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Chair's message

Welcome to the latest edition of the Pharmacy Board of Australia's Newsletter. I would like to draw your attention to two items in the newsletter which relate to recent activities of the Board.

The Board's National Pharmacy Internship Experience Survey (PIES), as mentioned in my January update, is now open. This important piece of work explores issues relevant to the quality of the intern and preceptor experience through feedback from recent interns and preceptors on their own experiences. I would like to take this opportunity to strongly encourage those who receive an invitation to participate, to take the time to respond. Your experiences relating to the supervised practice period are valuable to the Board in making improvements for future interns and preceptors.

I am also pleased to announce that the Board plans to hold a forum mid-year to explore pharmacist prescribing. The Board is facilitating this event, to get all interested stakeholders together for an initial discussion about this important emerging practice area for pharmacy practice.

Last, the Board would like to thank the pharmacists who attended our meet and greet event held in Melbourne on Thursday 22 March 2018. There was plenty of discussion and exchange of information and ideas.



Board Chair William Kelly speaks to pharmacists at the recent Melbourne forum.

William Kelly
Chair, Pharmacy Board of Australia

News from the Board

Pharmacist prescribing forum

The Board will be facilitating a forum on pharmacist prescribing in Melbourne mid-year, to bring all interested stakeholders together to explore opportunities for improving access to medicines through pharmacist prescribing. The forum program is currently being planned, and invitations will be issued to stakeholders in the coming weeks.

Pharmacy Internship Experience Survey (PIES) now open

The Board's large scale survey of recent pharmacy interns and preceptors across Australia is now open. The Pharmacy Internship Experience Survey (PIES) follows on from the Board's 2017 pilot study, and gives interns and preceptors the chance to give feedback to the Board on their own experiences, so the Board can continue to improve the supervised practice process for future interns and preceptors.

Recent interns and preceptors have been sent an invitation via email to participate.

We strongly encourage those who are invited to take the time to respond.

Practitioner audit has begun

All registered pharmacists are required to comply with the Board's registration standards and declare whether they were compliant when renewing their registration. We conduct regular audits to assess registrants' compliance with the standards in order to provide assurance to the public and practitioners that the requirements of the National Law are understood and that practitioners are compliant. Registrants are selected at random for audit.

The Board's fifth practitioner audit has now started.

If you have been selected for audit, please access the Board's [website](#), which provides comprehensive information about the audit process including guidance on the audit notice and what it means for you, as well as contact details for the audit team and AHPRA customer service team who can assist you with any queries.

Audit results for 2017

For all audits initiated and completed in 2017, approximately 90% of pharmacists were found to be in full compliance with the registration standards. Of the remainder:

- 3.6% required consideration and decision by the Board or other relevant body*
- 3.3% changed to non-practising registration
- 2.5% surrendered their registration, and
- 0.6% failed to renew.

Where appropriate, the Board has adopted an educational approach to conducting audits, seeking to balance the protection of the public with the use of appropriate regulatory force to manage those practitioners found to be non-compliant with the audited standards.

*Pharmacy Council of NSW for pharmacists practising in NSW, and the Office of the Health Ombudsman, Queensland for pharmacists practising in Queensland.

Assessment of pharmacy interns against the revised competency standards

In February, the Board and the [Australian Pharmacy Council \(APC\)](#) jointly announced how the revised *National Competency Standards Framework for Pharmacists in Australia 2016* (the revised competency standards) will be implemented in the assessment of pharmacy interns.

The Board and APC advised that all pharmacy intern written and oral examinations conducted from 1 January 2019, as part of the Board's registration examination, will be based on the revised competency standards.

Until then, the 2010 competencies will continue to be the basis for the pharmacy intern written and oral examinations. This is to ensure natural justice and procedural fairness to all interns who start the internship process during 2018.

The APC has also provided separate advice to ITP providers, including that all ITP and workplace-based assessments in 2018 can continue to be based on the 2010 competences to allow for a 12 month transition to activities and assessments based on the 2016 competencies from 1 January 2019.

Read the [news item](#) on our website.

Practice advice

Codeine scheduling changes – what to do about prescriptions for large quantities of combination analgesics

Subsequent to the up-scheduling of codeine which came into effect on 1 February 2018, the Board received a request from a stakeholder for advice about what pharmacists should do in the event they receive prescriptions for large quantities of combination analgesics containing codeine. We remind pharmacists and stakeholders that in such circumstances, you should consider the following:

- any legal requirements outlined in legislation relevant to pharmacy practice

- the training materials and other resources developed by the pharmacy professional associations and other organisations such as the Therapeutic Goods Administration (Codeine information hub)
- the profession's practice standards and guidelines, and
- the Board's [Code of conduct for pharmacists](#) (the Code) and guidelines for pharmacists published by the Board such as [Guideline 2 Dispensing precaution – safety of prescriptions](#) in the [Guidelines for dispensing of medicines](#).

