



Communiqué

31 July 2014

The Pharmacy Board of Australia (the Board) met on 18 July 2014 at the national office of the Australian Health Practitioner Regulation Agency (AHPRA) in Melbourne.

Health Profession Agreement and fees

The Health Profession Agreement (HPA) between the Board and AHPRA is being finalised and will be published on the Board's website shortly. It sets out the services that AHPRA will provide to support the Board to regulate pharmacists. The HPA will provide information about the Board's financial operations and fees.

Quarterly registration data

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

At June 2014, there were a total of 28,188 registered pharmacists comprising the following number of registrants according to registration type:

- 25,455 – general registration
- 1,846 – provisional registration
- 17 – limited registration
- 964 – non-practising registration

The quarterly registration data at June 2014 for the pharmacy profession will be published shortly on the Board's website (www.pharmacyboard.gov.au/About/Statistics.aspx). It will include a number of statistical breakdowns.

Preventing avoidable mistakes

The Board reminds pharmacists to be mindful when dispensing medicines so that avoidable mistakes are not made. Pharmacists have a duty to make the care of patients or clients their first concern and to practise safely and effectively.

While the Board will not comment on individual cases, it has recently received reports of mistakes being made that could have been avoided had a scanner been used or screen alert been noted, including:

- incorrect strengths of thyroxine and prednisolone being dispensed, and
- quetiapine 300mg being dispensed instead of ranitidine 300mg.

All of these have the potential for adverse outcomes for patients. In accordance with the [Pharmacy guidelines for dispensing of medicines](#), pharmacists have an obligation to use systems and processes to prevent mistakes that could have adverse outcomes for patients. These and other Board codes and guidelines are admissible in proceedings under the National Law, for example, when handing complaints against pharmacists, as evidence of what constitutes appropriate professional conduct or practice for the pharmacy profession.

Pharmacy audit

Audits are an important part of the way the Board and AHPRA can better protect the public. They help to ensure that practitioners are meeting the mandatory registration standards and provide important assurance to the community and the Board.

Pharmacists have previously been reminded that the audits of practitioners have been uncoupled from the registration renewal cycle, meaning that pharmacists can receive an audit notice at any time of the year. The [audit page](#) on the website provides more information.

Pharmacists are reminded that by 30 September 2014, they must achieve a minimum of 40 CPD credits to meet the requirements for renewal of registration as outlined in the Board's current [CPD registration standard](#). Further information regarding CPD requirements can be located in the [CPD guidelines](#) and in answers to [frequently asked questions](#) which are published on the Board's website (www.pharmacyboard.gov.au).

Pharmacists are also reminded to ensure they meet the requirements of all Board [registration standards](#) if seeking to renew their registration and practise during the 12 month registration period commencing 1 December 2014.

National Boards consult on practitioners with blood borne viruses

All 14 National Boards are inviting practitioners, members of the community and other stakeholders to provide feedback on guidelines that will determine how, from a regulatory perspective, health practitioners with blood borne viruses should be managed.

Under the proposed guidelines, registered health practitioners with blood borne viruses must comply with the Communicable Diseases Network of Australia (CDNA) guidelines on this issue to ensure their practice does not compromise patient safety.

The CDNA offers strategic advice to governments and other key bodies on public health actions to minimise the impact of communicable diseases, and their [*Australian national guidelines for the management of health care workers known to be infected with blood-borne viruses*](#) are endorsed by the Australian Health Ministers Advisory Council.

The National Boards' proposed guidelines allow health practitioners infected with a blood-borne virus to practise their profession if they comply with the CDNA guidelines. However, they may have to modify their practice. For example, they will not be able to perform certain procedures such as exposure-prone procedures if the CDNA guidelines stop them from doing so.

The current CDNA guidelines define an exposure prone procedure as a procedure where there is a risk of injury to the healthcare worker resulting in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

The National Board's consultation paper to support the proposed guidelines is [available on the website](#). The consultation is open until 26 September 2014.

Public consultation on registration standards and guidelines closed

Consultation has closed on the following revised Board registration standards and guidelines:

- *Professional indemnity insurance arrangements registration standard*
- *Continuing professional development registration standard* and related guidelines
- *Recency of practice registration standard*
- *Supervised practice arrangements registration standard*
- *Examinations for eligibility for general registration standard*
- *Guidelines on compounding of medicines* and draft *Professional practice profile for pharmacists undertaking complex compounding*.

The Board wishes to thank all individuals and organisations who made submissions. Further work will be undertaken to review and analyse the feedback received to assist the Board in finalising the registration standards and guidelines.

Once finalised, the Board, in accordance with the requirements of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law), will submit its revised registration standards to the Ministerial Council. The registration standards approved by Ministerial Council will then be published on the Board's website including further details regarding their implementation. Until revised

registration standards are published, pharmacists are required to meet the requirements of the current [registration standards](#).

The Board will also publish the finalised *Guidelines on compounding of medicines* and *Professional practice profile for pharmacists undertaking complex compounding* on its website and provide further details regarding their implementation. Until the revised guidelines are published, pharmacists are reminded of their obligation to refer to the current compounding guideline published in the Board's *Guidelines for dispensing of medicines* in addition to ensuring compliance with:

- relevant state and territory and Commonwealth legislation
- practice standards and guidelines relevant to compounding published by the Pharmaceutical Society of Australia and The Society of Hospital Pharmacists of Australia
- occupational, health and safety standards, and
- the Australian standards for cleanrooms.

Stephen Marty
Chair, Pharmacy Board of Australia
31 July 2014

[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.*