

## Communiqué

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**5 December 2019**

The Pharmacy Board of Australia (the Board) meets each month to consider and decide on any matters related to its regulatory function under the National Law<sup>1</sup> and within the National Registration and Accreditation Scheme (the National Scheme).

This communiqué aims to inform stakeholders of the work of the Board and matters regarding the National Scheme. Please forward it on to colleagues and employees who may be interested in its content.

### November Board meeting and stakeholder engagement

The Board usually meets at the National Ahpra office in Melbourne, however, each year it schedules two of its monthly meetings in other locations around the country as an opportunity to meet with local pharmacists and stakeholders. The Board met in Perth on 28 and 29 November 2019.

During this time, representatives of the Board met with representatives from Department of Health, Western Australia and the Pharmacy Registration Board of Western Australia to discuss the Board's work and a range of topics of mutual interest. The Board also engaged with local members of the profession and other stakeholders at an evening function which included a panel discussion on 'Emerging areas of pharmacy practice'. The discussion was facilitated by Mr Neil Keen (Chief Pharmacist, Department of Health) and the panellists were Brett Simmonds (Board Chair), Dr Tin Fei Sim (Curtin University), Ms Jane Carpenter (Department of Health) and Mr Craig Carmichael (Coordinator of Provider Support, Community Pharmacotherapy Program, Mental Health Commission).

I would like to thank the pharmacists, students, interns and other stakeholders who attended the evening to meet the Board and for their contributions during the panel discussion.

### Quality Use of Medicines and Medicines Safety as a National Health Priority Area

The Board welcomes Health Ministers' decision announced in the communique of the COAG Health Council meeting held 31 October - 1 November 2019 to make the Quality Use of Medicines and Medicines Safety the 10th National Health Priority Area.

The communique stated "Health Ministers agreed that AHMAC<sup>2</sup>, in collaboration with relevant agencies including ACSQHC<sup>3</sup> and the Australian Digital Health Agency, would prepare a national baseline report on the Quality Use of Medicines and Medicines Safety. This report would identify priority areas such as the improvement of current frameworks, new best practice models and new national standards."

The pharmacy profession is in a very important position to effectively explore additional opportunities for pharmacists to further contribute to the Quality Use of Medicines and Medicines Safety through the delivery of a range of pharmacy services now and into the future to address issues raised in the proposed national baseline report. As one of the

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

<sup>2</sup> the Australian Health Ministers' Advisory Council

<sup>3</sup> the Australian Commission on Safety and Quality in Health Care

fundamentals of pharmacy practice, pharmacists across a range of practice settings are promoting safe and effective use of medicines and play a key role in reducing medication-related harm.

The Board encourages pharmacists, stakeholders and the public to contribute to this important work in the public interest.

### Registration renewal reminder

A reminder to pharmacists who did not renew their registration by 30 November 2019 that they are now in the late renewal period and have until 31 December to apply. Applications received in December will incur a late payment fee in addition to the annual renewal fee. Practitioners who apply after 1 January must lodge a new application for registration.

Anyone who does not apply to renew their registration by 31 December 2019 will have lapsed registration. They will be removed from the [national online register](#) and they will not be able to practise in Australia. A 'fast-track' application can be made, but only in January 2020, and the pharmacist cannot practise until it is processed and the national register is updated, which can take time.

Pharmacists who apply to renew during the late renewal period can still practise even if:

- we are still processing their application to renew, and/or
- the registration expiry date displayed on the register has passed.

### Annual report 2018/19 released

The latest report on the National Scheme includes data and descriptions of what National Boards and Ahpra do and how we work in partnership. While its most attentive readership is Health Ministers and their staff, the report is also a useful source of information for a wide audience: board members, other regulators, registrants, students, overseas-trained health professionals, employers, education providers, consumer groups, patients and the broader community.

It's quite startling to realise that one in every 17 working Australians is a registrant in one of the regulated health professions in the scheme. At over 744,000 registrants, this is a huge and growing workforce.

When paramedics joined the scheme last year, becoming nationally regulated and registered for the first time, the number of professions regulated increased to 16, and the number of National Boards to 15 (the professions of nursing and midwifery are both regulated by one board).

To ensure this large workforce is trained, qualified and competent, there are now over 1,000 approved programs of study.

The report also shows Ahpra directly received 9,338 concerns (notifications) about registered health practitioners and closed 8,979 during 2018/19. More notifications were received and more closed than ever before. We are committed to improving the notification experience for both notifiers and practitioners and this report indicates we are making progress. The number of notifications received by Ahpra also suggests the public are becoming more aware of their option to report their healthcare concerns.

A pharmacy-specific statistical summary and a report from the Chair that covers the work of the Board over the 12 months to 30 June 2019 is also available online.

