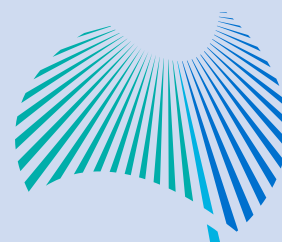


2017/18

Pharmacy Board of Australia Annual report summary

Our National Scheme: For safer healthcare



Pharmacy
Board of Australia | AHPRA

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At a glance: The pharmacy profession



31,108 pharmacists, up **2.5%** from 2016/17

That's **4.4%** of all registered health practitioners

Female: **62.4%**

Male: **37.6%**

2 notifications were lodged about pharmacy students



451 notifications were lodged with AHPRA about pharmacists

1.9% of pharmacists had notifications lodged about them

411 notifications closed this year:

- **14.1%** resulted in accepting an undertaking or conditions being imposed on a pharmacist's registration
- **29.7%** resulted in a pharmacist receiving a caution or reprimand by the Board
- **0.2%** resulted in suspension or cancellation of registration
- **54.7%** resulted in no further action being taken
- The remaining **1%** were referred to another body or retained by a health complaints entity



Immediate action was considered **17** times and taken **15** times¹



44 mandatory notifications were made:

- **36** about standards
- **7** about impairment
- **1** about sexual misconduct



163 pharmacists were monitored by AHPRA for health, performance and/or conduct during the year²



172 cases were being monitored for compliance with restrictions on their registration as at 30 June 2018

- **17** on the grounds of conduct
- **19** for health reasons
- **32** for performance
- **11** prohibited practitioners/students
- **93** for suitability/eligibility



19 statutory offence complaints were made; **22** were closed

- Over **half** of the new matters related to title protection
- **8** related to advertising breaches

¹ 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 [2017/18 annual report](#) by the Australian Health Practitioner Regulation Agency (AHPRA) for more data on immediate action.

² See Table 11 for data about monitoring cases relating to compliance with restrictions on registration for pharmacists.

Message from the Chair

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' 2017/18 annual report. It offers a unique insight into the regulatory landscape.

In addition to the management of notifications, registration applications and examinations, the Board embarked on its regulatory workplan which included research and analysis.

The Board funded a joint project between the Board and the Australian Pharmacy Council (APC) on developing an intern year assessment blueprint (the blueprint) based on the National Competency Standards Framework for Pharmacists in Australia 2016. The blueprint identified assessment methods for each competency and will enable the Board in consultation with the APC to determine which method is most appropriate for the purpose and context of assessment. A joint working party will be established during the next reporting period to develop an assessment strategy.

The Board also developed the Pharmacy Internship Experience Survey (the survey), a national survey giving interns and preceptors the chance to give feedback on their own experiences, so the Board can continue to improve the supervised practice process for future interns and preceptors.

The Board arranged a prescribing forum and invited a range of stakeholders from hospital and community pharmacy practice, government health departments, professional associations, state and territory pharmacy authorities, consumer organisations, education providers, the Board and AHPRA. Attendees explored the need and opportunities for expanding pharmacist involvement in prescribing that could be implemented and sustained as part of a broader range of health services that meet the health needs of the community effectively. A report of the forum will be published during the next reporting period.

Board members continued to make significant contributions through the Board and committee meetings. This includes the work to protect the public by managing complaints, assessing the competence of intern pharmacists and registering pharmacists.

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



Mr William Kelly

Chair, Pharmacy Board of Australia

Pharmacy Board of Australia

Members of the Board

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 2017/18, 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.

For more information about the Board, visit the [Board's website](#).

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](#).

For more information about the National Scheme and AHPRA, visit the [AHPRA website](#).

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 2017/18. Information provided in this report is drawn from the annual report published by AHPRA and the National Boards. All data are correct as at 30 June 2018.

Whenever possible, historical data are provided to show trends over time.

For information about our data please read 'An important note about our data' in *Regulating the workforce*.

Profession-specific summaries for 14 National Boards are available to download from the [AHPRA website](#).

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 [2017/18 annual report](#).

Pharmacy Board of Australia: Year in review

A number of major initiatives were actioned by the Board in 2017/18. Here are the highlights:

Competency tools

To assist pharmacists to engage with the revised *National competency standards framework for pharmacists in Australia 2016*, the Board funded the development of tools which were published this year. The tools will assist pharmacists to plan their continuing professional development and meet their obligations, which are outlined in the Board's *Registration standard: Continuing professional development*.

Research and analysis

An Intern Year Blueprint was developed by the Australian Pharmacy Council (APC) with funding from the Board. The blueprint will become the framework used to determine future options for assessing pharmacy interns against the revised competency standards for pharmacists. The next steps in its implementation will be developing a strategy to determine the most appropriate and effective type of assessment for each competency from the range of choices described in the blueprint and to identify the organisation with the prime responsibility to develop and administer the assessment. This work will be carried out by a joint Board and APC working party next year.

