



29 January 2016

Attention:  
Project Manager  
Drugs, Poisons and Controlled Substances Regulation Review  
Drugs and Poisons Regulation  
Department of Health & Human Services  
By email: [dpcs@dhhs.vic.gov.au](mailto:dpcs@dhhs.vic.gov.au)

**RE: ADAVB submission on the proposed draft regulations to replace the Drugs, Poisons and Controlled Substances Regulations 2006**

The Australian Dental Association Victorian Branch Inc. (ADAVB) is the peak professional membership body for Victorian dentists. We are committed to promoting the oral health of all Victorians and the professional lives of our members.

ADAVB welcomes the opportunity to comment on the consultation draft. Our comments address only those proposed changes to the Regulations which may impact dentistry.

**Proposed changes to Regulation 15**

Regulation 15(1) is amended to enable an authorised prescriber to provide the instruction to supply a Schedule 4 poison on a residential medication chart.

Regulation 15(4) is added to allow for a pharmacist at a pharmacy department to make a limited supply of discharge medication to an inpatient on the basis of an inpatient medication chart. We have suggested a 7 day limit. Is this amendment needed? If so, should there be a limit on treatment days? If so, what should it be?

In regards to the proposed change to regulation 15(1) ADAVB advocates for further consultation. We would encourage the Department to ensure that the amended regulations do not impose any impediments to e-Prescribing systems and workflows.

Regarding the proposed change to Regulation 15(4), in general, when an inpatient is discharged, any required medication prescriptions are provided by their discharging health practitioner. ADAVB questions what circumstances might occur that lead to an inpatient being discharged without the required prescriptions and if this is desirable.

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If the pharmacist is to dispense the medication based on inpatient charts (not a prescription), what is an appropriate amount to be dispensed? What determines this? From the dental perspective, the sooner a discharged patient seeks care from their dentist the better. A limit of 5 days' supply might therefore be better, as it is a common period of time used in dental prescriptions.

### **Proposed change to Regulation 26**

Regulation 26 is amended to require a written prescription for a Schedule 8 or Schedule 9 poison to specify where applicable that no repeats are to be issued.

ADAVB questions the benefits of making this change. Given that Regulation 26(3)(i) already requires that "*in the case of a Schedule 8 poison or Schedule 9 poison, the maximum number of times the prescription may be supplied written in words and figures*" why is this change proposed? It should be noted that no repeat prescriptions are permitted when the script is provided by a dentist. Including this additional requirement may unnecessarily increase the compliance burden, with no benefit to patient safety.

### **Proposed change to Regulation 29**

Regulation 29 is amended to require the name of the poison or controlled substance to be in primary position on the label with the trade name in a secondary position. This is a safety measure to reduce confusion for patients receiving multiple package changes with generic medicines.

ADAVB is supportive of this proposed change, as it is may be helpful in improving patient safety.

### **Proposed change to Regulation 33**

Regulation 33 is amended to require a pharmacist to retain a prescription for a Schedule 4 poison that is a drug of dependence for a period of 2 years to assist in compliance investigations. A 2 year period is consistent with recent changes to regulation 32 of the Commonwealth **National** Health (Pharmaceutical Benefits) Regulations 1960 and is adopted by some other States and Territories. Should a new regulation be limited to drugs of dependence?

The DPCS fact sheet for registered dental practitioners<sup>1</sup>, which states the key legislative requirements in Victoria, says

*"Registered dental practitioners **must** make true and accurate records of all drugs administered or supplied, retain them for 3 years and produce them, on demand, to an authorised officer.*

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<sup>1</sup> Victorian Government, Department of Health (Feb 2014). Registered dental practitioners – key legislative requirements in Victoria (2014.1)

*Patients' treatment records (retained for at least 7 years to satisfy other legislative requirements) showing full details of drugs administered or supplied may be sufficient for Schedule 4 poisons but for **Schedule 8 poisons** a separate record (almost certainly manually created) is also required."*

Given the variety of requirements for different authorised prescribers, ADAVB proposes that practitioners would benefit from greater consistency in the compliance requirements for each profession concerning the number of years a drug register or administration book must be kept.

### **Additional comments**

The regulations refer to the 'agent' of an authorised prescriber, and ADAVB suggests that defining this term more specifically would clarify who is permitted to act as an agent of an authorised prescriber.

Many of the changes proposed to the regulations may result in new or different compliance requirements for a variety of health professionals and health services. Therefore, after the new regulations are finalised, ADAVB encourages the Department to provide suitable education to health care providers and to allow sufficient lead time prior to their introduction. This will assist health care providers in understanding their obligations and implementing the necessary processes to correctly comply with the new regulations.

ADAVB would be happy to expand on any matters raised in this submission. Please do not hesitate to contact our CEO, Mr. Garry Pearson ([garry.pearson@adavb.org](mailto:garry.pearson@adavb.org)), should you have any queries.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Liew', with a horizontal line extending to the right.

Dr Stephen Liew,  
ADAVB President