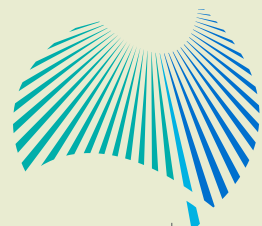


Your National Scheme:  
**For safer healthcare**

# Pharmacy Board of Australia

Annual report summary  
2016/17



Pharmacy  
Board of Australia | AHPRA

# At a glance: The pharmacy profession in 2016/17



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



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

That's **4.5%** of total health practitioner registrant base



**373** notifications lodged with AHPRA about pharmacists

**1.8%** of pharmacists had notifications lodged about them

**One** notification was lodged about a pharmacy student



**Male: 38.1%**  
**Female: 61.9%**

**169** pharmacists were being actively monitored for compliance with restrictions on their registration<sup>1</sup>



**355** notifications closed this year

**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 by the Board

**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** times<sup>2</sup>

**51** mandatory notifications were made (**44** about standards, **6** about impairment and **one** about alcohol or drugs)

<sup>1</sup> Data at 30 June 2017. See page 17 for data about monitoring cases relating to compliance with restrictions on registration for pharmacists.

<sup>2</sup> Immediate action is an interim step the Board can take to suspend or cancel a pharmacist's registration while a complaint is being considered. Refer to the [2016/17 annual report](#) by the Australian Health Practitioner Regulation Agency (AHPRA) for more data on immediate action.

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# Message from the Chair, Pharmacy Board of Australia

This report summarises data relating to the pharmacy profession in Australia, which have been drawn from the Australian Health Practitioner Regulation Agency (AHPRA) and the National Boards' 2016/17 annual report. It offers a unique insight into the regulatory landscape.

In reviewing the work of the Pharmacy Board of Australia (the Board) this year I am pleased to acknowledge the significant effort of members, at both board and committee levels, our Board committees' external practitioner members and the pharmacists who have assessed the competence of intern pharmacists in the oral examinations.

In addition to the management of notifications, registration applications and examinations, the Board also embarked on other work, including projects which are outlined in this report. The receipt and review of the report on the 'Pharmacist notifications analysis project' outlined on page 6 provide helpful insights to inform the development of right-touch regulatory standards and approaches by the Board during the year ahead.

The finalisation of the Board's guidance on compounding of sterile injectable medicines demonstrated important and valuable engagement with stakeholders. This routinely extends to other aspects of the Board's work, such as its twice yearly interstate Board meetings which include engagement with local stakeholders and pharmacists.

I would like to thank members of the Board, its committees and staff from AHPRA, including the Board's Executive Officer and Senior Policy Officer for their contribution and hard work during the year.



**William Kelly**

Chair of the Pharmacy Board of Australia

## The Pharmacy Board of Australia

### Members of the Board in 2016/17:

Mr William Kelly (Chair)  
Mrs Rachel Carr  
Mr Trevor Draysey  
Ms Joy Hewitt  
Mr Mark Kirschbaum  
Ms Karen O'Keefe  
Ms Bhavini Patel  
Mr Michael Piu  
Mr Brett Simmonds  
Dr Katherine Sloper  
Dr Rodney Wellard  
Mr Laurence Wilkins

### Committees

The following national committees support the Pharmacy Board of Australia:

- ▶ Finance, Risk and Governance Committee
- ▶ Immediate Action Committee
- ▶ Notifications Committee
- ▶ Policies, Codes and Guidelines Committee, and
- ▶ Registration and Examinations Committee.

For more information about committees in 2016/17, please refer to the appendix.

### Executive and policy support



**Mr Joe Brizzi**

Executive Officer, Pharmacy

Mr Brizzi supports the Pharmacy Board of Australia. He works in AHPRA's National Office in Melbourne. Executive Officers provide a vital link between the National Boards and AHPRA.

# About us

The Board has worked in partnership with AHPRA to protect the public since the inception of the National Registration and Accreditation Scheme (the National Scheme) in July 2010. Together, we regulate the profession by ensuring that only those pharmacists who are suitably trained and qualified can practise in Australia.

Protecting the public by ensuring access to a safe, competent and qualified healthcare workforce is always our priority. Every decision we make is guided by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory, and by the regulatory principles (see right).

Visit the Board's website at [www.pharmacyboard.gov.au](http://www.pharmacyboard.gov.au).

For more information about the National Scheme and AHPRA, visit [www.ahpra.gov.au/About-AHPRA](http://www.ahpra.gov.au/About-AHPRA).

## About this report

This annual report summary provides a profession-specific view of AHPRA and the Board's work to manage risk to the public in 2016/17. Information provided in this report is drawn from data published in the 2016/17 annual report published by AHPRA and the National Boards. All data are correct as at 30 June 2017.

Whenever possible, historical data are provided to show trends over time. **Please see page 11 for information about our data.**

Profession-specific summaries for all 14 National Boards in the National Scheme are available to download from [www.ahpra.gov.au/annual-report/2017](http://www.ahpra.gov.au/annual-report/2017).

Annual report summaries that segment the registrant base by state and territory are also published online.

## Our regulatory principles

Eight regulatory principles underpin our work, and guide our decision-making in the public interest. These principles foster a responsive, risk-based approach to regulation. In brief, they are to:

Protect the public

Take timely and necessary action

Administer the National Law

Ensure registrants are qualified

Work with stakeholders

Uphold professional standards

Identify and respond to risk

Use appropriate regulatory force

For more information, download AHPRA's 2016/17 annual report from [www.ahpra.gov.au/annual-report/2017](http://www.ahpra.gov.au/annual-report/2017)

# The Pharmacy Board of Australia: Year in review

A number of major initiatives were actioned by the Board in 2016/17. Here are the highlights:

## Spotlight on: Compounding sterile injectable medicines

During the year, the Board continued its extensive consultation to further investigate proposals for its revised guidance on the *Compounding of sterile injectable medicines*, which will replace the currently postponed section 'Expiry of compounded parenteral medicines' of the Board's *Guidelines on compounding of medicines*.

A wide range of stakeholders provided valuable feedback to assist the Board in finalising its guidance for pharmacists. Additional face-to-face meetings were held with stakeholders, which enabled the Board to test its proposals, an implementation timeframe and the development of supporting tools such as frequently asked questions. The Board's revised guidance and supporting documents will be published during the coming year, with implementation of the guidance planned for early 2018.

