

REGULATING PHARMACISTS –
MANAGING RISK TO THE PUBLIC

PHARMACY REGULATION
AT WORK IN AUSTRALIA,
2013/14

Regulating pharmacists in the National
Registration and Accreditation Scheme

Contents

About this report . . . . .	.2
Message from the Chair, Pharmacy Board of Australia . . . . .	.3
Message from the AHPRA Chair and CEO. . . . .	.4
Committees . . . . .	.5
Areas of focus . . . . .	.5
Major outcomes/achievements 2013/14 . . . . .	.6
Priorities for the coming year . . . . .	.6
Pharmacy Board registration and notifications data 2013/14. . . . .	.7
Working across the professions . . . . .	.9
Members of the Pharmacy Board of Australia . . . .	.12

List of tables

Table 1: Registrant numbers at 30 June 2014. . . . .	.7
Table 2: Registered practitioners by age . . . . .	.8
Table 3: Notifications received by state or territory. .	.8
Table 4: Per cent of registrant base with notifications received by state or territory. . . . .	.8
Table 5: Immediate action cases by state or territory (excluding NSW). . . . .	.8
Table 6: Notifications closed by state or territory . .	.8
Table 7: Stage at closure for notifications closed (excluding NSW). . . . .	.8
Table 8: Outcome at closure for notifications closed (excluding NSW). . . . .	.8

About this report

For the first time this year, the Pharmacy Board of Australia is publishing this profile of its work in regulating pharmacy in the National Registration and Accreditation Scheme during 2013/14.

The report aims to provide a profession-specific view of the Board's work to manage risk to the public and regulate the profession in the public interest.

As ever, this year the National Board has worked in close partnership with the Australian Health Practitioner Regulation Agency (AHPRA) to bring out the best of the National Scheme for all Australians.

The data in this report are drawn from data published in the 2013/14 annual report of AHPRA and the National Boards, reporting on the National Registration and Accreditation Scheme.

This report looks at these national data through a profession-specific lens. Wherever possible, historical data are provided to show trends over time, as well as comparisons between states and territories. In future, we will undertake more detailed analysis to deepen our understanding of trends.

For completeness and wider context about the National Scheme, as well as analysis across professions, this report should be read in conjunction with 2013/14 annual report of AHPRA and the National Boards.

Message from the Chair, Pharmacy Board of Australia

The Pharmacy Board of Australia has continued to implement its strategic plan following the work-plan that was developed. This work, which was started in the previous year with external consultants, has enabled the Board committees to also develop work-plans, and the Board to undertake regular evaluations of its performance and progress against the plans.

The workload of each of the committees increased during the year as follows:

- The Finance and Governance Committee accepted responsibility for risk assessment in addition to advising the Board on budget preparation, financial management and effective governance.
- The Notifications Committee considered an increased number of notifications, frequently involving complex situations.
- The Policies, Codes and Guidelines Committee had the task of reviewing all of the Board's policies, registration standards, codes and guidelines, in addition to preparing comments for the review of the National Registration and Accreditation Scheme. This has included a large consultation to develop new guidelines on compounding.
- The Registration and Examinations Committee has undertaken a review of examination procedures and the development of an increased question data bank, together with an increased number of pharmacists applying to return to practice.

Through careful management of expenditure and thorough planning, the Board has been able to maintain registration fees at the 2013/14 level for the ensuing period.

I sincerely thank all Board members for the dedication, effective contributions and professional approach to the work of the Board. The committee chairs have each provided leadership and enthusiasm in their roles.

The Board is fortunate to have the valuable support and contributions of pharmacists who serve as examiners and committee members, and I sincerely thank them.

I also acknowledge the contributions and support from the AHPRA executive team and the support staff in the national and jurisdictional offices. In particular I thank Mr Joe Brizzi, Executive Officer, Ms Michelle Pirpinias, Senior Policy Officer and Ms Casey Ip, Support Officer, for their highly professional, dedicated service and contributions to ensure the smooth and effective administration of the Board.



Adjunct Associate Professor Stephen Marty, Chair, Pharmacy Board of Australia

Message from the AHPRA Chair and CEO

Patient safety lies at the heart of our health system. Maintaining standards and ensuring we have a safe, competent and patient-centred health workforce is a vital part of our work as a regulator. We can be proud of the quality and dedication of the health practitioners who provide our health services on a daily basis, and we have good systems in place to address the occasional few who do not meet expected standards. This is the work of the National Boards, with the support of AHPRA.