Following a pilot survey of interns and preceptors conducted last year to investigate issues relevant to the quality of the intern training experience, the Board conducted a large-scale survey. The results of the survey will be analysed in the next year and are anticipated to guide policy development about future arrangements for supervision and are also likely to provide useful insights to be taken into account in reviewing assessment processes for interns.

Pharmacy prescribing forum

Following the completion of a project on the mapping of the *National Prescribing Service prescribing competencies framework* against the learning outcomes of current pharmacy programs and the competency standards for pharmacists, the Board arranged a prescribing forum. A range of stakeholders attended and included representation from hospital and community pharmacy practice, government health departments, professional associations, state and territory pharmacy authorities, consumer organisations, education providers, the Board and AHPRA. The forum enabled attendees to consider the need and opportunities for expanding pharmacist involvement in prescribing that could be implemented and sustained as part of a broader range of health services that meet the health needs of the community effectively. The Board will publish a report outlining discussions on the day and next steps during the next reporting period.

Compounding sterile injectable medicines

The Board published the outcome of its extensive consultation to further investigate proposals for its revised guidance on the *Compounding of sterile injectable medicines*, and updated its Guidelines on compounding of medicines.

The guidance, which was implemented on 1 February 2018, supports pharmacists in providing the public with quality, safe and effective injectable medicines.

Communication, engagement and stakeholder relations

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

- three electronic newsletters, which were emailed to pharmacists
- eight online communiqués, and
- more than 30 news items published on the [Board website](#).

These tools are effective ways of sharing with pharmacists and stakeholders important information, including Board policy decisions, the role of the Board in protecting the public, including practice advice and the publication of registration statistics.

The Board also participated in activities that acknowledged Australia's pharmacists on World Pharmacists Day and participated in the National Australian Pharmacy Students' Association Congress and the Australian Pharmacy Professional Conference. The Board also met with local stakeholders in Sydney, Melbourne and Darwin as part of its scheduled monthly board meetings.

The Board held a webinar for final year pharmacy students on the requirements and responsibilities of graduates seeking provisional registration to complete an internship. This enabled students to engage with the Board about the requirements of the internship in preparation for general registration.

Future work

The Board will further engage with stakeholders about the next steps in exploring prescribing by pharmacists. Next steps will require further information from relevant stakeholders about potential opportunities for prescribing and how services might be delivered in the public interest.

Registering the pharmacy workforce

In brief

31,108 registered pharmacists in 2017/18; up from 30,360 in 2016/17.

Pharmacists comprise 4.4% of all registered health practitioners.

0.3% of the profession identified as being Aboriginal and/or Torres Strait Islander (79 pharmacists nationally).

Women comprised 62.4% of the profession.

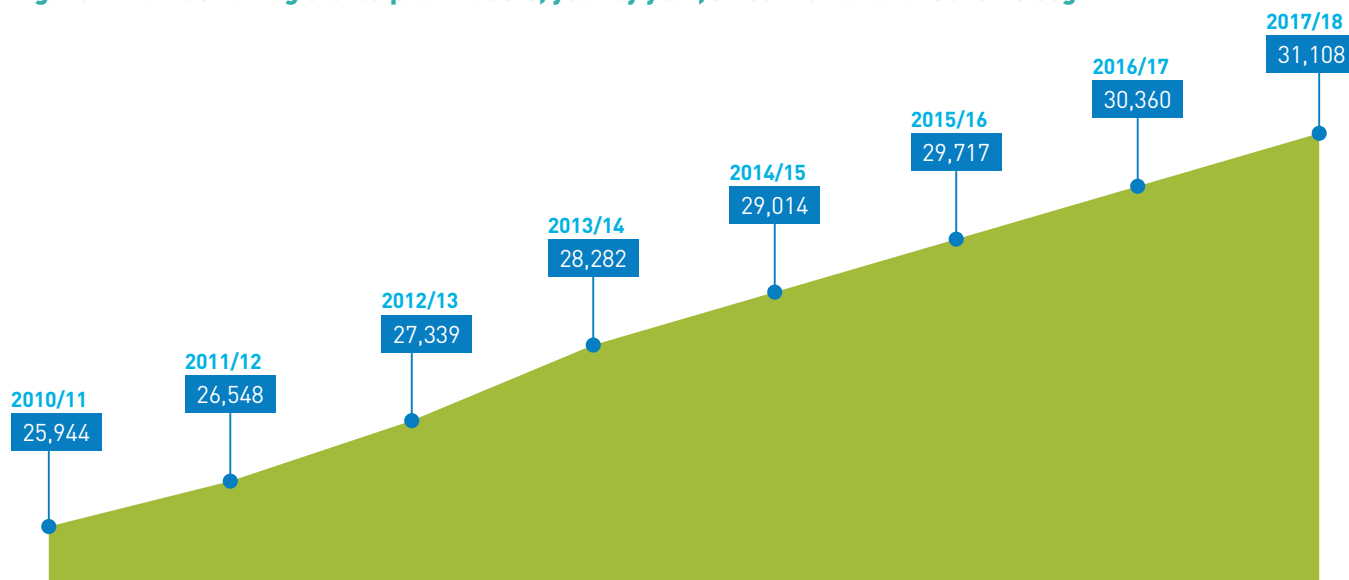
Under the National Law, as in force in each state and territory, there is a range of registration categories. Pharmacy registration types are:

- 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.

Figure 1: Number of registered pharmacists, year by year, since the National Scheme began



Registration

As at 30 June 2018, there were 31,108 pharmacists registered under the National Scheme. This represents a 2.5% 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 702,741 registered health practitioners across the 15 professions, 4.4% were pharmacists.

Of the registrant base, 96.4% of all pharmacists held some form of practising registration. There was also a 3.5% 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 2017/18.

Applications for registration

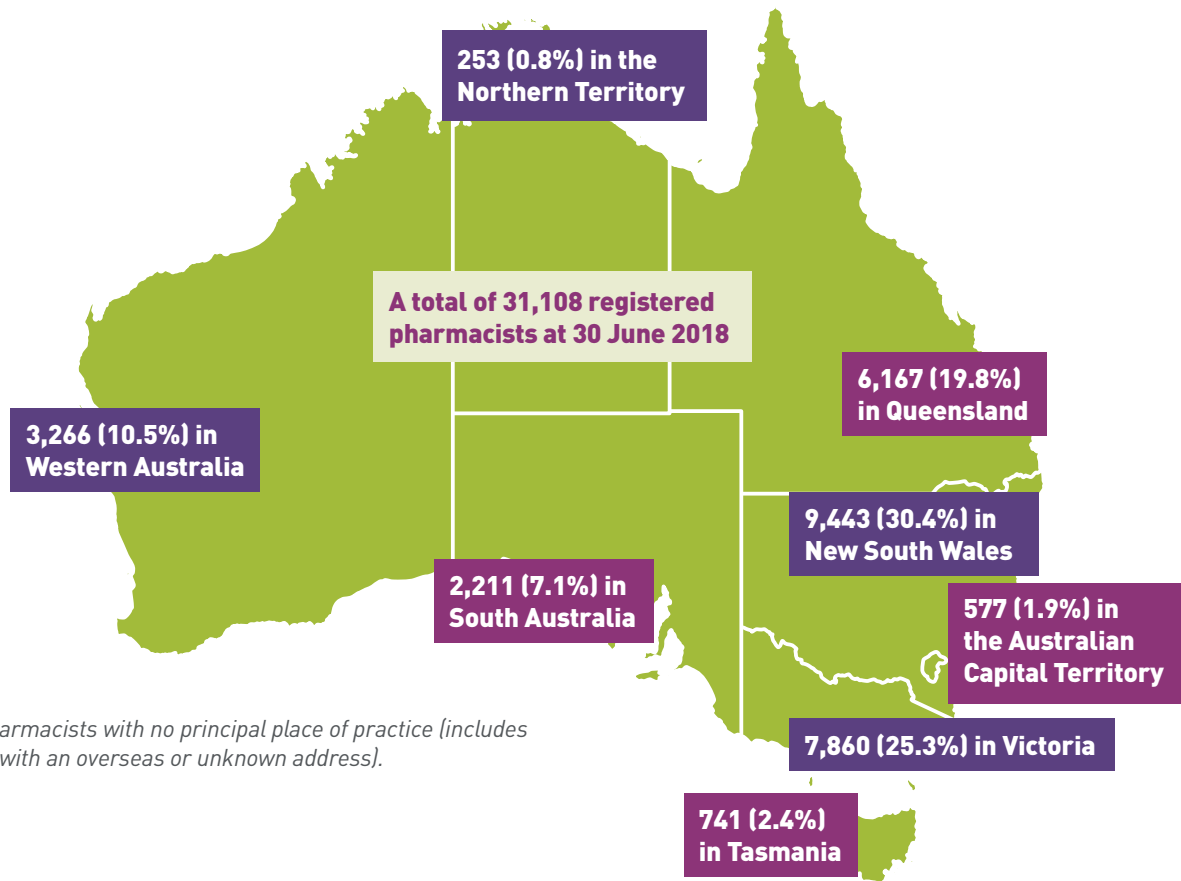
AHPRA received 3,333 applications for registration as a pharmacist in 2017/18. In partnership with AHPRA, the Board considers every application for registration carefully and assesses it against the requirements for registration, including their English language proficiency and checking whether the applicant 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 finalised, 1.9% resulted in conditions being imposed on registration or the refusal of registration, in order to protect the public.

