Drugs Poisons and Controlled Substances Regulations 2017

On 23 May 2017, the new Victorian Drugs Poisons and Controlled Substances Regulations 2017 (DPCS Regs 2017) came in to force, replacing the DPCS Regs 2006. The new DPCS Regs 2017 include changes which are relevant for hospital pharmacy practice, these are summarised below.

Regulation 28, 29: Chart instructions and clarification of key terms

Changes in DPCS Regs 2017 have been made to allow for PBS supply and claiming by pharmacists from medication charts, in line with the PBS Hospital Medication Chart Project and the National Residential Medication Chart project. To ensure consistency in terminology, the following terms are defined as below in DPCS Regs 2017.

Administer – means to personally introduce a medication to a person's body (or personally observe its introduction). This is mostly relevant to nurses.

Supply – means to provide a medication to be administered at a later time. This is mostly relevant to pharmacists.

Prescribe – is a term that commonly relates to the action of a practitioner who has prescribing rights, who authorises treatment that may be carried out by another person. The DPCS Regs 2017 describe this action in accordance with the three different mechanisms by which the treatment may be authorised:

- issuing a prescription
- writing a chart instruction on a medication chart
- authorising administration by signing the prescription or chart instruction to authorise supply

Dispense – is a term that can have different meanings to different health practitioners; the terms administer and supply are preferred in DPCS Regs 2017 to minimise misunderstandings

Chart instructions – can serve to authorise administration by other health practitioners such as nurses and to authorise pharmacists to supply medicines. This does not prohibit pharmacists from continuing partnered charting activities, annotating medication charts, or producing interim residential care medication administration chart (IRCMACs) and other relevant administration charts at the transitions of care.

Regulation 24: Additional components for prescriptions of variable dose medicines

For medicines that are used PRN, or for medicines with variable dose, prescribers are now required to state the maximum frequency of administration.

Regulation 50(4), 51(5), 53, 68: Pharmacists wishing to vary from instructions on a prescription

DPCS Regs 2017 provide regulations that allow for the supply of Schedule 4 and Schedule 8 medicines on prescriptions, that are contrary to the prescriber's instructions, if the pharmacist believes it is necessary for the patient, and is unable to prospectively notify and confirm with the prescriber. The scenarios where this may arise and are permitted are:

- supplying multiple repeats on the same day when the prescriber has not endorsed the prescription to allow this
- providing a repeat supply before the specified interval for repeats has elapsed
- the above two scenarios are applicable when patients have exceptional circumstances such as traveling, accidentally misplacing medicines, or have had a dosage increase to their medicines without obtaining a new prescription
- supply a different brand of medicine when the prescriber has indicated that 'brand substitution is not permitted'

If the pharmacist decides to dispense medicines in any of the above three scenarios, the pharmacist must:

- ensure that supply of the medicine is safe for the patient
- ensure that the patient consents to the supply
- inform the prescriber as soon as practicable after the supply
- make a note in the patient's record with the corresponding dispensing record to confirm that exceptional circumstances existed in relation to that supply

Regulation 72: Instructions on dispensed medicine labels

To accommodate current dispensing practices where instructions on dispensing labels are unsuitable, the new DPCS Res 2017 now provide for assurances around this practice. According to Regulation 72, a pharmacist can omit directions for use where:

- the directions for use have been omitted on the prescription

- the dosage regimen or directions for use are so complex that they are better presented on separate written instructions (i.e. a variable dose chart)
- the medicine is to be administered by a registered health practitioner (i.e. vaccinations administered by doctors or nurses)

Regulation 74(3): Minimum standards for electronic storage and recording equipment for Schedule 8 medicines

In recognition of electronic storage facilities for Schedule 8 medicines, the DPCS Regs 2017 are now setting the standards required for such equipment. They are:

- access to the equipment is restricted to people with access rights to Schedule 8 medicines by the system administrator
- features that record and report access, attempted access and discrepancies are turned on
- the equipment gives visual, electronic or audible alerts if it is left open, damaged or disconnected from the power supply
- the equipment automatically locks if power is disconnected
- the equipment generates reports or notices for the system administrator to track discrepancies and security breaches such as unauthorised movement or forced entry

Regulation 109: Recording transactions in Schedule 8 medicines register

Records of transactions of Schedule 8 medicines must be completed as soon as practicable after each transaction. The DPCS Regs 2017 also stipulate that the remaining balances of methadone or buprenorphine for opioid replacement therapy must be recorded in a Schedule 8 poisons register at least daily.

In recognition of electronic recording mechanisms for Schedule 8 medicines, Regulation 109 also states that registered health practitioners must ensure to the best of their ability, that personal access codes used to record transactions are not known or used by other persons.

Regulation 115: Destruction of Schedule 8 medicines

Previously, the only Schedule 8 medicines that could be destroyed without a witness were the unused contents of a previously sterile container. This was administratively burdensome for the acute setting where destruction of unused partial dose forms such as tablets and lozenges required a witness and detracted from patient care.

Regulation 115 now permits destruction of a Schedule 8 medicine by a registered medical practitioner, veterinary practitioner, dentist, pharmacist, nurse or midwife without requiring a witness for:

- the unused contents of a previously sterile container containing a Schedule 8 medicine that is not required for administration to the patient
- the unused portion of a tablet or lozenge containing a Schedule 8 medicine that is not required for administration to the patient

Regulation 152: Notification of loss or theft of Schedule 8 and 9 Medicines

Previously, when there was a loss or theft of Schedule 8 and 9 medicines, the registered health practitioner was required to contact either the Secretary of the Department of Health and Human Services **OR** Victoria Police. This created some confusion for pharmacists and other registered health practitioners with respect to their responsibilities at times of stress. Regulation 152 now stipulates that when there is a loss or theft of Schedule 8 medicines, both Secretary of the Department of Health and Human Services **AND** Victoria Police must be notified.

Regulation 44, 69: Notification of fraudulent obtaining of medicines

If a registered health practitioner believes that a Schedule 4, 8 or 9 medicine has been fraudulently obtained, Regulations 44 and 69 stipulate that the registered health practitioner must notify both Secretary of the Department of Health and Human Services AND Victoria Police must be notified.

The Society of Hospital Pharmacists of Australia (SHPA) is the professional body which represents over 4,000 pharmacists, pharmacy students, pharmacy technicians and associates practising in all parts of the Australian health system.

SHPA vision

Excellence in Medicines Management.

SHPA purpose

Deliver value through people, systems and processes for the best patient outcomes.

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