

Communiqué

11 March 2020

The Pharmacy Board of Australia (the Board) meets each month to consider and decide on any matters related to its regulatory function under the National Law¹ and within the National Registration and Accreditation Scheme (the National Scheme).

This communiqué aims to inform stakeholders of the work of the Board and matters regarding the National Scheme. Please forward it on to colleagues and employees who may be interested in its content.

NRAS Combined Meeting

The National Registration and Accreditation Scheme (NRAS) Combined Meeting ‘10 years together – the foundation for future-focused regulation’ took place on 27 and 28 February 2020 at the Melbourne Convention and Exhibition Centre. A highlight of the conference was the launch of the [strategy for embedding cultural safety into the health system](#). More than 400 participants attended including Agency Management Committee, National and State/Territory Board and Committee members, AHPRA staff, Health Complaint Commissioners, co-regulatory bodies, representatives from accreditation authorities, regulatory colleagues from New Zealand, and key partners.

The Board held its monthly meeting the day before and took the opportunity to meet with stakeholders including the Health Ombudsman, Queensland, the Australian Pharmacy Council, the Pharmacy Council of New South Wales and the Pharmacy Council of New Zealand. The Combined Meeting also provided the opportunity for all members and stakeholders to network with colleagues in regulation and focus on the future challenges.

A strategy for embedding cultural safety into the health system

[An ambitious strategy](#) from Aboriginal and Torres Strait Islander health experts, regulators and health organisations committed to embedding cultural safety into the health system has been released by 43 entities including Ahpra and the National Boards.

The National Scheme’s *Aboriginal and Torres Strait Islander health and cultural safety strategy 2020-2025* is endorsed by organisations, academics and individuals, including the entities who set the education standards for the 183,000 students who are studying to become registered health practitioners and the regulators of Australia’s 750,000 registered practitioners.

The strategy focuses on achieving patient safety for Aboriginal and Torres Strait Islander Peoples as the norm and the inextricably linked elements of clinical and cultural safety. Development of the strategy was led by Aboriginal and Torres Strait Islander organisations and individuals via the Aboriginal and Torres Strait Islander Health Strategy Group, which represents all signatories to the strategy.

[Aboriginal and Torres Strait Islander health and cultural safety strategy 2020-2025](#)

¹ The Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

The vision

Patient safety for Aboriginal and Torres Strait Islander Peoples is the norm. We recognise that patient safety includes the inextricably linked elements of clinical and cultural safety, and that this link must be defined by Aboriginal and Torres Strait Islander Peoples.

The objectives

Cultural safety: *A culturally safe health workforce through nationally consistent standards, codes and guidelines across all registered health practitioners in Australia.*

Increased participation: *Increased Aboriginal and Torres Strait Islander participation in the registered health workforce and across all levels of the scheme regulating registered practitioners nationally.*

Greater access: *Greater access for Aboriginal and Torres Strait Islander Peoples to culturally safe services from registered health practitioners.*

Influence: *Using the Strategy Group's leadership and influence to achieve reciprocal goals. This includes developing a nationally consistent baseline definition to be used across the scheme regulating registered practitioners nationally, which has already been achieved in partnership with the National Health Leadership Forum.*

As part of the strategy, we have already reached some goals:

- partnering with the National Health Leadership Forum (the forum for national Aboriginal and Torres Strait Islander health peak organisations) to develop, [consult](#) and finalise a [baseline definition of cultural safety](#) for the scheme for regulating health practitioners
- commissioning high-quality cultural safety training to ensure that the regulation of health practitioners, including the development of standards practitioners must meet and the handling of notifications (concerns about registered health practitioners), is culturally safe
- recommending and advocating for changes to the Health Practitioner Regulation National Law to ensure consistency in cultural safety for Aboriginal and Torres Strait Islander people.

For more information, read the [media release](#).

Information for Victorian based practitioners on the Voluntary Assisted Dying Act

On 1 July 2019, the *Voluntary Assisted Dying Act 2017 (Vic)* began operation in Victoria. The Board encourages Victorian based practitioners who have not already done so, to review the Act and familiarise themselves with its requirements. There is detailed information published on the Victorian Department of Health and Human Services (DHHS) website to assist [health practitioners](#)

The Board also encourages practitioners who require further information, to contact their professional association, or professional indemnity insurer.

The Board draws specific attention to section 8 of the Act, which states that a registered health practitioner who provides health services or professional care services to a person **must not**, in the course of providing those services to the person:

- initiate a discussion that is in substance, about voluntary assisted dying (s 8(1)(a));
- in substance, suggest voluntary assisted dying to that person (s 8(1)(b)).

A breach of this requirement is deemed to be unprofessional conduct for the purposes of the National Law (s 8(3)). It is noted, however, that section 8 does not prevent a health practitioner

providing information about voluntary assisted dying to a person at that person's request (s 8(2)) (emphasis added).

More information about the Act is available on the [DHHS website](#).

Further information

The Board publishes a range of information for pharmacists on its website at www.pharmacyboard.gov.au. For more information about registration, notifications or other matters relevant to the National Scheme also refer to information published on www.ahpra.gov.au or send an [online enquiry form](#) or contact Ahpra on 1300 419 495.

Are your contact details up-to-date?

It is important that your contact details are up-to-date to receive renewal reminders from AHPRA and information from the Board. You can check your details via the Login icon at the top right of the AHPRA website. Email accounts need to be set to receive communications from AHPRA and the Board to avoid misdirection to an account junk box.

Follow AHPRA on social media

Connect with AHPRA on [Facebook](#), [Twitter](#) or [LinkedIn](#) to receive information about important topics for your profession and participate in the discussion.



Brett Simmonds
Chair, Pharmacy Board of Australia
11 March 2020

[The Pharmacy Board of Australia](#) is the regulator of pharmacists in Australia and acts to protect the public by ensuring that suitably qualified and competent pharmacists are registered. The Board is responsible for developing registration standards, codes and guidelines for pharmacists and managing notifications (complaints) about pharmacists and pharmacy students. The Board does this through its powers under the Health Practitioner Regulation National Law, as in force in each state and territory, and the National Registration and Accreditation Scheme, supported by the Australian Health Practitioner Regulation Agency (Ahpra). The Board's work in regulating Australia's pharmacists in the public interest is underpinned by [regulatory principles](#), which encourage a responsive, risk-based approach to regulation.*

**Except in NSW and Qld which have co-regulatory arrangements.*