For more information download the [2017/18 annual report](#) by AHPRA and the National Boards.

Figure 2: Number and percentage of pharmacists with a principal place of practice in each state and territory



590 (1.9%) pharmacists with no principal place of practice (includes practitioners with an overseas or unknown address).

Renewals

Once on the *Register of practitioners*, 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 27,831 pharmacists renewed registration in 2017/18, with the proportion of pharmacists renewing online increasing to 99.4%, up 0.3% from 2016/17.

Register of practitioners

According to the National Law, AHPRA is required to maintain and publish a publicly accessible *Register of practitioners* (the 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.

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 2017/18, AHPRA audited 7,193 practitioners across all 15 regulated health professions. For all audits initiated and completed this year, 97.2% of pharmacists were found to be in compliance with the registration standards being audited.

See AHPRA's [2017/18 annual report](#) for more information about the audit process.

Find out more about practitioner audits and other registration information on the [Board's website](#).

Figure 3: Audit outcomes for the pharmacy profession

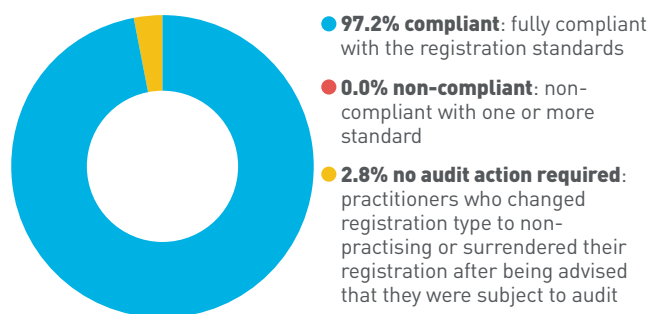


Table 1: Number of registered pharmacists as at 30 June 2018

Registrants	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
2017/18 total registered pharmacists	577	9,443	253	6,167	2,211	741	7,860	3,266	590	31,108
2016/17 total registered pharmacists	548	9,270	225	6,000	2,175	738	7,608	3,219	577	30,360
% change from 2016/17 to 2017/18	5.3%	1.9%	12.4%	2.8%	1.7%	0.4%	3.3%	1.5%	2.3%	2.5%
All registered health practitioners in 2017/18	12,297	202,033	7,419	139,056	55,060	15,188	182,674	70,859	18,155	702,741

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 2: Registered pharmacists, by age

Year	<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
2017/18	1,581	5,917	6,409	4,968	3,097	2,433	1,840	1,764	1,399	804	484	251	161	31,108
2016/17	1,669	5,988	6,256	4,560	2,854	2,355	1,804	1,797	1,364	800	476	286	151	30,360

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

Pharmacists	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
Total 2017/18	577	9,443	253	6,167	2,211	741	7,860	3,266	590	31,108
Female	377	5,816	163	3,879	1,362	448	4,881	2,093	392	19,411
Male	200	3,627	90	2,288	849	293	2,979	1,173	198	11,697
Total 2016/17	548	9,270	225	6,000	2,175	738	7,608	3,219	577	30,360
Female	354	5,680	146	3,739	1,334	437	4,673	2,043	376	18,782
Male	194	3,590	79	2,261	841	301	2,935	1,176	201	11,578

¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Regulating the pharmacy workforce

In brief: Notifications, monitoring and offences

451 notifications (complaints or concerns) were lodged with AHPRA about pharmacists in 2017/18.¹

1.9% of registered pharmacists were the subject of a notification (compared with 1.6% of all registered health practitioners).²

Immediate action was taken 15 times; 4 cases resulted in suspension of a pharmacist's registration while a notification was investigated.

44 mandatory notifications were lodged with AHPRA during the year.

411 notifications were closed.

170 pharmacists were being monitored for compliance with restrictions on their registration as at 30 June 2018.

19 statutory offence complaints were made – over half related to title protection and 8 to advertising breaches.

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 New South Wales 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 2017/18 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. 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 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 OHO. AHPRA does 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 2017/18, see *Statutory offences*.

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 67% of all complaints about pharmacists in 2017/18 (see Figure 7).

We also received two notifications about students who were studying to become pharmacists during the year. Usually, notifications about students are lodged by education providers. See the [2017/18 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](#).

¹ Note that 763 complaints were received about pharmacists in 2017/18, when data from the HPCA are included. This total does not include complaints retained by OHO in Queensland. In this report, we mainly report on matters managed by AHPRA.

² Includes complaints managed by the HPCA in NSW and the OHO in Queensland. Refer to Table 5.

