. The Pharmacy Board of Australia is inviting feedback on its draft revised Guidelines for compounding of medicines (the draft revised guidelines). Optional questions have been provided below and you may wish to address some or all of these in your response.

Please note this survey contains the same questions as the response template (Word document). Please choose only ONE method of responding to avoid duplicating your submission.

. Please provide your details below

Name	[redacted]
Organisation name (if applicable)	Queensland Health
Contact email	[redacted]

. **Published submissions will include the names (if provided) of the individuals and/or the organisations that made the submission unless confidentiality is requested.**

Do you want your responses to be published after public consultation?

- (●) Yes
- ( ) No

. **When providing feedback, please include the relevant guideline number/section that your feedback refers to.**

. The revised compounding guidelines include additional content on medicine supply pathways to consider before deciding if it is appropriate to compound a medicine (Guideline 1 When to compound medicines)

Q1. 1. Is the new content on medicine supply pathways clear and helpful? Why or why not?

Yes. It's fine.

. **When providing feedback, please include the relevant guideline number/section that your feedback refers to.**

. The compounding guidelines advise that a copy of the formula for their compounded medicine (listing all active ingredients and their strengths, and all inactive ingredients) must be provided to the patient when requested (Guideline 13 Supporting informed patient choice). Providing patients with information about the ingredients in their compounded medicine will support patient choice and safer patient outcomes.

Q2. 2. Do you agree that the formula for their compounded medicine must be provided when requested by the patient? Why or why not?

Yes if it contains a scheduled product, it should be the same as the requirement for ARTG products. If all the ingredients are non scheduled, it should be the same as the requirement for any company producing non scheduled products. e.g. If Blackmores or Swisse are not required to disclose their excipients for unscheduled products neither should pharmacists.

. **When providing feedback, please include the relevant guideline number/section that your feedback refers to.**

. The revised compounding guidelines include content that is specific to medicines compounded for animal patients.

Q3. 3. Is the new content that is specific to medicines for animal patients clear and helpful? Why or why not?

Unable to comment. Outside of my scope

. **When providing feedback, please include the relevant guideline number/section that your feedback refers to.**

Q4. 4. Is there any content that needs to be changed, added or deleted in the revised guidelines? If so, please provide your suggestions and reasons.

Please provide guidance on preparation of medicines for administration. If a pharmacist works in state where they are legally allowed to administer scheduled medicine, when are they preparing a medicine for administration vs complex aseptic compounding. Specifically in hospital settings, pharmacists may be involved in emergency resuscitation and be responsible for the preparation of scheduled medicines for administration. Under the current pharmacy board guideline, manipulation of a commercially available product to produce a medicine in a ready to administer form is not compounding if done in accordance with the manufacturer's instructions. If the hospital has endorsed administration of an intravenous antibiotic in a larger or smaller volume than the manufacturer, is the pharmacist now performing complex aseptic compounding because the manufacturer's directions are no longer being followed. In the same situation, if the pharmacist is practicing in a state which allows them to administer scheduled medicines, if the pharmacist prepares a commercial product in a different way to the manufacturer's recommendations but administers the medication to the patient themself have they performed complex aseptic compounding or have they prepared the product for administration? If manipulation of a commercially available product for intravenous administration not done in accordance with manufacturer's instructions counts as complex aseptic compounding, why can nurses perform this task when administering scheduled medicines without it being classified as compounding?

Q5. 5. Is the language of the revised guidelines clear and is the structure helpful? Why or why not?

Yes

Q6. 6. Please provide any other feedback about the revised guidelines.

. **When providing feedback, please include the relevant guideline number/section that your feedback refers to.**

. The Board proposes to retire the Professional practice profile for pharmacists undertaking complex compounding, as a professional practice profile should be practitioner specific, describe an individual's scope of practice and is not common to all pharmacists undertaking complex compounding. Individuals should develop their own practice profile by selecting the relevant competencies from the competency standards and customising them for use in their own practice setting.

Q7. 7. Do you agree with the Board's proposal to retire the currently published *Professional practice profile for pharmacists undertaking complex compounding*? Why or why not?

Yes

. The Board developed the fact sheet to provide helpful context for members of the public and support their participation in this consultation.

Q8. 8. Should the Board publish the fact sheet on its website for pharmacists and members of the public to access? Why or why not?

I cannot see harm in publishing if already prepared without expending further resources.

. Thank you for your feedback. Please click on the NEXT button below to finalise your response.