The Board thanks pharmacists, the public and other stakeholders, including the Government and the Therapeutic Goods Administration, for their valuable contribution in assisting the Board on its revised guidance. When released, the guidance will support pharmacists in providing the public with quality, safe and effective injectable medicines.

**To keep up to date with information about guidance on the compounding of medicines, visit [the Board website](#).**

## Notifications analysis

On behalf of the Board, AHPRA's Risk-Based Regulation Unit completed a study of notifications (complaints or concerns) about pharmacists during the year. The study aimed to provide an evidence base to better inform the development of regulatory standards for pharmacists in line with the regulatory principles for the National Scheme (see page 5).

The study entailed a quantitative analysis of notifications about pharmacists received between 1 July 2010 and 30 June 2016, information in response to a series of research questions and recommendations for administrative and regulatory change.

The final report on this research provides useful data to support the development of future regulatory initiatives. In the coming year, the Board will develop a series of communication tools to inform the profession, the public and other stakeholders of the outcomes of the research.

## Communication, engagement and stakeholder relations

The Board continued to proactively communicate with the profession and stakeholders. This included:

- ▶ quarterly electronic newsletters, which were emailed to pharmacists
- ▶ eight online communiqués, and
- ▶ more than 40 news items published on [the Board website](#).

These tools are effective ways of sharing with pharmacists and stakeholders important information, including Board policy decisions, practice advice and registration statistics.

The Board also commended Australia's pharmacists for their important contribution to the health and wellbeing of the Australian community as part of World Pharmacists Day, which included a social media campaign and a 'letter to the editor' written by the Board Chair, which was published in a number of local and regional newspapers around Australia.

The Board guided the development of [revised website content](#) for graduates who must apply for and hold provisional registration before completing the internship requirements to be eligible for general registration. This included revising the *Pharmacy oral examination (practice) candidate guide* for registrants with provisional registration.

Other Board activities in 2016/17 included participating in international conferences such as the Life Long Learning in Pharmacy Conference, the World Congress of Pharmacy and Pharmaceutical Sciences, the National Australian Pharmacy Students' Association Congress and the Australian Pharmacy Professional Conference and Trade Exhibition. The Board also conducted a panel discussion on 'Emerging areas of pharmacy practice' in Adelaide, which included input from local pharmacists.

## Continuing professional development

To support pharmacists in understanding and meeting their professional obligations, the Board hosted a webinar, *The continuing professional development (CPD) journey*, which covered the following topics:

- ▶ The concept of lifelong learning – Why it is important to plan your CPD
- ▶ The CPD cycle – Plan, Do, Record, Reflect, Incorporate into Practice
- ▶ Different ways to learn
- ▶ How reflective practice can accelerate your professional development
- ▶ The Board's new CPD requirements, and
- ▶ Available CPD resources and tools.

For information from the webinar, visit [the Board website](#).

## Policy and accreditation

The Board maintained a close working relationship with the Australian Pharmacy Council (APC). The APC delivered the accreditation function as specified in the Agreement for Accreditation Functions, which included a pharmacy schedule of activities and projects.

The Board agreed to the development by the APC of an intern year blueprint which will inform the Board's decisions about assessment of intern pharmacist competence in the future, and provide transparency and clarity for interns, preceptors and intern training program providers regarding how competence is measured and by whom. The Board has agreed to fund the project, which commenced during the period of this report and will be delivered during the next reporting period.

## Planning and research

The Board participated in a facilitated strategic planning workshop and identified initiatives and projects (including research proposals) that aligned with its strategic plan and the [National Registration and Accreditation Scheme Strategy](#).

In addition to the notifications analysis project outlined earlier in the report, the Board developed a pilot survey of interns and preceptors to investigate issues relevant to the quality of the intern training experience. The pilot survey, which was developed by AHPRA with involvement from representatives of pharmacy stakeholders, was aimed at informing the development of a larger-scale study which the Board will conduct during the next year.

The results of the larger-scale survey are anticipated to guide policy development regarding future arrangements for supervision, the impact of different types of practice settings, workload and workflow, the preparation, training and support required for the role of preceptor, and the role of intern training program providers. In addition to the potential to inform development of revised information for interns and preceptors, the results are also likely to provide useful insights to be taken into account in reviewing assessment processes.

## Future work

The Board and pharmacy stakeholders funded and participated in the review of the National Competency Standards Framework for Pharmacists in Australia 2016 (the Framework). The Board endorsed the revised Framework and provided funding for the development of tools to support pharmacists to engage with the revised Framework. The tools will be available during the course of the next reporting period.

To complement its recent redevelopment of website information for graduates applying for provision registration to meet the requirements for general registration, the Board will deliver a webinar for graduates on meeting the requirements of its supervised practice arrangements registration standard.

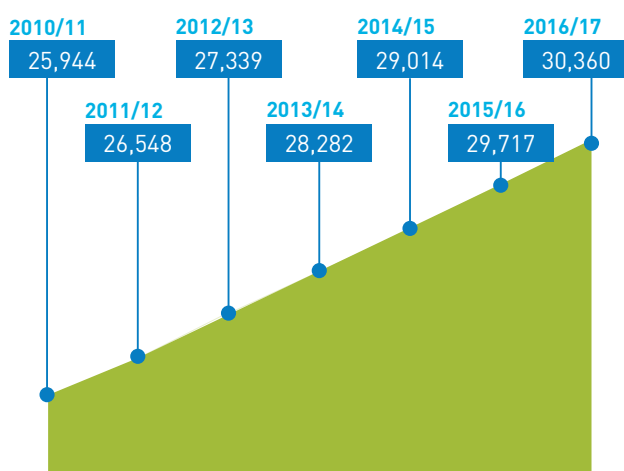
The Board agreed funding for the mapping of the National Prescribing Service prescribing competencies against the learning outcomes of current pharmacy programs and the competency standards for pharmacists. This work will inform the pharmacy profession in the development of any future proposals for endorsement of the registration of pharmacists in relation to scheduled medicines, and the Board in considering such proposals. To engage the profession and stakeholders to facilitate the development of a pathway for pharmacists prescribing in Australia, including possible models of prescribing in the public interest, the Board will fund a prescribing forum.