Notifications received

This year, AHPRA received the highest number of notifications (7,276) about health practitioners in a single reporting year since the National Scheme began; 6.2% (451) of those related to pharmacists.

Of all jurisdictions, Victoria (204) and Queensland (127) accounted for 73.4% of notifications nationally relating to pharmacists in 2017/18.

Of all registered health practitioners, 1.9% of the pharmacy profession had notifications made about them in 2017/18, a slight increase from the previous year.

Notifications closed

The Board assessed and completed 15.8% more notifications about pharmacists in 2017/18 than in 2016/17. Despite the higher number of new notifications received, this represents the highest number of closures (411) for the Board since the start of the National Scheme. These closures accounted for just over 5.8% of all closed notifications nationally across all professions. Of notifications that were closed, 45.3% resulted in some form of regulatory action being taken by the Board against the practitioner.

As at 30 June 2018, there were 243 open notifications about pharmacists being managed by AHPRA and the Board.

Tables 4–10 show data about notifications in 2017/18.

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

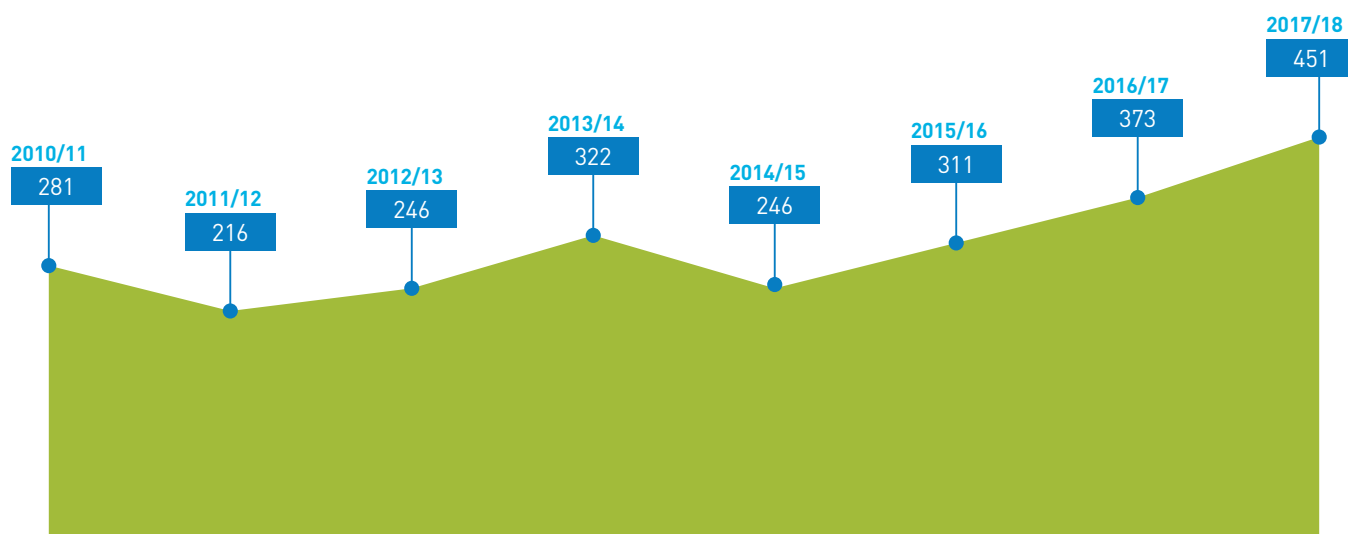


Figure 5: How AHPRA and the Board manage notifications

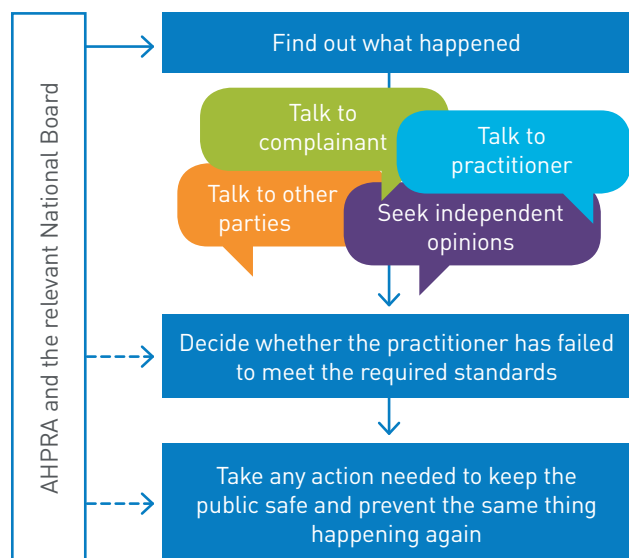


Figure 6: The most common sources of notifications lodged with AHPRA about pharmacists

