



Public consultation on the draft *Professional practice profile for pharmacists undertaking complex compounding*

28 April 2014

Responses to consultation questions

Please provide your feedback as a Word document (or equivalent)¹ to pharmacyconsultation@ahpra.gov.au by close of business on Monday 30 June 2014.

Stakeholder Details

If you wish to include background information about your organisation please provide this as a separate word document (not PDF).

Organisation name
Pharmaceutical Society of Australia (Chief Executive Officer: Dr Lance Emerson)
Contact information (please include contact person's name and email address)
Kay Sorimachi [REDACTED]

Your responses to consultation questions on the draft *Professional practice profile for pharmacists undertaking complex compounding*

1. Does the draft practice profile clearly explain its purpose, and how it should be used in relation to complex compounding?
<p>The draft professional practice profile (the 'Profile') is useful overall to assist pharmacists undertaking, or planning to undertake, complex compounding. Having the template is likely to be welcomed by practitioners and training providers and help facilitate a common understanding of competency requirements for complex compounding.</p> <p>An explanation is provided in the 'Introduction' (p. 8) that the Profile is intended "to show the behaviour expected of a competent pharmacist whose professional function is to undertake complex compounding". PSA believes it would be helpful to insert the word "sole" before "professional function" to mirror the statement in paragraph 8 (p. 3) of the consultation background. This would</p>

¹ You are welcome to supply a PDF file of your feedback in addition to the word (or equivalent) file, however we request that you do supply a text or word file. As part of an effort to meet international website accessibility guidelines, AHPRA and National Boards are striving to publish documents in accessible formats (such as word), in addition to PDFs. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx.

then also supplement paragraph 15 (p. 8) which outlines practice profile requirements of a pharmacist whose scope of practice is broader than just complex compounding.

The notion that a pharmacist “extends” their scope of practice when initially including complex compounding is mentioned in the consultation overview under paragraphs 7 (p. 3) and 9 (p. 4). PSA believes this concept is generally not well understood by pharmacists and therefore should also be included explicitly in the introductory section of the Profile document.

Additional suggested changes to the content are provided below under Q. 2.

2. Is there any content that needs to be changed, added or deleted in the draft practice profile in relation to complex compounding?

Definition

We recommend inclusion of definitions for both “simple compounding” and “complex compounding” in the introductory section of the Profile document for clarification purposes.

Compounding of veterinary products

While it is accepted that only a small proportion of pharmacists undertake compounding of veterinary products, PSA noted several additional Evidence Examples relating to this practice would be beneficial. Pharmacists are, of course, responsible for customising their own professional practice profile; however, PSA believes it would be helpful to practitioners and would also provide a more complete document. Examples where this could be actioned include the following.

- Standard 1.1 (p. 12) – reference to the *Agricultural and Veterinary Chemicals Code Act 1994* could be included under:
 - Element 1, Performance Criterion 1, second Evidence Example; and/or
 - footnote 5.
- Standard 5.1, Element 1, Evidence Example for Performance Criterion 3 (p. 31) – include reference to the Australian Pesticides and Veterinary Medicines Authority alongside the Therapeutic Goods Administration and the Health Department.

Standards 7.1 and 7.2

We believe that Standards 7.1 (*Contribute to therapeutic decision-making*) and 7.2 (*Provide ongoing medication management*) should be included in the Profile. Although it might be reasonable to expect a pharmacist to include these Standards when building their own Profile, PSA believes they are fundamental to the provision of complex compounding services and appropriate for inclusion given the scope and purpose of the Board’s document (e.g. as explained under paragraph 25 on p. 10).

Not all Elements and/or Performance Criteria under Standards 7.1 and 7.2, however, would be relevant. Those around, for example, having a team-based approach to care or providing follow-up and ongoing care are likely to be relevant to complex compounding services.

Typographical changes

- p. 12, footnote, fourth bullet point – “195.3” should read “1953”.
- p. 19, Element 2, Performance Criterion 2, first Evidence Example – “demonstrated” should read “demonstrate”.
- Several asterisks have been carried over from the full competency standards framework document – for example, against the words “adherence” and “leadership” near the bottom of p. 21.

- p. 42, Element 4 (Manage records for primary health care services) – “Element 4” should read “Element 5” in order to maintain the structure of the competency standards framework and the ability to cross reference accurately.

3. Do you have any suggestions for questions to be answered in Frequently Asked Questions developed by the Board, to assist pharmacists in using the practice profile for complex compounding?

No

4. Do you have any other comments on the draft practice profile?

No

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