# Registering the pharmacy workforce in 2016/17

## In brief: Registration of pharmacists

- ▶ 30,360 registered pharmacists in 2016/17; up from 29,717 in 2015/16. This is the first time since the inception of the National Scheme that our registrant base has exceeded 30,000
- ▶ Pharmacists comprise 4.5% of the total registrant base
- ▶ 7,540 registered pharmacy students; up 3.6% from the previous year
- ▶ 0.2% of the profession identified as being Aboriginal and/or Torres Strait Islander (73 pharmacists nationally), and
- ▶ Women comprised 61.9% of the profession.

**Figure 1: Registration numbers for pharmacists, year by year, since the National Scheme began**



Under the National Law, as in force in each state and territory, there is a range of categories under which a practitioner can be registered as a pharmacist in Australia:

- ▶ General registration
- ▶ Limited registration (postgraduate training or supervised practice)
- ▶ Provisional registration (e.g. pharmacy interns)
- ▶ Non-practising registration, and
- ▶ Student registration (pharmacy students undertaking an approved program of study).

Before a practitioner can practise and use a title protected under the National Law, applicants must provide evidence that they are eligible to hold registration, and registration must be granted.

**Find out more about registration with the Pharmacy Board of Australia at [www.pharmacyboard.gov.au/Registration](http://www.pharmacyboard.gov.au/Registration).**

## Registration in 2016/17

As at 30 June 2017, there were 30,360 pharmacists registered under the National Scheme. This represents a 2.2% increase, which is consistent with previous years. All jurisdictions saw an increase in registrant numbers this year, with New South Wales (NSW), Victoria and Queensland being the principal place of practice for over 75% of all registered pharmacists.

Of the 678,938 registered health practitioners across the 14 professions, 4.5% were pharmacists.

Of the registrant base, 96.4% of all pharmacists held some form of practising registration. There was also a 6% increase from the previous year in the number of pharmacists moving to non-practising registration.

Tables 1–3 show data relating to the registration of pharmacists in 2016/17.

## Applications for registration

AHPRA received 3,320 applications for registration as a pharmacist in 2016/17. In partnership with AHPRA, the Board considers every application for registration carefully and assesses it against the requirements for registration, including their English language proficiency and checking whether the applicant has a criminal history.

Only those pharmacists who are suitably trained and qualified to practise in a competent and ethical manner are registered. Where appropriate to protect the public, and in accordance with the regulatory principles of the National Scheme, the Board may decide to impose conditions on a practitioner's registration or to refuse the application.

Of the applications received, 1.9% resulted in conditions being imposed on registration or the refusal of registration, in order to protect the public.

For more information, see AHPRA and the National Boards' annual report, which is available for download at [www.ahpra.gov.au/annualreport/2017](http://www.ahpra.gov.au/annualreport/2017).

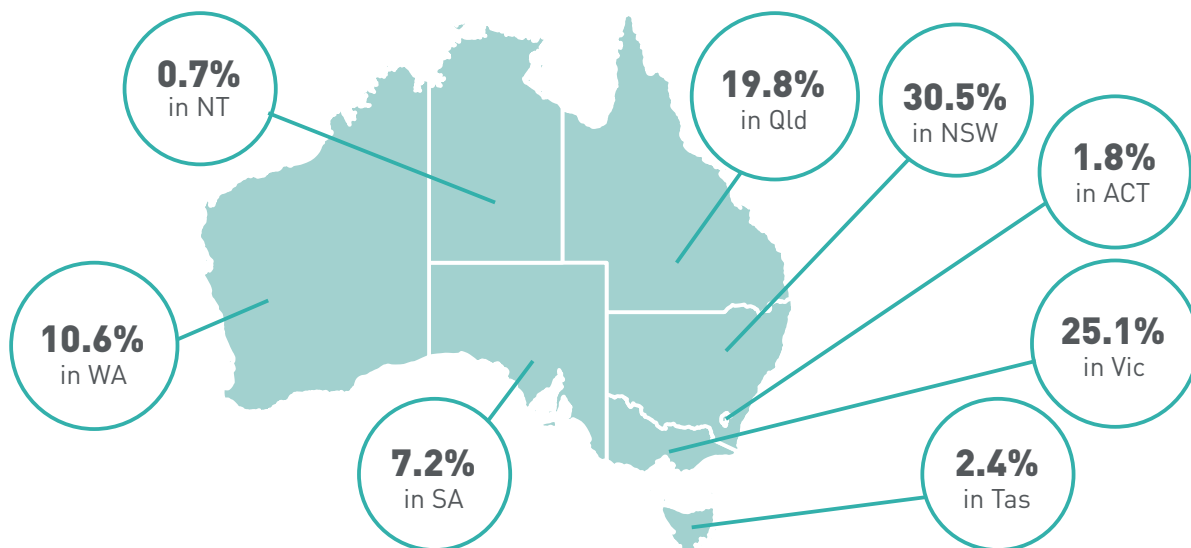
## Renewals

Once on the *Register of practitioners* (see page 9), pharmacists must apply to renew their registration(s) each year and make declarations on the relevant registration requirements. As with new applications for registration, the Board may impose conditions on registration or refuse renewal.

A total of 27,094 pharmacists renewed registration in 2016/17, with the proportion of pharmacists renewing online increasing to 99.1%, up 0.4% from 2015/16.



**Figure 2: Percentage of pharmacists with a principal place of practice in each state and territory<sup>1</sup>**



## Practitioner audits

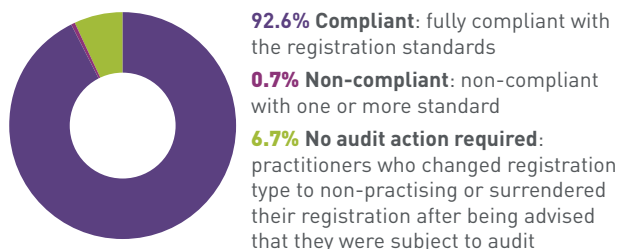
AHPRA conducts regular audits of random samples of health practitioners across all professions on behalf of the National Boards. Audits provide assurance that practitioners are meeting the registration requirements for their profession. During an audit, a practitioner is required to provide evidence in support of the declarations they made in their previous year's registration renewal application.