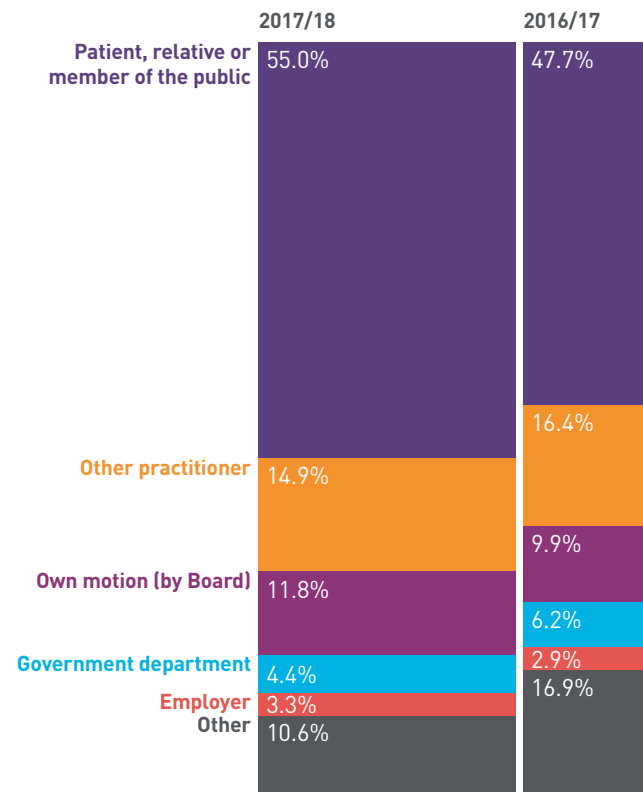
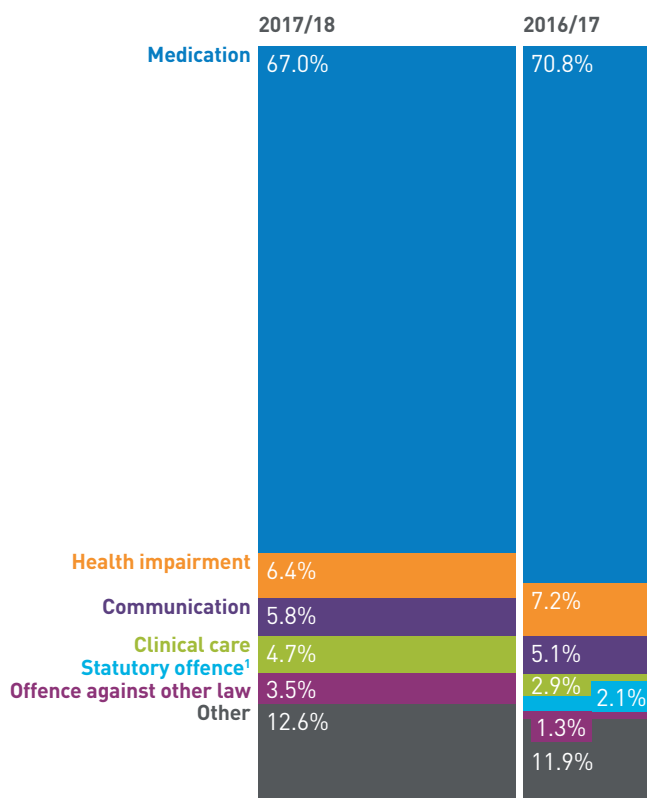


Figure 7: The most common types of complaint lodged with AHPRA about pharmacists



¹ 0% in 2017/18.

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:

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

AHPRA received 908 mandatory notifications across all regulated health professions in 2017/18, with 4.8% of these relating to notifiable conduct by pharmacists. Of mandatory notifications completed, 66.7% resulted in some form of regulatory action being taken. Of the 44 mandatory notifications lodged about pharmacists, the majority related to a significant departure from accepted professional standards. See Table 12.

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 2017/18, the Board considered 17 cases for immediate action and took immediate action 15 times. These actions were: suspension of registration (4); imposing conditions on registration (7); and accepting an undertaking (4). 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 2017/18, 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
- ➔ **Victorian** Civil and Administrative Tribunal
- ➔ **Western Australia** State Administrative Tribunal

In 2017/18, nine pharmacy matters were decided by a tribunal, down from 16 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 2017/18, six matters about pharmacists were decided by panel, up from two 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.

One decision by the Board was the subject of an appeal during 2017/18.

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 2017/18.

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 2018, there were 170 individual pharmacists being monitored (comprising 172 monitoring cases).¹

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 172 active monitoring cases of pharmacists represent 3.4% of all monitoring cases managed by AHPRA across all 15 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.

¹ 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.

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.

