

Dear Claire

I undertook to provide the Committee with an example whereby both a medical practitioner and pharmacist were involved in a prescribing and dispensing error, and despite communication between the two professionals, resulted in death of a patient and in notifications for both.

I have attached links to the coroner's report, tribunal decision and the Pharmacy Board's statement.

https://www.coronerscourt.vic.gov.au/sites/default/files/2018-12/ianjohngilbert_074215.pdf

[http://www.austlii.edu.au/cgi-bin/viewdoc/au/cases/vic/VCAT/2020/1346.html?
context=1;query=lim;mask_path=au/cases/vic/VCAT](http://www.austlii.edu.au/cgi-bin/viewdoc/au/cases/vic/VCAT/2020/1346.html?context=1;query=lim;mask_path=au/cases/vic/VCAT)

<https://www.pharmacyboard.gov.au/News/2021-01-22-Tribunal-reprimands-pharmacist.aspx>

Please let me know if this format is sufficient to send the information, or if you need any more detail.

Kind regards

Claire

Claire Bekema

B.Pharm

Policy and Regulation Director (Acting)

The Pharmacy Guild of Australia
National Secretariat