The Victorian Pharmacy Authority (The Authority) welcomes the opportunity to make this submission to the review of the National Registration and Accreditation Scheme for health professions.

Established pursuant to the Pharmacy Regulation Act 2010 (the Act) in August 2010 and responsible to the Victorian Minister for Health, the primary role of the Authority is to administer the Act which provides for the regulation of pharmacy businesses, pharmacy departments and depots.

These functions were previously administered by the Pharmacy Board of Victoria.

In this Submission, the Authority intends to respond only to specific questions raised in the consultation paper and which are relevant to its activities. These include:

Q.9. What changes are required to improve the existing complaints and notifications system under the National Scheme?

While the aim of the NRAS since its inception has been to work towards uniformity for the Australian health professionals workforce, this does not appear to have been achieved.

In the areas of complaint handling and notifications for pharmacists as an example, the notification process through AHPRA has been a protracted process. Cases involving alleged unprofessional conduct/professional misconduct or performance issues have taken up to 12 months or longer to be resolved. The lack of timeliness is unfair to practitioners and notifiers alike.

The Authority conducts investigations and follows up complaints on licenced pharmacists and registered premises and is able to respond swiftly to matters that are brought to its attention, however few matters are referred to the Authority. The Authority is also able to conduct Panel Hearings under the Act, notably within a short timeframe and with a range of effective sanctions.

In some cases where breaches of drugs and poisons legislation have occurred in relation to pharmacies or pharmacy departments and the matter is investigated by the Department of Health, Drugs and Poisons Regulation Group (DPRG), these matters have been routinely referred to AHPRA but not the Authority. Referral to the Authority would have initiated prompt inspection of the premises, and if an investigation led to a Panel Hearing a decision in regard to the proprietor’s licence and premises registration would usually be made within three months. This is an important consideration because a matter may affect a pharmacist’s licence to carry on a pharmacy business or registration of the premises to ensure public protection.

Last week a matter was referred to the Authority following consideration at the October meeting of the Notifications Committee of the Pharmacy Board of Australia. It was received at AHPRA in the last week of May and contained allegations of breaches of legislation which were quite clearly within the control of the Authority and the DPRG.
The time delay makes investigation difficult and the discovery of evidence unlikely.

The Authority strongly recommends the establishment of an enhanced scheme for referral to other agencies for investigations, complaints handling and notifications system together with improved communication between agencies in a more open manner between AHPRA and the Authority consistent with the provisions of the National Law.

Q.11. Should there be a single entry point for complaints and notifications in each State and Territory?

Yes. This would simplify the process for notifiers and facilitate information exchange between regulators.

The point of entry should be robustly debated and criteria developed to ensure that a transparent, timely system results. It should be promoted as such and be strongly adhered to.

In addition newly developed Guidelines should accompany this new process.

Further, clear advice should be provided to the notifier as to which organisation will carry out any investigation and an estimate of the anticipated time to be taken together with the information regarding communication of the outcome.

Q.12. Should performance measures and prescribed timeframes for dealing with complaints and notifications be adopted nationally?

Yes, with pathways open to notifiers and/or practitioners when compliance has failed

Q.16. Are the legislative provisions on advertising working effectively or do they require change?

There have been far too many instances where there appear to be blatant breaches of the regulated health services advertising requirements under the National Law.

AHPRA does not have a “Code of Advertising Practices” as operates in the pharmaceutical manufacturing industry, with a corresponding severe penalties provision.

Advertising which in many cases relies purely on dubious testimonials occurs far too frequently as do the inducements to buy or receive bonus payments if health services are accessed from the provider.

While it is noted that there is scope to introduce a National Code of Conduct for unregistered health practitioners, it would be prudent to wait until the Code is developed for the registered practitioners first.

Advertising requirements should be uniform across the country, should be developed specifically by and for each profession, and be only applicable to services that are evidence based.

The Code should be structured in such a way as to preclude the advertising of very dubious treatments for example treating cancer with homeopathic water.
Q.20. To what extent are National Boards and Accrediting Authorities meeting the statutory objectives and guiding principles of the National Law, particularly with respect to facilitating access to services, the development of a flexible, responsive and sustainable health workforce, and innovation in education and service delivery?

While this is happening to some extent more needs to be done by way of better uniformity and the encouragement of harmonisation of complementary legislation for example differences in Drugs and Poisons legislation between States and Territories. A greater leadership role is needed to drive the process of uniformity.

Q.28. The Review seeks comment on the proposed amendments to the National Law.

There is currently a lack of communication and feedback of information (referrals to/from) between agencies. As an example, the Authority should know if a pharmacist is in serious breach of his / her registration and ability to practise, especially if they are also current licence holders. There is a real need to develop a Memorandum of Understanding between the Authority and AHPRA.

On this basis, as there are Pharmacy Registering Authorities in each State and Territory, the same issues may well apply to them.

Another point for consideration and which requires close liaison between the Authority and the NRAS involves the subject of the professions developing "innovative health practices".

In relation to the pharmacy profession developing innovative health practices, for example in delivering immunisation services in the pharmacy, or conducting testing, the accreditation processes may well involve assessing competence on behalf of the pharmacist, and of the standard that the premises are operating under e.g. privacy, hygiene, equipment etc.

This reinforces the need for far greater cooperation between the Authority and the Pharmacy Board of Australia.

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