relevant regulator and/or other disciplinary action by the Board.

Provisions for supply of prescription only medicines without a prescription include:

- 'emergency supply' of a medication
- continued dispensing (in the case of oral contraceptives and statin medications), and/or
- taking a telephone order from a prescriber which enables pharmacists to use the 'owing prescription' provision to supply the medication in advance of receiving a valid prescription from the authorised prescriber.

The Board is aware that some pharmacists may be confused about or are disregarding the legal provisions about the two supply mechanisms, owing prescription and emergency supply.

The supply of a medication as an owing prescription should only take place when a pharmacist has received confirmation, for example through a telephone conversation, from the prescriber in advance of receiving a prescription advising that supply of a specified quantity of medication(s) to a particular patient is appropriate. The prescriber specifies the quantity which is often a full pack of the medication, one month's supply or other quantity. The medication supplied can be an item listed on the Pharmaceutical Benefits Scheme (PBS).

In contrast, the emergency supply of a medication in most jurisdictions in Australia allows for up to three days' supply when certain conditions are met. This includes that it is unfeasible to obtain a valid prescription from the patient's usual prescriber or from another prescriber, which generally can be obtained unless it is after hours.

Emergency supply provisions cannot be applied to controlled drugs (schedule 8 medicines) and in some jurisdictions certain classes of medication such as anabolic steroids and benzodiazepines. In the case of emergency supply, the medication is dispensed as a private prescription, and is independent of any future supply of the medication as a supply under the PBS (such as when a new prescription is obtained).

The Board urges pharmacists to ensure they are familiar with, and comply with, the legal requirements for these types of supply.

Forged prescriptions

State and territory drugs and poisons legislation outline the requirements for valid prescriptions. At all times pharmacists must remain vigilant to ensure the legal supply of prescription medication. This is particularly important for schedule 4 and 8 medicines that are subject to abuse, such as benzodiazepines and opioids.

All additional requirements for legal prescribing that apply to these classes of medicines in the jurisdiction of practice must be checked and deficiencies raised with prescribers and, when appropriate, reported to the relevant department of health/ authority and/or police. The supply of such medicines in the absence of a legal prescription results in unacceptable risks to the public and matters reported to the relevant authorities will have serious consequences for pharmacists.

Use of interpreters by pharmacists

Effective communication in all forms underpins good pharmacy practice and is vital to the pharmacist—patient/client relationship.

As outlined in the Board's [Code of conduct for pharmacists](#), pharmacists are expected to be familiar with and use necessary qualified language or cultural interpreters whenever necessary. This includes for patients or clients, or their agents, who have low English language proficiency.

A [free interpreting service](#) is available to pharmacists working in community pharmacy practice through [TIS National](#) for the purpose of dispensing Pharmaceutical Benefits Scheme (PBS) medications to Medicare card holders. This service offers interpreters in [over 160 languages and dialects](#) 24 hours a day, every day of the year. In order to access the service, each pharmacy needs to complete a [client registration form](#).

Pharmacists working in hospital pharmacy practice should ensure they are familiar with the language services available to staff at their facility and use these whenever necessary.

National Scheme news

Self-assessment tool to help health practitioners and advertisers will be published soon

The Australian Health Practitioner Regulation Agency (AHPRA) and National Boards have launched a self-assessment tool to help health practitioners, including pharmacists and other advertisers, check and correct their advertising.

All registered pharmacists need to make sure they meet their professional and legal obligations when advertising pharmacy services. The tool was developed in consultation with National Boards and with feedback from AHPRA's Professions Reference Group.

The tool is easy to use and asks users to consider a number of questions about their advertising which can help them understand if it is in breach of the [Guidelines for advertising regulated health services](#), and in turn the National Law.

The self-assessment tool is the latest of a series of [advertising resources](#) for practitioners, healthcare providers and other advertisers of regulated health services to use to help them stay in line with the law.

This work is part of a broader strategy — the [Advertising compliance and enforcement strategy for the National Scheme](#) — which started last year. The strategy has met a number of its targets since its launch including clear, concise and helpful correspondence for when AHPRA receives a complaint about advertising and new resources such as:

- a [summary of advertising obligations](#)
- [frequently asked questions](#)
- tips on [words to be wary about](#), and
- all-professions examples of [compliant and non-compliant advertising](#).

The self-assessment tool will be published in coming weeks so look out for it on the [check, correct and comply](#) section of the AHPRA website.

Powerful partnership to tackle improper performance—enhancing drug prescriptions

AHPRA and the Australian Sports Anti-Doping Authority (ASADA) have announced a Memorandum of Understanding (MOU) designed to enhance cooperation in investigative activities.

While ASADA's role is to protect clean sport and AHPRA's role is to protect the Australian public when receiving care from registered health practitioners, their purposes align when performance—enhancing drugs (PEDs) are provided by registered health practitioners without genuine therapeutic need, causing a risk to public health and safety.

The MOU follows recent liaison between the agencies and will enable closer cooperation in relation to investigations involving registered health practitioners providing PEDs without therapeutic need.

Read more in the [news item](#) on the AHPRA website.

Keep in touch with the Board

- Visit the [Pharmacy Board website](#) 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.

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