It has been a year of consolidation and improvement across the National Scheme. We have had three main areas of focus during the year: improving the experience of all involved in the notifications process; measuring and improving our performance; and participating in and preparing for the review of the National Registration and Accreditation Scheme.

We now set international benchmarks for online registration renewals, matched by high (96%) rates for submission of the workforce survey. The results of this survey, which is completed voluntarily at renewal by registered practitioners, provide invaluable health workforce data that can be used for planning purposes. Such data reflect the importance of the workforce objectives of our work.

When the newly appointed health ombudsman takes effect on 1 July 2014, there will be two different co-regulatory models for notifications within the National Scheme. This will establish three different models of health complaints management in Australia, all underpinned by the same set of nationally consistent professional standards for practitioners, with information feeding into the national registers. We are committed to making these models work, but recognise the challenges they may pose for national consistency in decision-making.

After four years, AHPRA is continuing to mature rapidly, but on any international and national regulatory comparison, it is still a relatively young organisation. We are not complacent and continue to identify and act on opportunities to improve the performance of the National Scheme in partnership with National Boards.



Michael Gorton AM, Chair,
Agency Management Committee



Martin Fletcher, CEO, AHPRA

Committees

During 2013/14, the Board met 12 times.

The Board has established committees to advise it and to make decisions when the Board has delegated powers under the National Law.

The Board's committees are:

- Finance and Governance Committee (11 meetings)
- Notifications Committee (12 meetings)
- Policies, Codes and Guidelines Committee (10 meetings)
- Registration and Examinations Committee (12 meetings)

As required, an Immediate Action Committee is convened by the Chair to consider matters that, because of a registered pharmacist's conduct, performance or health, may require immediate action, if the pharmacist is considered to pose a serious risk to persons and it is necessary to take immediate action to protect public health or safety. Notifications about 16 pharmacists were considered by Immediate Action Committees.

Areas of focus

Review of registration standards

In accordance with the National Law, the Board conducted wide-ranging consultation on the following registration standards and related guidelines:

- Professional indemnity insurance registration standard
- CPD registration standard
- Recency of practice registration standard
- Supervised practice arrangements registration standard
- Examinations for eligibility for general registration standard
- Guidelines on continuing professional development.

Consultation closed on 30 June 2014 and work will continue to analyse the consultation feedback before the Board finalises the registration standards and seeks their approval from the Ministerial Council.

Guidelines on compounding of medicines

The Board's Policies, Codes and Guidelines Committee continued its work on the development of revised *Guidelines on compounding of medicines*. The revised guidelines were published for consultation, which concluded on 30 June 2014. The Committee will analyse consultation feedback and make

recommendations to the Board regarding finalisation and implementation of the revised guidelines, which is expected to happen by the end of 2014.

Codes and guidelines

The Board, in partnership with other National Boards, conducted and completed the review of the codes and guidelines on mandatory notifications, advertising regulated health services and the code of conduct. Additionally, a social media policy was developed and published. The guidelines and policy are common across all National Boards and apply to all registered health practitioners. The code of conduct for pharmacists is based on a code of conduct shared by most National Boards.

Vaccination by pharmacists

The Board had previously approached the Advanced Pharmacy Practice Framework Steering Committee (APPFSC), a profession-wide forum working collaboratively on a number of projects associated with the *National competency standards framework for pharmacists in Australia 2010*, about a coordinated approach to progress further work on vaccination by pharmacists. The APPFSC and established a Vaccination Working Group (the Working Group) consisting of individuals from a subset of the pharmacy stakeholder organisations represented on the APPFSC. The Working Group completed a competency mapping exercise resulting in a consolidated final set of competencies for administration of vaccines by pharmacists, which include performance criteria to address gaps in the *National competency standards framework for pharmacists in Australia 2010* and identification of training and assessment requirements through inclusion of evidence examples.