In 2016/17, AHPRA audited 6,314 practitioners across all 14 regulated health professions. For all audits initiated and completed this year, 92.6% of pharmacists were found to be in compliance with the registration standards being audited.

See AHPRA's [2016/17 annual report](#) for more information about the audit process.

**Find out more about practitioner audits and other registration information on the Board's website:**  
[www.pharmacyboard.gov.au/Registration](http://www.pharmacyboard.gov.au/Registration).

**Figure 3: Audit outcomes for the pharmacy profession in 2016/17**



## The Register of practitioners

According to the National Law, AHPRA is required to maintain and publish a publicly accessible *Register of practitioners (Register)* so that information about the registration of any health practitioner is easy to find.

The online *Register* has accurate, up-to-date information about the registration status of all registered health practitioners in Australia. When decisions are made in relation to a practitioner's registration/renewal or disciplinary proceedings, the *Register* is updated to inform the public about the current status of individual health practitioners and any restrictions placed upon their practice.

Tribunal decisions that result in the cancellation of a practitioner's registration due to health, performance or conduct issues result in the individual appearing on a *Register of cancelled practitioners*.

<sup>1</sup> Pharmacists with no principal place of practice (includes overseas registrants): 1.9% of total practitioners or 577 registrants.

**Table 1: Registrant numbers as at 30 June 2017**

Registrants	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP <sup>1</sup>	Total
2016/17 total registered pharmacists	548	9,270	225	6,000	2,175	738	7,608	3,219	577	<b>30,360</b>
2015/16 total total registered pharmacists	516	9,171	217	5,843	2,142	701	7,360	3,163	604	<b>29,717</b>
% change from 2015/16	6.2%	1.1%	3.7%	2.7%	1.5%	5.3%	3.4%	1.8%	-4.5%	<b>2.2%</b>
All registered health practitioners in 2016/17	11,845	196,605	7,083	133,103	53,823	14,522	175,354	69,012	17,591	<b>678,938</b>

**Table 2: Registered pharmacists by age**

Pharmacists	U-25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80+	Total
2016/17	1,669	5,988	6,256	4,560	2,854	2,355	1,804	1,797	1,364	800	476	286	151	<b>30,360</b>
2015/16	2,343	6,269	5,782	3,962	2,653	2,206	1,798	1,797	1,228	818	453	293	115	<b>29,717</b>

**Table 3: Registered pharmacists by principal place of practice and gender**

Pharmacists	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP <sup>1</sup>	Total 2016/17
<b>Total 2016/17</b>	548	9,270	225	6,000	2,175	738	7,608	3,219	577	<b>30,360</b>
<b>Female</b>	354	5,680	146	3,739	1,334	437	4,673	2,043	376	<b>18,782</b>
<b>Male</b>	194	3,590	79	2,261	841	301	2,935	1,176	201	<b>11,578</b>
<b>Total 2015/16</b>	516	9,171	217	5,843	2,142	701	7,360	3,163	604	<b>29,717</b>
<b>Female</b>	337	5,589	140	3,610	1,304	404	4,474	1,990	395	<b>18,243</b>
<b>Male</b>	179	3,582	77	2,233	838	297	2,886	1,173	209	<b>11,474</b>

<sup>1</sup> No principal place of practice (No PPP) will include practitioners with an overseas address.

# Regulating the workforce: Complaints about pharmacists in 2016/17

## In brief: Notifications about pharmacists

- ▶ 373 notifications (complaints or concerns) were lodged with AHPRA about pharmacists in 2016/17.
- ▶ 1.8% of the pharmacy registrant base were the subject of a notification (compared with 1.6% of all registered health practitioners).
- ▶ Immediate action was taken 22 times; five cases resulted in suspension of a pharmacist's registration while a notification was investigated.
- ▶ 51 mandatory notifications were lodged with AHPRA during the year.
- ▶ 355 notifications were closed.
- ▶ 169 pharmacists were being monitored for compliance with restrictions on their registration as at 30 June 2017
- ▶ 53 statutory offence complaints were made – most related to advertising; 13 related to title protection.

## An important note about our data

AHPRA and the National Boards do not manage all complaints made about health practitioners in Australia and the data reflect this. In the pages that follow, we are reporting mainly on matters received and managed by AHPRA and the Pharmacy Board of Australia, unless otherwise stated.

### The notification process is different in NSW and Queensland:

- ▶ In NSW, AHPRA does not manage notifications. They are managed by 14 professional councils (supported by the Health Professional Councils Authority, or HPCA) and the Health Care Complaints Commission (HCCC).
- ▶ In Queensland, the Office of the Health Ombudsman (OHO) receives all complaints about health practitioners and determines which of those complaints are referred to the Board/AHPRA to manage.

Wherever possible in the tables in this report, HPCA data are given in separate columns and the data have been checked by the HPCA (correct as at time of publication). Please refer to the HPCA's 2016/17 annual report on their [website](#), as data may have been subsequently reconciled.

Queensland became a co-regulatory jurisdiction on 1 July 2014 with the commencement of the Health Ombudsman Act. The OHO receives all health complaints in Queensland, including those about registered pharmacists, and decides whether the complaint:

- ▶ is serious, in which case it must be retained by the OHO for investigation
- ▶ should be referred to AHPRA and the relevant National Board for management, or
- ▶ can be closed, or managed by way of conciliation or local resolution.

This means that we only have access to the data relating to matters referred to us by the OHO. We do not report on all complaints about registered health practitioners in Queensland.

## What is a notification?

In the National Scheme, a complaint or concern about a registered health practitioner or student is called a notification. They are called notifications because AHPRA is notified of a concern or complaint about a practitioner, which AHPRA then manages in partnership with the relevant National Board. Most of the notifications received about individual pharmacists are managed through Part 8 of the National Law, which can lead to decisions that affect a practitioner's registration.

Some complaints are treated differently under the National Law, as they are considered 'statutory offences'. AHPRA and the Board can prosecute individuals who commit these offences. For information about statutory offences concerning pharmacists in 2016/17, see page 14.

Keeping the public safe is the primary focus when the Board makes decisions about notifications.