Guideline 2 states: 'At all times the dispensing of a prescription or any other action taken by the pharmacist, must be consistent with the safety of the patient.' Pharmacists must use professional judgement in deciding the appropriate action to take and consult the patient and the prescriber about any alternative options available to the patient in terms of their medication needs. The Board's Code, under the section titled 'Working with other practitioners', also highlights the importance of clear communication with other health practitioners.

We previously provided advice about the codeine scheduling changes in our [October 2017 newsletter](#).

Improving processes to minimise dispensing errors

The Board would like to remind pharmacists of the importance of having suitable dispensing processes in place in order to minimise the occurrence of dispensing errors.

When errors are brought to the Board's attention there is usually a demonstrated failure in process that could have been easily prevented through good dispensary processes that are routinely followed by staff.

Pharmacists are reminded that extra caution is required when dispensing look-alike or sound-alike medications (e.g. prednisolone and prednisone), and high-risk medicines such as warfarin which has multiple strengths and a narrow therapeutic index.

The dispensing of expired medications is another type of complaint commonly seen by the Board. This can be prevented through having thorough checking processes when dispensing medicines, and having good stock management which includes periodical checking of expiry dates of stock, identification of near-dated stock, and the safe disposal of expired stock.

Another common occurrence seen by the Board is failure to change the initial of the dispenser in the dispensing program to accurately reflect the dispensing pharmacist. Maintaining accurate records in the dispensing program of who has dispensed a medicine, and if different which pharmacist checked and issued the medicine (which can be reflected on the dispensing label), is vital in identifying the pharmacist(s) responsible for a dispensed medicine.

Proprietors are reminded of their obligation to ensure that the business procedures, policies and protocols are developed, implemented and routinely followed for all services delivered at the pharmacy, including those relating to the dispensing of medicines.

New Pharmacists' Support Service publication – Managing stress in pharmacy

The Pharmacists' Support Service (PSS) has released [a new publication](#), *Managing stress in pharmacy: creating a healthier*

working environment in pharmacy by managing workplace stress. It includes a range of tips, resources and references for pharmacists to consider when looking at workplace pressures, including workload. This useful resource replaces the 2012 New Zealand publication referenced in the Board's guideline on workloads in the *Guidelines for dispensing of medicines*.

The guidance is aimed at the broad pharmacy population in Australia including pharmacists, pharmacy interns, pharmacy students, pharmacy assistants, pharmacy dispensary assistants and pharmacy technicians. We encourage you to read it and share it.

Victorian pharmacists: Prepare for SafeScript

SafeScript, Victoria's real-time prescription monitoring system, is on track for implementation to start in October 2018.

Online registration for access to SafeScript will open later in the year closer to implementation. Roll-out will initially be focused in a specific location before it begins in the rest of Victoria in early 2019.

The Department of Health and Human Services is working with AHPRA to make registration for access to SafeScript automated and easy for pharmacists. To benefit from this automation, Victorian pharmacists need to ensure their [registration details](#) with AHPRA, especially their principal place of practice and email address, are up to date.

Further information about registration will be available later in the year closer to implementation.

SafeScript is computer software that will provide prescribers and pharmacists with access to their patients' prescription records for high-risk medicines during consultations, enabling safer clinical decisions. After an 18-month introductory period to allow health practitioners to familiarise themselves with the system, it will become mandatory to check SafeScript when writing or dispensing a prescription for a high-risk medicine.

Prescription records for medicines that are causing the greatest harm to the community will be captured in SafeScript. This includes all Schedule 8 medicines and Schedule 4 benzodiazepines, Z-drugs, and quetiapine.

More information can be found on the [SafeScript page](#) of the Department of Health and Human Services website.

National Scheme news

Guide for National Boards on endorsement for scheduled medicines released

The Australian Health Practitioner Regulation Agency (AHPRA) has released a guide for National Boards on endorsement for scheduled medicines.

In 2016 the Ministerial Council endorsed the Australian Health Ministers' Advisory Council's *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* (the AHMAC Guidance).

The AHMAC Guidance endorsed by the Ministerial Council is available on the AHPRA [website](#).

To support the implementation of the Guidance, AHPRA is publishing a supporting *Guide for National Boards*. The AHPRA Guide supports National Boards when developing a submission to the Ministerial Council seeking approval of a new or amended endorsement in relation to scheduled medicines under section 14 of the National Law.

The AHPRA Guide may also help National Boards' stakeholders in understanding the complexity and rigor of the process of developing a proposal for endorsement for scheduled medicines for a profession, from concept development to Ministerial Council approval. Stakeholders may use the AHPRA Guide for developing a concept to introduce an endorsement for a health profession or amend an existing one, including:

- the stakeholder engagement that needs to be carried out
- the key considerations for concept development, and
- the suggested activities that may be completed during concept development.

The AHPRA Guide is now available together with the AHMAC Guidance on the [Endorsement for scheduled medicines](#) section of 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.

Follow AHPRA on social media



Australian Health Practitioner Regulation Agency
ABN: 78 685 433 429