The Board recognises that the administration of vaccines is included in the current scope of practice of pharmacists, provided that pharmacists are competent as set out in the competencies for vaccination, are adequately trained, and that vaccination occurs in accordance with authorities conferred through state and territory drugs and poisons legislation. The Board recognises vaccination by pharmacists as an opportunity to provide access to services provided by health practitioners in accordance with the public interest, an objective of the National Scheme. It will continue to engage with state and territory governments regarding decisions to grant authorisation to pharmacists to administer vaccines. As part of ongoing developments in vaccination by pharmacists, the Board will consider the need to undertake any of its functions under the National Law, such as assessing the need for, and development of, guidelines for pharmacists providing vaccination services.

To assist the development of training programs for pharmacists to administer vaccinations, in accordance with authorities granted through state and territory drugs/medicines and poisons legislation, relevant stakeholders have consulted on pathways for accreditation of vaccination training programs.

Major outcomes/ achievements 2013/14

Audit of pharmacists' compliance with registration standards

The Board continued to audit pharmacists' compliance with the registration standards after previously participating in two pilot audits. The audit of compliance for the period 1 December 2012 to 30 November 2013 involved the random selection of a group of pharmacists for the audit of the following mandatory registration standards:

- criminal history
- recency of practice
- CPD.

The audit was decoupled from the renewal of registration process and pharmacists were advised of their selection for audit between April and June 2014. The audit was conducted by AHPRA on behalf of the Board.

Interstate meetings

In addition to meeting in its usual location at the AHPRA national office in Melbourne, the Board conducted two interstate meetings (New South Wales and Northern Territory). This provided the Board with an opportunity to meet with local stakeholder groups and pharmacists to discuss issues affecting pharmacy practice and progress of the National Scheme.

Board attendance at major pharmacy conferences

The Board was represented at the Australian Pharmacy Professional Conference and Trade Exhibition 2014. Delegate members of the Board and the Board's Executive Officer attended this conference and liaised with attendees to discuss requirements for pharmacists under the National Scheme and answer questions. The Board will continue to provide representation at a selection of major conferences during the coming year.

Priorities for the coming year

Review of registration standards and guidelines

The Board will continue work on the revision of its registration standards and related guidelines, which started in 2013/14.

The Board also started a review of the following additional guidelines for pharmacists:

- dispensing of medicines
- practice-specific issues
- specialised supply arrangements
- proprietor pharmacists.

This will include wide-ranging consultation with stakeholders, the profession and the public, as required under the National Law. Preliminary and public consultation on revised guidelines will be conducted during 2014/15.

Vaccination

The Board will continue to engage with stakeholders, including the public, pharmacy stakeholders and governments, on the opportunities for pharmacists to administer vaccines to the public.

Prescribing

An additional opportunity to provide access to services provided by health practitioners in accordance with the public interest is prescribing by qualified and competent pharmacists. The Board aims to advance work on this initiative through consultation with stakeholders including state and territory governments, given the potential for new authorities to be conferred through changes to jurisdictional drugs and poisons legislation for pharmacists to prescribe scheduled medicines.

The Board has agreed to establish a Pharmacy Prescribing Committee by appointing Board members and subject experts. The committee will investigate opportunities for prescribing by pharmacists within the *Health Workforce Australia health professionals prescribing pathway* and incorporating the *Prescribing competencies framework* developed by the National Prescribing Service, which articulates competencies for prescribing by health professionals.

Pharmacy Board registration and notifications data 2013/14

On 30 June 2014, there were 28,282 registered pharmacists across Australia. This is an increase of 3.4% since the previous year. While NSW and Victoria have the largest numbers of pharmacists (8,769 and 6,985, respectively) the smaller territories of ACT and the Northern Territory have seen the largest proportional increase in registrant numbers (4.9% and 9.3%, respectively). The majority (60.2%) of practitioners are aged 40 or younger.

There were 514 notifications received in 2013/14, an increase of 20% over the 429 received in 2012/13. For notifications received in 2013/14, 322 were lodged outside NSW. The rate of notifications per registrant nationally is 1.7%. The Northern Territory has the highest rate at 4.7%, and the ACT has the lowest rate at 0.6%.

There were 464 notifications closed in 2013/14, of which 286 notifications were lodged outside NSW. Over half these notifications (157 notifications or 55%) were closed after assessment, 26 were closed after a panel (14) or tribunal (12) hearing. The remaining 103 cases were closed after an investigation (90) or a health or performance assessment (13).