Anyone can notify AHPRA about a pharmacist's health, performance or conduct. While registered pharmacists and employers have mandatory reporting obligations under the National Law, most of the complaints or concerns we receive are made voluntarily by patients or their families (see Figure 6).

Issues with medication continue to be the primary reason notifications are lodged about pharmacists. This category comprises over 70% of all complaints about pharmacists in 2016/17 (see Figure 7).

We also received one notification about a student who was studying to become a pharmacist during the year. Usually, notifications about students are lodged by education providers. See [the 2016/17 annual report](#) for data relating to notifications about students across all regulated health professions.

**For more information about the notifications process, visit the [AHPRA website](#).**

## Notifications received in 2016/17

This year, AHPRA received the highest number of notifications (6,898) about health practitioners across all professions than in any single financial year since the National Scheme began – 5.4% (373) of those related to pharmacists.

Of all jurisdictions, Victoria (167) and Queensland (84) accounted for more than 67% of notifications nationally relating to pharmacists in 2016/17.

Of the registrant base, 1.8% of the pharmacy profession had notifications made about them in 2016/17, a slight decrease from the previous year.

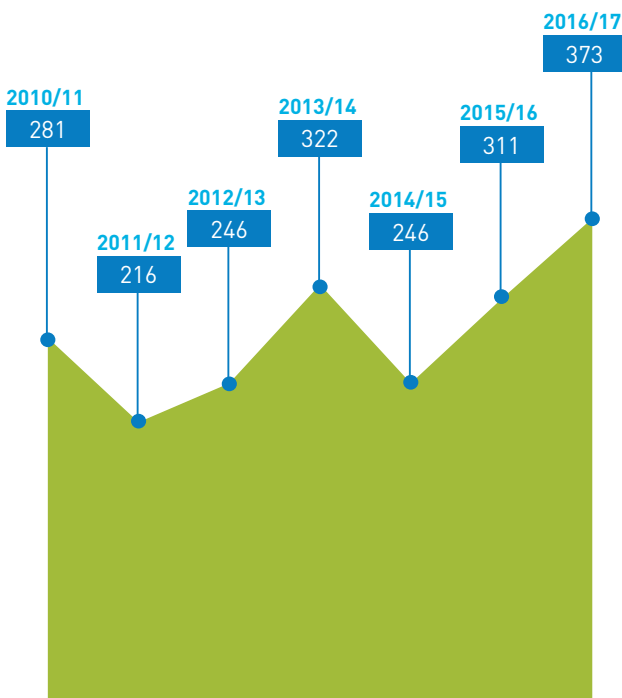
## Notifications closed in 2016/17

The Board assessed and completed 17.9% more notifications about pharmacists in 2016/17 than in 2015/16. Despite the high volume of new notifications received, this represents the highest number of closures (355) for the Board since the start of the National Scheme. These closures accounted for just over 5.3% of all closed notifications nationally across all professions. Of notifications that were closed, 49.9% resulted in some form of regulatory action being taken by the Board against the practitioner.

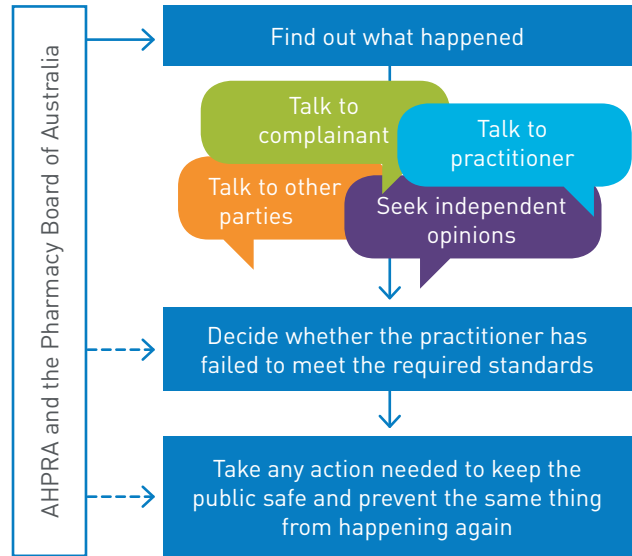
As at 30 June 2017, there were 202 open notifications about pharmacists being managed by AHPRA and the Board.

Tables 4–10 show data about notifications in 2016/17.

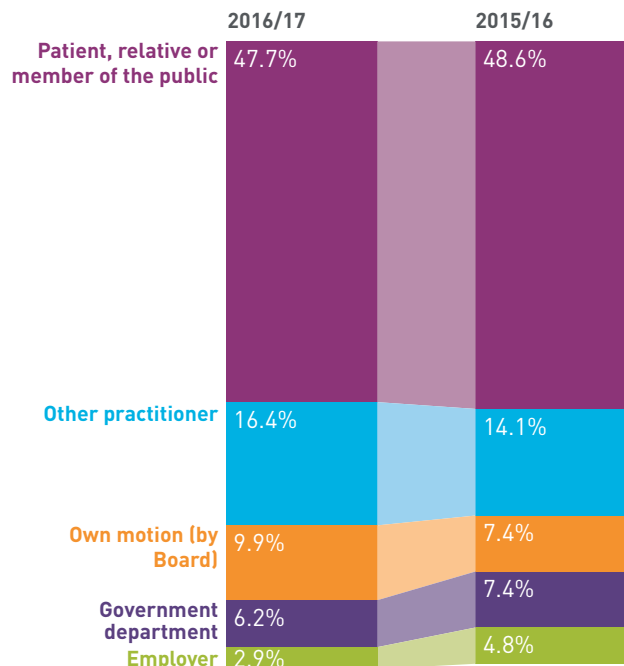
**Figure 4: Total notifications received by AHPRA about pharmacists, year by year, since the National Scheme began**



