16 October 2017

Mr Gerry McInally
Committee Secretary
Senate Select Committee on Red Tape
PO Box 6100
Parliament House
Canberra ACT 2600

By email: redtape.sen@aph.gov.au

Dear Mr McInally

Re: Effect of restrictions and prohibitions on business (red tape) on the economy and community

Thank you for your letter dated 26 September 2017 inviting the Pharmacy Board of Australia (the Board) to make a submission in relation to the inquiry into the effect of red tape on pharmacy rules. I note that the due date for the submission was Thursday 5 October 2017, and thank you for the extension until 19 October 2017.

This submission provides some brief background on the National Registration and Accreditation Scheme (the National Scheme), and then some comments on harmonisation of the legislation relevant to the practice of pharmacy.

Background to the National Registration and Accreditation Scheme

The National Registration and Accreditation Scheme (the National Scheme) commenced operation on 1 July 2010 as an outcome of the Council of Australian Government's reform program. It created a national registration and accreditation scheme for health practitioners through legislation passed in each state and territory, which established the Australian Health Practitioner Regulation Agency (AHPRA) and 14 National Boards.

AHPRA is the national organisation responsible for implementing the National Scheme across Australia, in partnership with the 14 National Boards:

- Aboriginal and Torres Strait Islander Health Practice Board of Australia
- Chinese Medicine Board of Australia
- Chiropractic Board of Australia
- Dental Board of Australia
- Medical Board of Australia
- Medical Radiation Practice Board of Australia
- Nursing and Midwifery Board of Australia
- Occupational Therapy Board of Australia
- Optometry Board of Australia
- Osteopathy Board of Australia
- Pharmacy Board of Australia
- Physiotherapy Board of Australia
- Podiatry Board of Australia
- Psychology Board of Australia

The National Scheme aims to protect the public by ensuring that only suitably trained and qualified practitioners are registered. It also facilitates workforce mobility across Australia; the provision of high-quality education and training of health practitioners; and rigorous assessment of overseas-trained

practitioners. Guided by a nationally consistent law, AHPRA and the National Boards work to regulate the health professions in the public interest.

This includes registering practitioners who are suitably trained and qualified to provide safe healthcare, and investigating concerns about registered health practitioners. As at 31 March 2017, the National Scheme regulated 674,291 registered health practitioners.

Harmonisation of legislation relevant to pharmacy practice

Under the National Scheme the Board sets the registration standards that pharmacists must meet in order to be registered, and develops codes and guidelines for pharmacists which must be complied with nationally in the provision of pharmacy services to the public.

Since the commencement of the National Scheme, pharmacist registration is national which requires pharmacists to meet national registration standards and enables them to practise in all states and territories. This provides a range of benefits including enhanced mobility of the pharmacist workforce and reduced administrative burden for pharmacists who practise in more than one jurisdiction.

The development and publication by the Board of codes and guidelines that apply to pharmacists in all jurisdictions means that pharmacists are required to achieve the same standard of practice.

The Board would support the harmonisation of other legislation relevant to pharmacy practice that would simplify the regulatory environment for pharmacist practice and help to improve public safety.

Currently variation exists in state and territory:

- drugs and poisons legislation, and
- pharmacy premises and ownership legislation.

The harmonisation of this legislation would provide greater consistency in pharmacy practice, noting that issues specific to particular states and territories may warrant alternative and/or additional regulatory measures.

Greater consistency in regulation relevant to pharmacy practice could minimise errors and breaches of legislation, particularly for those pharmacists practising in locations close to state and territory borders or in multiple jurisdictions, and could benefit the public for example if less regulatory burden supports the delivery of improved services in accordance with common requirements such as the requirements for storage of scheduled medicines which currently vary across jurisdictions.

If consideration is to be given to a national regulator of pharmacy premises under which common requirements are applied to the establishment of pharmacies and the conduct of pharmacy businesses, various models may need to be considered through extensive consultation.

Under the current multi jurisdictional arrangements for the regulation of pharmacy premises, in accordance with the provisions of the National Law AHPRA routinely engages with state and territory regulators to contribute to public protection. Where required, memoranda of understanding with authorised entities have been established. These arrangements assist the Board and AHPRA to take action under the National Law, where the practice of pharmacists is less than the standard expected and such action is necessary to mitigate risk to the public.

Thank you again for the opportunity to comment.

Yours sincerely

William Kelly
Chair