In 142 of the closed cases (50%), the Board determined that no further action was required (136), or decided that the notification should be handled by the health complaints entity that received it (6). In six cases the practitioner's registration was suspended (3), the practitioner surrendered their registration (2) or the practitioner's registration was cancelled (1). In the remaining cases, a caution (104) or reprimand (6) was issued, conditions imposed (19), or an undertaking accepted from the practitioner (9).

Concerns raised about advertising during the year were managed by AHPRA's statutory compliance team and are reported from page 119 of the 2013/14 annual report of AHPRA and the National Boards.

The Board has the power to take immediate action in relation to a health practitioner's registration at

any time if it believes this is necessary to protect the public. This is an interim step that Boards can take while more information is gathered or while other processes are put in place.

Immediate action is a serious step. The threshold for the Board to take immediate action is high and is defined in section 156 of the National Law. To take immediate action, the Board must reasonably believe that:

- because of their conduct, performance or health, the practitioner poses a 'serious risk to persons' and that it is necessary to take immediate action to protect public health or safety, or
- the practitioner's registration was improperly obtained, or
- the practitioner or student's registration was cancelled or suspended in another jurisdiction.

In relation to students, the Board must reasonably believe that they:

- have been charged, convicted or found guilty of an offence punishable by 12 months' imprisonment or more, or
- have or may have an impairment, or
- have or may have contravened a condition on their registration or an undertaking given to the Board, and it is necessary to take action to protect the public.

Immediate action was initiated for 19 practitioners during 2013/14; 10 of these practitioners were in Queensland. Integrated data for all professions including outcomes of immediate actions are published from page 138 in the 2013/14 annual report of AHPRA and the National Boards. More information about immediate action is published on AHPRA's website under [Notifications](#).

Table 1: Registrant numbers at 30 June 2014

Pharmacist	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP*	Total 2012-13	% change from prior year
2013/14	469	8,769	212	5,536	2,033	679	6,985	3,046	553	28,282	3.45%
2012/13	447	8,460	194	5,361	1,987	656	6,815	2,984	435	27,339	2.98%
2011/12	420	8,274	186	5,187	1,919	628	6,578	2,852	504	26,548	2.33%
% change from prior year	4.92%	3.65%	9.28%	3.26%	2.32%	3.51%	2.49%	2.08%	27.13%		

*Principal place of practice

Table 2: Registered practitioners by age

Pharmacist	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 +	Not available	Total
2013/14	1,913	6,252	5,335	3,517	2,505	2,037	1,898	1,768	1,196	898	528	324	111		28,282
2012/13	1,933	6,107	4,973	3,180	2,499	1,927	1,921	1,690	1,212	903	565	278	145	6	27,339
2011/12	2,015	5,901	4,535	2,945	2,425	1,920	1,981	1,646	1,222	905	649	268	82	54	26,548

Table 3: Notifications received by state or territory

Pharmacist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	4	10	87	26	14	142	39	322	192	514
2012/13	5	5	82	21	9	93	31	246	183	429
2011/12	13	1	57	16	9	88	32	216	171	387

Table 4: Per cent of registrant base with notifications received by state or territory

Pharmacist	ACT	NT	QLD	SA	TAS	VIC	WA	Subtotal	NSW	Total
2013/14	0.6%	4.7%	1.4%	1.2%	2.1%	1.9%	1.2%	1.5%	2.0%	1.7%
2012/13	1.1%	2.1%	1.4%	1.1%	1.1%	1.3%	1.0%	1.2%	2.0%	1.5%
2011/12	2.9%	0.5%	1.0%	0.8%	1.4%	1.2%	1.1%	1.1%	1.2%	1.1%

Table 5: Immediate action cases by state or territory (excluding NSW)

Pharmacist	QLD	SA	TAS	VIC	WA	Total
2013/14	10	3	1	3	2	19

Table 6: Notifications closed by state or territory

Pharmacist	ACT	NT	QLD	SA	TAS	VIC	WA	2014 Subtotal	NSW	2014 Total	2013 Total	2012 Total
Closed 2013/14	6	5	90	16	15	118	36	286	178	464	396	287

Table 7: Stage at closure for notifications closed (excluding NSW)