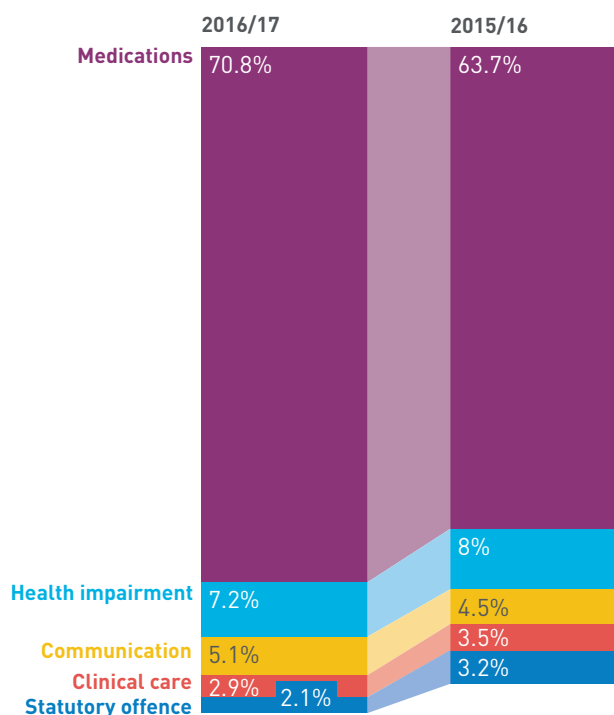
**Figure 5: How AHPRA and the Board manage notifications**



**Figure 6: Five most common sources of notifications lodged with AHPRA about pharmacists**



**Figure 7: Five most common types of complaint lodged with AHPRA about pharmacists**



## Mandatory notifications

All health practitioners, their employers and education providers have mandatory reporting obligations under the National Law. This means that they must tell AHPRA if they have formed a reasonable belief that a registered pharmacist or student has behaved in a way that constitutes notifiable conduct.

Notifiable conduct by registered health practitioners is defined as:

- ▶ practising while intoxicated by alcohol or drugs
- ▶ sexual misconduct in the practice of the profession
- ▶ placing the public at risk of substantial harm because of an impairment (health issue), or
- ▶ placing the public at risk because of a significant departure from accepted professional standards.

AHPRA received 847 mandatory notifications in 2016/17, with just 6% of these relating to notifiable conduct by pharmacists. Of mandatory notifications completed, 2.8% resulted in some form of regulatory action being taken. Of the 51 mandatory notifications lodged about pharmacists, the majority related to a significant departure from accepted professional standards. See Table 10.

For information about the *Guidelines for mandatory notifications*, visit the [Board's website](#).

## Taking immediate action

Immediate action is a serious step that the Board can take when it believes it is necessary to limit a pharmacist's registration in some way to keep the public safe. It is an interim measure that a Board takes only in high-risk cases while it seeks further information.

In 2016/17, the Board considered 22 cases for immediate action and took immediate action 21 times. These actions were: suspension of registration (5); imposing conditions on registration (11); and accepting an undertaking (5). An undertaking may be accepted to assure the Board that the pharmacist will not practise while a matter is being investigated, in order to protect the public.

See [AHPRA's annual report](#) for more information about immediate actions in 2016/17, and Table 6 in this report for immediate action cases about pharmacists by state and territory.

## Tribunals, panels and appeals

### Tribunals

The Board can refer a matter to a tribunal for hearing. Usually, this happens when the allegations involve the most serious of matters, such as when the Board believes a pharmacist has behaved in a way that constitutes professional misconduct.

#### Tribunals in each state and territory:

- ▶ **Australian Capital Territory** Civil and Administrative Tribunal
- ▶ **New South Wales** Civil and Administrative Tribunal
- ▶ **Northern Territory** Civil and Administrative Tribunal
- ▶ **Queensland** Civil and Administrative Tribunal
- ▶ **South Australia** Health Practitioners Tribunal
- ▶ **Tasmania** Health Practitioners Tribunal
- ▶ **Victoria** Civil and Administrative Tribunal
- ▶ **Western Australia** State Administrative Tribunal

In 2016/17, 16 pharmacy matters were decided by a tribunal, up from six in the previous year.

### Panels

The Board has the power to establish two types of panel depending on the type of notification:

- ▶ **Health panels**, for issues relating to a practitioner's health and performance, or
- ▶ **Professional standard panels**, for conduct and performance issues.

Under the National Law, panels must include members from the relevant health profession as well as community members. All health panels about pharmacists must include a pharmacist. Each National Board has a list of approved people who may be called upon to sit on a panel.

In 2016/17, two matters about pharmacists were decided by panel, down from 20 in the previous year.

## Appeals

All regulatory decisions are evidence-based and guided by the regulatory principles of the National Scheme. The National Law provides a mechanism of appeal against a decision by a National Board in certain circumstances, including decisions to:

- ▶ refuse an application for registration or endorsement of registration, or to refuse renewal of registration or renewal of an endorsement of registration
- ▶ impose or change a condition placed on registration, or to refuse to change or remove a condition imposed on registration or an undertaking given by a registrant, or
- ▶ suspend registration or to reprimand a practitioner.

There is also a mechanism of appeal by judicial review if the appeal relates to a perceived flaw in the administrative decision-making process, as opposed to the merits of the individual decision itself.

Three decisions by the Board relating to pharmacists were the subject of an appeal during 2016/17.

The National Scheme's [regulatory principles](#) apply to all regulatory decision-making. The principles are designed to encourage a responsive, risk-based approach to regulation across all professions to ensure the public is safe. The low proportion of successful appeals that resulted in an amended/substituted decision demonstrates that the regulatory principles continue to have a positive impact on regulatory decision-making.

Please refer to [AHPRA's annual report](#) for data relating to appeals in 2016/17.

## Compliance

On behalf of the Board, AHPRA monitors pharmacists and students who have restrictions (conditions or undertakings) placed on their registration, and those with suspended or cancelled registration. By identifying any non-compliance with restrictions and acting swiftly and appropriately, AHPRA supports the Board to manage risk to public safety.

As at 30 June 2017, there were 169 individual pharmacists being monitored (comprising 175 monitoring cases)<sup>1</sup>.

Monitoring can be for one or more of the following reasons:

- ▶ suitability/eligibility to be registered to practise
- ▶ compliance with restrictions on their registration – health, conduct, performance, and/or
- ▶ to make sure that any practitioner who was cancelled from the register did not practise.

The 175 active monitoring cases of pharmacists represent 3.4% of all monitoring cases managed by AHPRA across all 14 regulated health professions. The majority of these cases were being monitored for suitability/eligibility.