AHPRA received 19 new statutory offence complaints about pharmacists in 2017/18, which is a significant decrease when compared to the 53 received in 2016/17 and closer to the 13 received in 2015/16. In 2016/17 the increase in statutory offences was in part due to a series of bulk complaints that were made by a number of external organisations about alleged advertising breaches.

Concerns about unlawful advertising are now managed in two ways: serious-risk advertising complaints, advertising complaints by corporate entities and unregistered persons are managed as statutory offences, and low- to moderate-risk advertising offences by registrants are managed under the *Advertising compliance and enforcement strategy*. Data for low- to moderate-risk advertising offences are not included here.

Statutory offence complaints about pharmacists accounted for 3.3% of all statutory offences received nationally across all professions. This year, in keeping with the smaller number of complaints received, there was a 54.2% decrease in the number of statutory offence complaints closed (22 in 2017/18, 48 in 2016/17, and 13 in 2015/16).

See Table 13 for data about statutory offences relating to pharmacists in 2017/18.

Table 4: Notifications received about pharmacists, by state or territory

Pharmacists ¹	ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Subtotal	HPCA ⁵	Total
Total 2017/18	2	5	3	127	33	17	204	46	14	451	312	763
Total 2016/17	18	6	1	84	31	24	167	37	5	373	272	645

- 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 (OHO) in Queensland.
- ⁴ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
- ⁵ Matters managed by the Health Professional Councils Authority (HPCA) in NSW.

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 ¹	Total ²
Pharmacists 2017/18	0.3%	1.9%	1.6%	2.4%	1.5%	2.0%	2.0%	1.4%	0.7%	1.9%
Pharmacists 2016/17	2.4%	1.9%	0.4%	1.8%	1.6%	3.0%	2.0%	1.1%	0.7%	1.8%
All registered practitioners 2017/18	1.6%	1.8%	1.8%	2.1%	1.6%	1.5%	1.1%	1.2%	0.3%	1.6%
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%

- ¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
- ² Total matters managed by AHPRA, OHO in Queensland and the HPCA in NSW.

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

Year	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
2017/18	0	1	0	1	3	0	8	3	1	17
2016/17	2	0	0	3	1	0	7	9	0	22

- ¹ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

Table 7: Outcomes of immediate actions (excluding HPCA)

Outcome	2017/18		2016/17	
	Pharmacists	All practitioners	Pharmacists	All practitioners
Not take immediate action	1	173	1	76
Accept undertaking	4	113	5	69
Impose conditions	7	174	11	147
Accept surrender of registration	0	1	0	1
Suspend registration	4	126	5	103
Decision pending	1	22	0	23
Total	17	609	22	419

Table 8: Notifications closed, by state or territory (including HPCA)

Pharmacists	ACT	NSW ¹	NT	QLD ²	SA	TAS	VIC	WA	No PPP ³	Subtotal	HPCA ⁴	Total
Total 2017/18	1	5	2	98	38	22	183	53	9	411	303	714
Total 2016/17	25	7	2	80	28	17	162	33	1	355	217	572

- ¹ Matters managed by AHPRA about practitioners with a PPP in NSW, where the conduct occurred outside NSW.
- ² Matters referred to AHPRA and the National Board by OHO in Queensland.
- ³ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.
- ⁴ Matters managed by the HPCA in NSW.

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

Stage at closure	2017/18	2016/17
Assessment¹	272	225
Health or performance assessment²	15	14
Investigation	109	98
Panel hearing	6	2
Tribunal hearing	9	16
Total	411	355

- ¹ Closed after initial assessment of the matter.
- ² 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	2017/18	2016/17
No further action ¹	225	175
Health complaints entity to retain	1	3
Refer all or part of the notification to another body	3	0
Caution	118	103
Reprimand	4	4
Accept undertaking	10	4
Impose conditions	48	60
Suspend registration	1	1
Fine registrant	1	0
Cancel registration	0	5
Total²	411	355

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 HPCA in NSW.

Table 11: Active monitoring cases at 30 June 2018, by stream (excluding HPCA)

Stream ¹	2017/18	2016/17
Conduct	17	25
Health	19	14
Performance	32	42
Prohibited practitioner/student	11	15
Suitability/eligibility	93	79
Total²	172	175

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 2018, there were 172 cases about pharmacists, which relate to 170 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.

Table 12: Outcomes of assessment for mandatory notifications, by grounds for the notification (excluding HPCA)

Outcome ¹		Grounds for notification					Total 2017/18	Total 2016/17
		Standards	Impairment	Sexual misconduct	Alcohol or drugs	Not classified		
End matter	No further action ²	6	1	0	0	0	7	3
	Caution	6	0	0	0	0	6	8
	Accept undertaking	0	0	0	0	0	0	1
	Impose conditions	1	0	0	0	0	1	3
Total closed after assessment		13	1	0	0	0	14	15
Refer to further stage	Refer to health or performance assessment	2	1	0	0	0	3	5
	Refer to investigation	31	4	1			36	24
Total referred to further stage		33	5	1	0	0	39	29
Total assessments finalised 2017/18		46	6	1	0	0	53	
Total assessments finalised 2016/17		37	6	0	1	0		44

¹ Excludes matters managed by the HPCA in NSW.

