Communiqué

3 August 2017

The Victorian Pharmacy Authority (the "Authority") met on 11 July 2017 at the Authority offices.

Review of VPA Guidelines

The Authority has released a draft version of its Guidelines for public consultation. Changes are highlighted in red text with guidelines 4.3.3.4, 4.3.13 and 4.6.1 affected.

You are invited to provide feedback on the draft Guidelines by 31 August 2017. The Authority will consider the consultation feedback on the draft Guidelines before finalising them for publication on its website on or around 1 October 2017. The draft Guidelines are available here.

Quarterly performance report

The Authority's quarterly performance report for the period 1 April 2017 to 30 June 2017 is now available on the VPA website here. The report provides information on the Authority's activities and intended outcomes.

Appointment of pharmacist member

The Authority is pleased to announce that Mr Joey Calandra has been re-appointed to the Victorian Pharmacy Authority as a member who is a registered pharmacist. The Governor in Council appointed Joey for a further three-year term until 30 June 2020. Joey is the Director of Strategic Partnerships and Engagement for the Pharmaceutical Society of Australia and was initially appointed to the Authority on 1 July 2014.

Workloads

The Authority's position on workloads states: "If dispensing levels are in the range of 150-200 prescriptions per day, a trained dispensary assistant and/or an intern pharmacist may assist the pharmacist. If the workload is in the range of 200 to 220 prescriptions daily, a second dispensary assistant may be used but above this workload, a second pharmacist will be necessary for at least part of the day". [Victorian Pharmacy Authority Guidelines, 4.3.10]

Inspections have revealed that, while total dispensary staff may meet the requirements, some dispensary staff are engaged in other tasks such as MedsChecks and assembling dose administration aids. Licensees are required to monitor workloads to ensure there is sufficient staff actually engaged in dispensing to satisfy the requirements of the workload guideline.

Destruction of Schedule 8 poisons including returned and unwanted medicines

The Authority reminds pharmacists of their obligations when destroying Schedule 8 poisons including returned and unwanted medicines. The Department of Health & Human Services has provided the following advice:

> *Regulation 115 authorises pharmacists to destroy Schedule 8 poisons in the presence of a witness who is a dentist, medical practitioner, pharmacist, veterinary practitioner, nurse or midwife.*
>
> *All destructions must be recorded in the Schedule 8 register. Details must include the date of destruction; drug name and strength; quantity destroyed; reason for destruction; the name of the pharmacist responsible for the destruction plus the name of the witness.*

Using a separate register or designated page/s of the drug register to record, "Drugs for Destruction", is a practice that often proves valuable in accurately accounting for returned or expired drugs.

Returned and unwanted medicines (RUM)

The National Return and Disposal of Unwanted Medicines Project (NatRUM) is a Commonwealth funded program, providing all community pharmacies in Australia a method of environmentally safe disposal of unwanted and expired medicines returned to the pharmacy by the consumer. For more information and details of the NatRUM protocols for pharmacists, please refer to the website: www.returnmed.com.au

*Pharmacists should take **reasonable steps** to ensure any Schedule 8 poison returned for disposal is recorded and destroyed in accordance with regulations.*

It is not acceptable to place a bag of returned medicines into the RUM bin without examining the contents to determine whether Schedule 8 poisons are contained therein – unless there is an obvious risk to personal safety.

RUM bins and their role in destroying Schedule 8 poisons

*Where a pharmacist is **merely** initiating the destruction of a Schedule 8 poison, which is intended for subsequent high-temperature incineration (e.g. via RUM bins), the Schedule 8 poison must be rendered unidentifiable and unrecoverable to prevent it being retrieved from the RUM bin, as has occurred on several occasions at multiple pharmacies.*

If liquids are to be placed into the RUM bin, an absorbent substrate (e.g. kitty litter or sawdust) should be used.

The advice is included in the document *Pharmacists – Management of Schedule 8 poisons*, one of several updated guidance documents for pharmacists available on the Drugs and Poisons regulation website here.

Panel hearings

In June 2017, five panel hearings were held into allegations that licensees had failed to meet their responsibilities to comply with the *Pharmacy Regulation Act 2010* and/or good pharmacy practice at registered premises. Panel hearings are held under sections 57 to 61 of the *Pharmacy Regulation Act 2010*. In cases where there have been contraventions of the *Drugs, Poisons and Controlled Substances Act 1981* or the regulations, the details are passed to the Department of Health & Human Services.

A summary of selected hearings appears below.

Case 1

Unsatisfactory security and storage of Schedule 8 poisons, a discrepancy of over 2.5 litres of methadone liquid concentrate and a failure to undertake systematic barcode scanning formed the basis of allegations in this case. There were ten other matters that had been raised from an earlier inspection, including deficiencies in privacy-related matters but these had not been properly addressed.

The licensee was reprimanded. The Authority subsequently ordered that the pharmacy be reinspected at the licensee's cost, and imposed a condition on the licence requiring the licensee to undertake the Ethics and Dispensing in Pharmacy Practice course provided by the Pharmaceutical Society of Australia.

Case 2

Numerous discrepancies were found in the Schedule 8 register when compared with stock on hand; buprenorphine was not stored in accordance with the Drugs, Poisons and Controlled Substances Regulations and the destruction of a Schedule 8 poison was not witnessed by an authorised person. The pharmacist had also failed to act on shortcomings that had been brought to attention at a previous inspection concerning security, mandatory references and delays in recording transactions in Schedule 8 poisons.

The licensee was reprimanded and required to produce evidence of steps taken to reconcile discrepancies in all Schedule 8 poisons. Subsequently the Authority ordered that the pharmacy be re-inspected at the licensee's cost.

Case 3

In this case, the licensee was reprimanded for failing to install a monitored security alarm system in a new pharmacy, having declared in a notification to the Authority that an operational and monitored alarm had been installed in order to obtain conditional registration of the premises.

There was also no approved weighing equipment in the dispensary and prescription reception and counselling points did not meet the requirements of the guidelines. Schedule 3 poisons were not displayed appropriately and the Schedule 8 safe was used for the storage of items other than drugs of dependence.

The Panel referred the matter back to the Authority to consider whether it should commence proceedings in the Magistrate's Court under section 79 of the Act for provision of false or misleading information.

Case 4

A wide range of non-compliance with the Drugs, Poisons and Controlled Substances Regulations 2006, the Authority's Guidelines and good professional practice resulted in a reprimand for two experienced pharmacists.

There were 17 discrepancies in accounting for Schedule 8 poisons, the key to the Schedule 8 safe was not secured and transactions in S8 poisons were not recorded in a timely manner. Barcode scanning was not carried out routinely, displays of Schedule 3 poisons contravened the DPCS Regulations and storage of codeine-containing medicines contravened the Authority's Guidelines. Filling records for dose administration aids and works of reference were inadequate.

Toni Riley
Chair