It should be noted that despite increasing volumes of notifications received and high closure rates, this has not translated into a peak in active monitoring cases for the Board. For more information on monitoring and compliance, visit [the AHPRA website](#).

See Table 11 for active monitoring cases by stream.

## Statutory offences

The National Law sets out four types of statutory offences:

- ▶ Unlawful use of protected titles
- ▶ Unlawful claims by individuals or organisations as to registration
- ▶ Performing a restricted act, and
- ▶ Unlawful advertising.

Breaches of the National Law that constitute a statutory offence can put individuals and the community at risk. These offences may be committed by registered health practitioners, unregistered individuals or corporate entities and are covered under Part 7 of the National Law. For more information, see [the AHPRA website](#).

AHPRA received 53 new statutory offence complaints about pharmacists in 2016/17, which is a significant increase when compared to the 13 received in 2015/16. The increase was largely due to an increase in complaints about alleged advertising breaches, which accounted for over 75% of all complaints received during the year. Statutory offence complaints about pharmacists accounted for only 2.3% of all statutory offences received nationally across all professions.

This year, there was a 269.2% increase in the number of statutory offence complaints closed (48, up from 13 in 2015/16).

See Table 12 for data about statutory offences relating to pharmacists in 2016/17.

<sup>1</sup> A practitioner who has restrictions on their registration for more than one reason will be allocated more than one 'monitoring case'. For example, if a pharmacist has conditions imposed as a result of health concerns and conduct, they will be allocated two monitoring cases.

**Table 4: Notifications received about pharmacists in 2016/17, by state or territory**

Pharmacists <sup>1</sup>	ACT	NSW <sup>2</sup>	NT	QLD <sup>3</sup>	SA	TAS	VIC	WA	No PPP <sup>4</sup>	Subtotal	HPCA <sup>5</sup>	Total
Total 2016/17	18	6	1	84	31	24	167	37	5	373	272	645
Total 2015/16	20	2	7	68	32	21	132	28	1	311	259	570

**Table 5: Percentage of the profession with notifications received, by state or territory**

Registrants	ACT	NSW (including HPCA complaints)	NT	QLD (including OHO complaints)	SA	TAS	VIC	WA	No PPP <sup>4</sup>	Total <sup>6</sup>
Pharmacists 2016/17	2.4%	1.9%	0.4%	1.8%	1.6%	3.0%	2.0%	1.1%	0.7%	1.8%
Pharmacists 2015/16	3.9%	2.8%	3.2%	1.2%	1.5%	3.0%	1.8%	0.9%	0.2%	1.9%
All registered practitioners 2016/17	1.9%	1.7%	2.2%	2.2%	1.3%	1.9%	1.1%	1.2%	0.5%	1.6%
All registered practitioners 2015/16	1.8%	2.2%	1.8%	1.5%	1.5%	1.7%	1.1%	1.1%	0.4%	1.5%

**Table 6: Immediate action cases by state or territory (excluding HPCA)**

Pharmacists	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP <sup>4</sup>	Total
2016/17	2			3	1		7	9		22
2015/16	3			5			5	7		20

**Table 7: Outcomes of immediate actions (excluding HPCA)**

Outcome	2016/17		2015/16	
	Pharmacists	All practitioners	Pharmacists	All practitioners
Not take immediate action	1	76	4	66
Accept undertaking	5	69	2	67
Impose conditions	11	147	9	229
Accept surrender of registration		1		6
Suspend registration	5	103	2	74
Decision pending		23	3	22
<b>Total</b>	<b>22</b>	<b>419</b>	<b>20</b>	<b>464</b>

**Table 8: Notifications closed in 2016/17, by state or territory**

Pharmacists	ACT	NSW <sup>2</sup>	NT	QLD <sup>3</sup>	SA	TAS	VIC	WA	No PPP <sup>4</sup>	Subtotal	HPCA <sup>5</sup>	Total
Total 2016/17	25	7	2	80	28	17	162	33	1	355	217	572
Total 2015/16	16	1	8	68	34	22	130	20	2	301	236	537

**Table 9: Notifications closed, by stage at closure (excluding HPCA)**

Stage at closure	2016/17	2015/16
Assessment <sup>7</sup>	225	191
Health or performance assessment <sup>8</sup>	14	10
Investigation	98	74
Panel hearing	2	20
Tribunal hearing	16	6
<b>Total</b>	<b>355</b>	<b>301</b>

1 Data relating to notifications (complaints or concerns) are based on the state or territory of the practitioner's principal place of practice (PPP).

2 Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.

3 Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman in Queensland (OHO).

4 No principal place of practice (No PPP) will include practitioners with an overseas address.

5 Matters managed by the Health Professional Councils Authority (HPCA) in NSW.

6 Total includes matters managed by AHPRA, the OHO in Queensland and the HPCA in New South Wales.

7 Closed after initial assessment of the matter.

8 Performance assessments are carried out by a Board-selected assessor whose scope of practice is similar to that of the practitioner being assessed (assessors are not Board members or AHPRA staff).

**Table 10: Notifications closed, by outcome at closure (excluding HPCA)**

Outcome	Total 2016/17	Total 2015/16
No further action <sup>1</sup>	175	141
Health complaints entity to retain	3	2
Refer all of the notification to another body		1
Caution	103	89
Reprimand	4	1
Accept undertaking	4	14
Impose conditions	60	50
Suspend registration	1	
Accept surrender of registration		
Cancel registration	5	3
Not permitted to reapply for registration for 12 months or more		
<b>Total<sup>2</sup></b>	<b>355</b>	<b>301</b>

**Table 11: Outcomes of assessment for mandatory notifications, by grounds for the notification (excluding HPCA)**

Outcome <sup>2</sup>	Grounds for notification				Total 2016/17	Total 2015/16
	Standards	Impairment	Sexual misconduct	Alcohol or drugs		
End matter	No further action <sup>1</sup>	3			3	3
	Dealt with as enquiry				0	2
	Caution	8			8	4
	Accept undertaking		1		1	2
	Impose conditions	2	1		3	0
<b>Total closed after assessment</b>	<b>13</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>11</b>
Refer to further stage	Refer to health or performance assessment	2	2		1	5
	Refer to investigation	22	2			24
	Refer to other stage					0
<b>Total referred to further stage</b>	<b>24</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>29</b>	<b>23</b>
<b>Total assessments finalised in 2016/17</b>	<b>37</b>	<b>6</b>	<b>0</b>	<b>1</b>	<b>44</b>	
<b>Total assessments finalised in 2015/16</b>	<b>24</b>	<b>8</b>	<b>0</b>	<b>2</b>		<b>34</b>

1 No further regulatory action is usually taken when, based on available information, the Board determines there is no risk to the public that meets the legal threshold for regulatory action. It may also be because a practitioner has taken steps to voluntarily address issues of concern.