² 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.

Table 13: Statutory offence complaints about pharmacists, received and closed, by type of offence and jurisdiction

Type of offence ¹		ACT	NSW ²	NT	QLD ³	SA	TAS	VIC	WA	No PPP ⁴	Total 2017/18	Total 2016/17
Title protections (s. 113–120)	Received	0	4	0	0	1	0	3	1	1	10	13
	Closed	0	4	0	1	0	0	0	2	7	14	7
Advertising breach (s. 133)	Received	0	0	0	5	0	0	1	0	2	8	40
	Closed	0	1	0	5	0	0	1	0	1	8	39
Directing or inciting unprofessional conduct/professional misconduct (s. 136)	Received	0	0	0	0	0	0	0	0	0	0	0
	Closed	0	0	0	0	0	0	0	0	0	0	2
Other offence	Received	0	0	0	0	0	0	1		0	1	0
	Closed	0	0	0	0	0	0	0	0	0	0	0
Total 2017/18	Received	0	4	0	5	1	0	5	1	3	19	
	Closed	0	5	0	6	0	0	1	2	8	22	
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

¹ 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.

² Excludes matters managed by the HPCA in NSW.

³ Matters referred to AHPRA and the National Board by OHO in Queensland.

⁴ No principal place of practice (No PPP) includes practitioners with an overseas or unknown address. AHPRA also receives offence complaints about unregistered persons where a PPP is not recorded.

Appendices

Appendix 1: Approved registration standards, codes and guidelines

Registration standards are submitted for approval by the Ministerial Council in accordance with the National Law.

Codes and guidelines are developed and approved by the relevant Board in accordance with the National Law.

Prior to approval, there must be public consultations on the proposed registration standards, codes and guidelines.

Procedures for the development of registration standards, codes and guidelines can be found on the [AHPRA website](#).

Registration standard, code or guideline	Approved by	Date of approval	Status
<i>Section 6.2 – Compounding of sterile injectable medicines of the Guidelines on compounding of medicines</i>	The Board	23 June 2017	Effective from 1 February 2018

Appendix 2: National committee members

The Pharmacy Board of Australia values the contribution of its national committee members. Together, we make decisions to protect the public Australia-wide. In 2017/18, we held 121 national committee meetings. Committee members during the year were as follows:

Finance, Risk and Governance Committee

Dr Katherine Sloper (Chair)

Ms Joy Hewitt, Board member

Mr William (Bill) Kelly, Board Chair

Mr Brett Simmonds, Board member

Mr Laurence (Ben) Wilkins, Board member

Policies, Codes and Guidelines Committee

Ms Bhavini Patel (Committee Chair and Board member)

Mr William (Bill) Kelly, Board Chair

Mr Mark Kirschbaum (from 1 January 2018)

Ms Karen O'Keefe, Board member

Mr Brett Simmonds, Board member

Dr Katherine Sloper, Board member

Registration and Examinations Committee

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

Mrs Rachel Carr, Board member

Mr Trevor Draysey, Board member

Ms Bhavini Patel, Board member

Ms Joy Hewitt, Board member

Ms Helen Dowling (to 31 December 2017)

Notifications Committee

Mr Brett Simmonds (Committee Chair and Board member)

Mr Trevor Draysey, Board member

Mr Mark Kirschbaum, Board member

Ms Karen O'Keefe, Board member

Mr Michael Piu, Board member

Jurisdictional members:

Ms Susan Alexander, ACT member (to 31 December 2017)

Ms Jennifer Bergin, ACT member (to 31 December 2017)

Ms Anne Chew, WA member (to 31 December 2017)

Mr Mark Dunn, Tas member (to 31 December 2017)

Mr Vaughn Eaton, SA member (to 31 December 2017)

Ms Aspasia Hassouros (Patsouris), SA member (to 31 December 2017)

Ms Suzanne Hickey, Tas member (to 31 December 2017)

Ms Barbara Kirk, WA member (to 31 December 2017)

Mr Peter Mayne, Qld member (to 31 December 2017)

Mr Brendon Moar, Vic member (to 31 December 2017)

Mrs Julianna Neill, Qld member (to 31 December 2017)

Mr Tim Tran, Vic member (to 31 December 2017)

Mrs Joanna Wallace, NT member (to 31 December 2017)

Ms Angela Young, NT member (to 31 December 2017)

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For more information about AHPRA and the National Boards' work in 2017/18, please see the [annual report](#).

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