The summary draws on data from the [2018/19 annual report](#) of Ahpra and the National Boards. This information provides a snapshot of the pharmacy profession as at 30 June 2019, and includes the number of registered pharmacists, a breakdown by gender and age and outcomes of practitioner audits.

Pharmacy-specific data tables are also available for downloading.

To gain an insight into the pharmacy profession during 2018/19 and to access the data tables visit the [Board's 2018/19 summary](#).

### **Certifying photographic identity documents for applications for registration**

Ahpra has advised an important change in how photographic identity documents need to be certified when submitting these with an application for registration. Authorised officers must now write or stamp:

*'I certify that this is a true copy of the original and the photograph is a true likeness of the person presenting the document as sighted by me.'*

This is a new requirement by the Australian Criminal Intelligence Commission when obtaining criminal history checks. The wording is different to the wording usually used by an authorised officer when certifying copies of an original, especially Justices of the Peace. To help with this, Ahpra has produced a guide which graduates can take with them to assist the authorised officer understand what is required. The guide is available on the Ahpra [website](#) and applicants are advised to download or print the guide '[Certifying Documents: Instructions for applicants and authorised officers](#)'.

### **Health practitioners encouraged to seek advice about their own health**

Mandatory notifications which are a part of the National Law are an important part of patient safety. We need to know when patients may be at substantial risk of harm from a registered health practitioner.

There are four concerns that may trigger a mandatory notification, depending on the risk of harm to the public:

- impairment
- intoxication while practising
- significant departure from accepted professional standards, and
- sexual misconduct.

A health practitioner's physical or mental health issue rarely needs a mandatory notification. We want to ensure that practitioners with health issues feel safe to seek treatment without fear of an unnecessary mandatory notification being made about them. A practitioner with a health issue, on its own, does not require a mandatory notification.

### ***Changes to mandatory notifications***

Early this year, Health Ministers agreed to make changes to mandatory notifications requirements in the National Law and the *Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2018 (Qld)* (the Bill) was passed by the Queensland Parliament in February 2019.

The changes only apply to treating practitioners and intend to support practitioners to seek advice for a health issue (including mental health issues), while continuing to protect the public. This is because the circumstances for treating practitioners to make mandatory notifications are more limited than they are for other groups.

Under these National Law amendments, three of the four types of conduct (impairment, intoxication and practice outside of professional standards), which may lead to a mandatory notification, will have the same threshold for mandatory notifications by treating practitioners. It is: *substantial risk of harm*. A substantial risk of harm is a very high threshold for reporting risk of harm to the public.

When the amendments take effect in early 2020, they will apply in all states and territories except Western Australia, where mandatory notification requirements will not change.

Ahpra and the National Boards have produced resources to support practitioners to understand changes to the law about mandatory notification requirements which were made by Health Ministers.

Find out more, download resources and access the current guidelines for mandatory notifications by going to [www.ahpra.gov.au/Notifications/mandatorynotifications](http://www.ahpra.gov.au/Notifications/mandatorynotifications).

### Further information

The Board publishes a range of information for pharmacists on its website at [www.pharmacyboard.gov.au](http://www.pharmacyboard.gov.au). For more information about registration, notifications or other matters relevant to the National Scheme also refer to information published on [www.ahpra.gov.au](http://www.ahpra.gov.au) or send an [online enquiry form](#) or contact Ahpra on 1300 419 495.

### Are your contact details up-to-date?

It is important that your contact details are up-to-date to receive renewal reminders from AHPRA and information from the Board. You can check your details via the Login icon at the top right of the AHPRA website. Email accounts need to be set to receive communications from AHPRA and the Board to avoid misdirection to an account junk box.

### Follow AHPRA on social media

Connect with AHPRA on [Facebook](#), [Twitter](#) or [LinkedIn](#) to receive information about important topics for your profession and participate in the discussion.



Brett Simmonds  
Chair, Pharmacy Board of Australia  
5 December 2019

*[The Pharmacy Board of Australia](#) is the regulator of pharmacists in Australia and acts to protect the public by ensuring that suitably qualified and competent pharmacists are registered. The Board is responsible for developing registration standards, codes and guidelines for pharmacists and managing notifications (complaints)\* about pharmacists and pharmacy students. The Board does this through its powers under the Health Practitioner Regulation National Law, as in force in each state and territory, and the National Registration and Accreditation Scheme, supported by the Australian Health Practitioner Regulation Agency (Ahpra). The Board's work in regulating Australia's pharmacists in the public interest is underpinned by [regulatory principles](#), which encourage a responsive, risk-based approach to regulation.*

*\*Except in NSW and Qld which have co-regulatory arrangements.*