2 Excludes matters managed by the Health Professional Councils Authority (HPCA) in NSW.



**Table 12: Active monitoring cases at 30 June 2017, by stream (excluding HPCA)**

Stream <sup>1</sup>	Total 2016/17	Total 2015/16
Conduct	25	26
Health	14	17
Performance	42	39
Prohibited practitioner/student	15	12
Suitability/eligibility	79	84
<b>Total<sup>2</sup></b>	<b>175</b>	<b>178</b>

**Table 13: Statutory offence complaints about pharmacists, received and closed in 2016/17, by type of offence and jurisdiction**

Type of offence <sup>3</sup>		ACT	NSW <sup>4</sup>	NT	QLD <sup>5</sup>	SA	TAS	VIC	WA	No PPP <sup>6</sup>	Total 2016/17	Total 2015/16
Title protections (s.113–120)	Received		4		2			1		6	13	4
	Closed		2		1				2	2	7	5
Practice protections (s.121–123)	Received										0	0
	Closed										0	0
Advertising breach (s.133)	Received		5		2	2		3	1	27	40	6
	Closed		3		2	2	1	4	1	26	39	6
Directing or inciting unprofessional conduct/professional misconduct (s.136)	Received										0	2
	Closed							1		1	2	2
Other offence	Received										0	1
	Closed										0	0
Total 2016/17	Received	0	9	0	4	2	0	4	1	33	53	
	Closed	0	5	0	3	2	1	5	3	29	48	
Total 2015/16	Received	2	0	0	2	0	0	1	2	6		13
	Closed	2	1	1	2	0	0	0	1	6		13

1 AHPRA reports on monitoring cases established rather than by individual registrants being monitored. This is because a registrant may have a set of restrictions (conditions or undertakings) in more than one stream. As at 30 June 2017, there were 175 cases about pharmacists, which relate to 169 individual registrants.

2 These cases also may include cases that are to be transitioned from AHPRA to the HPCA for conduct, health and performance streams. They do not include HPCA-managed monitoring cases.

3 This table captures offence complaints by principal place of practice (PPP) and includes all offences from sections 113–116 of the National Law, not only offences about advertising, title and practice protection.

4 Excludes matters managed by the Health Professional Councils Authority (HPCA) in NSW.

5 Matters referred to AHPRA and the National Board by the Office of the Health Ombudsman in Queensland.

6 AHPRA also receives offence complaints about unregistered persons where there is no PPP recorded. Only registered practitioners have a designated PPP.

# Appendix

## National committee members in 2016/17

The Pharmacy Board of Australia values the contribution of our national committee members. Together, we make decisions to protect the public Australia-wide. In 2016/17, we held 128 national committee meetings. Committee members during the year were as follows:

### Finance, Risk and Governance Committee

Dr Katherine (Katie) Sloper, Committee Chair and Board member

Ms Joy Hewitt, Board member (until 31 December 2016)

Mr William (Bill) Kelly, Board Chair

Mr Brett Simmonds, Board member

Mr Laurence (Ben) Wilkins (from 1 January 2017)

### Policies, Codes and Guidelines Committee

Ms Bhavini Patel, Committee Chair and Board member

Mr William (Bill) Kelly, Board Chair

Ms Karen O'Keefe (from 1 January 2017)

Mr Brett Simmonds, Board member

Dr Katherine (Katie) Sloper, Board member

Mr Laurence (Ben) Wilkins, Board member (until 31 December 2016)

### Registration and Examinations Committee

Dr Rodney (Rod) Wellard, Committee Chair and Board member

Mrs Rachel Carr, Board member

Ms Helen Dowling, external member

Mr Trevor Draysey, Board member

Ms Joy Hewitt, Board member (from 1 January 2017)

Mr Mark Kirschbaum, Board member (until 31 December 2016)

Ms Bhavini Patel, Board member

### Notifications Committee

Mr Brett Simmonds, Committee Chair and Board member

Mrs Rachel Carr, Board member (until 31 December 2016)

Mr Trevor Draysey, Board member

Mr Mark Kirschbaum (from 1 January 2017)

Ms Karen O'Keefe, Board member

Mr Michael Piu, Board member

#### Jurisdictional members:

Ms Susan Alexander (ACT member)

Ms Jennifer Bergin (ACT member)

Ms Anne Chew (WA member)

Mr Mark Dunn (Tas member)

Mr Vaughn Eaton (SA member)

Ms Aspasia Hassouros (SA member)

Ms Suzanne Hickey (TAS member)

Ms Barbara Kirk (WA member)

Mr Peter Mayne (Qld member)

Mr Brendon Moar (Vic member)

Mrs Julianna Neill (Qld member)

Mr Tim Tran (Vic member)

Mrs Joanna Wallace (NT member)

Ms Angela Young (NT member)

## **The Pharmacy Board of Australia: [www.pharmacyboard.gov.au](http://www.pharmacyboard.gov.au)**

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For more information about AHPRA and the National Boards' work in 2016/17, please see the annual report, available from the [AHPRA website](#).

### **Useful links**

Register of practitioners: [www.ahpra.gov.au/registration/registers-of-practitioners](http://www.ahpra.gov.au/registration/registers-of-practitioners)

Complaints portal: [www.ahpra.gov.au/About-AHPRA/Complaints](http://www.ahpra.gov.au/About-AHPRA/Complaints)

Court and tribunal outcomes: [www.ahpra.gov.au/Publications/Tribunal-Decisions](http://www.ahpra.gov.au/Publications/Tribunal-Decisions)

National restrictions library: [www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library](http://www.ahpra.gov.au/Registration/Monitoring-and-compliance/National-Restrictions-Library)

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