Stage at closure	
Assessment	157
Health or performance assessment	13
Investigation	90
Panel hearing	14
Tribunal hearing	12
Total	286

Table 8: Outcome at closure for notifications closed (excluding NSW)

Outcome at closure	
No further action	136
Health complaints entity to retain	6
Caution	104
Reprimand	6
Accept undertaking	9
Impose conditions	19
Suspend registration	3
Practitioner surrendered registration	2
Cancel registration	1
Total	286

continued overleaf

Keeping the public safe: monitoring

Health practitioners and students may have restrictions placed on their registration for a range of reasons including as a result of a notification, the assessment of an application for registration or a renewal of registration.

Types of restrictions being monitored include:

Drug and alcohol screening – requirements to provide biological samples for analysis for the presence of specified drugs and/or alcohol.

Health – requirements to attend treating health practitioner(s) for the management of identified health issues (including physical and psychological/psychiatric issues).

Supervision – restrictions that require a health practitioner to practise only if they are being supervised by another health practitioner (usually registered in the same profession). The restrictions detail the form of supervision.

Mentoring – requirements to engage a mentor to provide assistance, support and guidance in addressing issues, behaviours or deficiencies identified in skills, knowledge, performance or conduct.

Chaperoning – restrictions that allow patients generally, or specific groups of patients, to be treated or examined only when a suitable third party is present.

Audit – requirements for a health practitioner to submit to an audit of their practice, which may include auditing records and/or the premises from which they practise.

Assessment – requirements that a health practitioner or student submits to an assessment of their health, performance, knowledge, skill or competence to practise their profession.

Practice and employment – requirements that a practitioner or student does, or refrains from doing, something in connection with their practice of their profession (for example, restrictions on location, hours or scope of practice, or rights in respect of particular classes of medicines).

Education and upskilling – requirements to attend or complete a (defined) education, training or upskilling activity, including prescribed amounts of continuing professional development.

Character – requirements that a health practitioner or student remain of good character for a specified period of time (for example, that no further notifications are received regarding them).

A health practitioner or student may simultaneously have restrictions of more than one type and/or category in place on their registration at any time.

Statutory offences: advertising, practice and title protection

Concerns raised about advertising, title and practice protection during the year were managed by AHPRA's statutory compliance team.

More detail about the approach to managing statutory offences is reported from page 119 of the 2013/14 annual report of AHPRA and the National Boards.

Criminal history checks

Under the National Law, applicants for initial registration must undergo criminal record checks. National Boards may also require criminal record checks at other times. Applicants seeking registration must disclose any criminal history information when they apply for registration, and practitioners renewing their registration are required to disclose if there has been a change to their criminal history status within the preceding 12 months.

While a failure to disclose a criminal history by a registered health practitioner does not constitute an offence under the National Law, such a failure may constitute behaviour for which the Board may take health, conduct or performance action. The criminal record check is undertaken by an independent agency, which provides a criminal history report. AHPRA may also seek a report from a police commissioner or an entity in a jurisdiction outside Australia that has access to records about the criminal history of people in that jurisdiction. The criminal history reports are used as one part of assessing an applicant's suitability to hold registration.

More detailed information about criminal record checks is published from page 115 of the 2013/14 annual report of AHPRA and the National Boards.

Working across the professions

A key strength of the National Scheme is the regular interaction between National Boards. This has facilitated cross-profession approaches to common regulatory issues and supported joint consultation and collaboration.

While the National Scheme is a multi-profession scheme operating within a single statutory framework and with one supporting organisation (AHPRA), a range of regulatory approaches – which are tailored to professions with different risk profiles and professional characteristics – are being explored with National Boards.

Policy development to address the objectives and guiding principles of the National Law is an important part of AHPRA's support for National Boards,

including development and review of registration standards, codes and guidelines, and the coordination of cross-profession policy projects such as a revised approach to international criminal history checks.

Standards, codes and guidelines

The core registration standards (English language skills, professional indemnity insurance, criminal history, recency of practice and continuing professional development (CPD)) required under the National Law, together with each Board's code of conduct or equivalent, are the main way National Boards define the minimum *national* standards they expect of practitioners, regardless of where they practise in Australia.

Five core registration standards for all 14 health professions regulated under the National Scheme

- Continuing professional development
- Criminal history
- English language skills
- Professional indemnity insurance arrangements
- Recency of practice.

The standards bring consistency across geographic borders; make the Boards' expectations clear to the professions and the community; and inform Board decision-making when concerns are raised about practitioners' conduct, health or performance. National Boards hold practitioners to account against these standards in disciplinary processes.

National Boards have developed common guidelines for advertising regulated health services and for mandatory notifications. Most National Boards have a similar code of conduct. This commonality facilitates the National Law's guiding principles of efficiency, effectiveness and fairness. It also helps consumers to understand what they can expect from their health practitioners.

Our work on professional standards in 2013/14

In 2013/14, the National Boards (supported by AHPRA) reviewed, finalised and implemented common guidelines (advertising and mandatory notifications), the common social media policy and the shared code of conduct. Revised documents came into effect in March 2014 and updates to the guidelines for advertising were published in May 2014.

This work has focused on continuing to build the evidence base for National Board policy and reviewing the structure and format of registration standards, guidelines and codes consistent with good practice.

These changes aimed to support clear communication and understanding of National Board requirements by practitioners, the public and other stakeholders. The common guidelines explain the requirements of the National Law. The wording was refined and clarified to assist practitioners to understand their

obligations and to communicate more clearly with other stakeholders. A scheduled four-week lead-time in 2014 gave practitioners and stakeholders time to become familiar with the new content and structure before the revised standards took effect in March 2014.

The National Boards' codes of conduct set out the Boards' expectations of each registered health practitioner. Revisions published in 2014 to the shared code clarify to practitioners what is expected of them.

During the year, the National Boards coordinated the review of the common criminal history registration standard and the largely common English language skills registration standards. To prepare, AHPRA commissioned research about English language skills in the regulatory context to inform the review.¹

The research was combined with National Boards' experience in administering their English language skills registration standards and was supplemented with further information, including discussions with other regulators and language test providers. National Boards consulted stakeholders through a single consultation paper and proposals for largely common standards. This work ensured that final recommendations to National Boards would be based on the best available evidence and address the objectives and guiding principles of the National Law.

Similarly, the National Boards for the first 10 professions to be regulated under the National Scheme and the Medical Radiation Practice Board of Australia reviewed their registration standards for recency of practice, CPD and professional indemnity insurance arrangements. AHPRA coordinated these reviews across professions. This enabled multi-profession research to be commissioned, and facilitated National Boards considering issues of consistency and examples of good practice across the professions in the National Scheme.

Several Boards have developed, and the Ministerial Council has approved, additional registration standards beyond the five essential standards required by the National Law. See Appendix 3 of the 2013/14 annual report of AHPRA and the National Boards for a full list of registration standards approved by Ministerial Council during 2013/14.

Common standards, codes and guidelines issued in 2013/14

- Revised Guidelines for advertising (March 2014, updated in May 2014)
- Revised Guidelines for mandatory notifications (March 2014)
- Revised Code of conduct shared by the Aboriginal and Torres Strait Islander Health Practice, Chinese Medicine, Dental, Occupational Therapy,

¹ 2013 Pharmacy Board of Australia public consultation: Review of criminal history registration standard and English language skills registration standard. Available at: www.pharmacyboard.gov.au/News/Past-Consultations.aspx

Osteopathy, Physiotherapy and Podiatry Boards of Australia, with profession-specific changes for the Chiropractic, Medical Radiation Practice and Pharmacy Boards of Australia.

Common National Board consultations completed

- International criminal history checks (released 1 October 2013; closed 31 October 2013)
- Common registration standards (English language skills registration standards [except Aboriginal and Torres Strait Islander Health Practice Board] and criminal history) (released 25 October 2013; closed 23 December 2013).

Stakeholder engagement

AHPRA and the National Boards engage daily with a large number and variety of stakeholders across the professions, community, government and statutory agencies, education providers and employers. The needs and interests of these groups sometimes overlap and sometimes are profession- or jurisdiction-specific.

National Boards and AHPRA continue to work closely with all our many stakeholders. AHPRA's state and territory managers play an important role in fostering relationships with local stakeholders.

Individually, each National Board works with the stakeholders specific to their profession, including practitioners, in a range of ways.

Across the scheme, we have developed a stakeholder engagement framework to help us engage more effectively with our stakeholders and members of the community, to build confidence in the National Scheme and make it more accessible. We want to make it easier to interact with and to understand. The framework maps the network of relationships and stakeholders in the National Scheme and identifies how these should take effect and who is responsible for making them work.

Our approach to stakeholder engagement is shaped by a commitment to being proactive, transparent, accessible and accountable.

Proactive

- Actively engage, inform and educate stakeholders
- Encourage stakeholders to provide feedback
- Listen to how we can engage more effectively with our stakeholders
- Support greater awareness of the scheme and its benefits

Transparent

- Be clear about what we do
- Look for ways to improve
- Take a 'no surprises' approach to how we engage

Accessible

- Actively develop a public voice and face of the scheme
- Make it easy to engage with us
- Speak and write plainly
- Be clear

Accountable

- Report on what we do
- Be transparent and up front

Stakeholder engagement across the National Scheme

AHPRA's Community Reference Group (CRG) continues to advise AHPRA and the National Boards on ways in which community understanding and involvement in our work can be strengthened. The Professions Reference Group (PRG) is made up of members of professional associations for practitioners registered in the National Scheme. It provides feedback, information and advice on strategies for building better knowledge from within the professions about health practitioner regulation, and advising AHPRA on operational issues affecting the professions. The group includes national professional associations. It does not discuss individual registration or notifications matters.

We continue to work closely with governments, education providers and other agencies interested in or involved with health practitioner regulation. We have established partnerships, consistent with privacy law and confidentiality requirements, with a range of data partners such as Medicare Australia, the National eHealth Transition Authority (NEHTA) and Health Workforce Australia

We have established services for employers who employ registered health practitioners so they have access to our online services for bulk registration checks, and can check the registration status of their employees in real time. We work with education providers on student enrolments and, in most cases, through accreditation authorities or committees, to ensure high-quality education.

Routinely, AHPRA keeps governments informed about the National Scheme, seeks feedback and provides briefs on jurisdiction-specific issues.

National Registration and Accreditation Scheme Review

In May 2014, Health Ministers published the terms of reference for the independent review of the National Registration and Accreditation Scheme. Mandated initially by the inter-government agreement that underpins the scheme, the review is focused on:

- identifying the achievements of the National Scheme against its objectives and guiding principles

- assessing the extent to which National Scheme meets its aims and objectives
- the operational performance of the National Scheme
- the National Law, including the impact of mandatory reporting provisions; the role of the Australian Health Workforce Advisory Council, advertising, and mechanisms for new professions entering the scheme; and
- the future sustainability of the National Scheme, with a specific focus on the addition of other professions in the scheme and funding arrangements for smaller regulated professions.

AHPRA and the National Boards have engaged thoughtfully with the review, which is being led by Mr Kim Snowball. It provides both an important opportunity to identify what is working well and opportunities to improve and strengthen our work to protect the public and facilitate access to health services.

Members of the Pharmacy Board of Australia

- Adjunct Associate Professor Stephen Marty (Chair)
- Mrs Rachel Carr
- Mr Trevor Draysey
- Mr John Finlay
- Mr Ian Huett
- Mr William Kelly
- Mr Gerard McLnerney
- Ms Karen O'Keefe
- Ms Bhavini Patel
- Mr Brett Simmonds
- Dr Katherine (Katie) Sloper
- Dr Rodney Wellard

Pharmacy Board National Committees

- Ms Jennifer Bergin
- Mr Kenneth Cox
- Mrs Helen Dowling
- Mr Mark Dunn
- Mr Vaughn Eaton
- Professor Michael Garlepp
- Ms Aspasia (Sia) Hassouros
- Ms Suzanne Hickey
- Mr Peter Kern
- Mr Peter Mayne
- Mrs Julianna Neill
- Mrs Manal Oz
- Ms Karen Samuel
- Mrs Helgi Stone
- Mr Tim Tran

The Board was supported in 2013/14 by Executive Officer Mr Joe Brizzi, Senior Policy Officer Ms Michelle Pirpinias and Support Officer Ms Casey Ip.

More information about the work of the Board is available at: www.pharmacyboard.gov.au

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Regulation Agency

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