

# Sail through Sydney — how to get registered for a “beaut” time in Oz

By Sean McAteer



Sean McAteer is a British pharmacy graduate currently working as a pharmacist in Australia

**T**he appeal of Australia, and Sydney in particular, is one that many young British-registered pharmacists find hard to turn down. Whether it is the fantastic weather, stunning beaches, abundance of world class wine, atmosphere of a sport-mad city, or the vista of the opera house, the attraction of Sydney is certainly powerful. However, as with all aspects of life, advice from someone on the “inside” can make all the difference. I hope my insider tips will make the transition easier for you.

## Pharmacy registration

**I**n contrast to Great Britain, registering as a pharmacist in Sydney is not done via the Pharmaceutical Society of Australia but instead through the Pharmacy Board of New South Wales (New South Wales being the state in which Sydney lies). At present a reciprocal agreement exists so that a member of the Royal Pharmaceutical Society of Great Britain with twelve months’ experience as a registered pharmacist can register with the board. Currently this is achieved following one month’s supervised practice in a pharmacy in Australia (community or hospital setting) and attendance at a one-hour tutorial followed by successful completion of a short answer examination, primarily relating to aspects of pharmacy law in NSW (referred

to as forensic pharmacy). You also need to obtain two character references dated within three months from “professional” people that have known you for more than a year.

The Pharmacy Board of NSW has a useful website [www.pbnsw.org.au](http://www.pbnsw.org.au) which contains up to date information on the registration process. A certificate of identity and good standing from the Royal Pharmaceutical Society needs to be sent to the Pharmacy Board of NSW which, among other details, involves the Society receiving a passport photo from you signed by a solicitor or a similar legal witness, eg, justice of the peace. This is best arranged before you leave the UK and I would advise that you factor in at least six weeks to enable the Society to generate and send the certificate of identity which is valid for six months from the date of first issue. The Society produces an excellent document which is essential reading to get through this process efficiently. It is available on the Society’s website [www.rpsgb.org.uk/pdfs/regreqanz.pdf](http://www.rpsgb.org.uk/pdfs/regreqanz.pdf).

A registration fee needs to be paid to the board in October of every year, irrespective of when you join the register and is currently \$AU130 (around £50). Once you are a registered pharmacist in New South Wales you can also join the Pharmaceutical Society of Australia



medical examination and a chest X-ray for tuberculosis. You can expect to pay around £200 for these examinations. These examinations, which can only be done at approved centres which are listed on the Australian High Commission website [www.australia.org.uk](http://www.australia.org.uk).

You may also need a police records check which can take 40 days to conduct. The Department of Immigration and Multicultural and Indigenous Affairs for Australia also provide essential information about the various visas on their website [www.immi.gov.au](http://www.immi.gov.au).

([www.psansw.org.au](http://www.psansw.org.au)) which gives you the option of joining the vibrant PSA Young Pharmacists Group in New South Wales. The Pharmaceutical Society of Australia also provide good continuing education material as well as a number of other benefits. A one-year subscription costs \$AU545 with a number of possibilities for a reduced rate.

It is important to note that the registration arrangements for British pharmacists are currently under review by the Council of Pharmacy Registering Authorities (COPRA) and are likely to change by the 30 June 2006 or soon after. Therefore, please check the Pharmacy Board of New South Wales's website for all the up-to-date information.

### Visa

Depending on what type of visa you get the process can be either relatively straightforward or quite cumbersome. A popular choice is the straightforward one-year working visa. However, be aware that unofficially extending your stay beyond the year, even by a couple of days, is not to be advised. In addition, this does restrict you to staying with an employer for a maximum of three months. Other popular options include migration as a skilled person or a long-term business visa. These options do require completing a

### Working life

Interestingly, unlike in Great Britain, nearly all pharmacists carry their own professional indemnity insurance. More information is available at [www.guidifs.com.au](http://www.guidifs.com.au).

Some of the major banks around Sydney include National Australia Bank, Commonwealth Bank and Westpac. You are best to set up a bank account within the first six weeks of settling in Australia as up until then your passport will satisfy their "100 points" rule for an identification check. As soon as you get a permanent address in Australia it is also important to get a Tax File Number (TFN). This is a straightforward process that can be done online at [www.ato.gov.au](http://www.ato.gov.au).

### Community pharmacy life

I undertook my four week period of supervised practice in a community pharmacy, right in the heart of Sydney — close to Darling Harbour. It was a fascinating place that boasted former Australian rugby union captain Nick Farr-Jones & "Jessie" from Home and Away as past customers!

"Pharmacist only" medicines are an interesting aspect of life in Sydney. These are medicines that must be personally

given by the pharmacist to the patient, should the supply be appropriate. The consultation cannot be delegated to a pharmacy assistant but pharmacy graduates (including overseas graduates) working under the direct personal supervision of a pharmacist can give out pharmacist only medicines. They are located behind the counter. Pharmacist only medicines include Xenical (orlistat), nystatin oral suspension, diclofenac, Lomotel (diphenoxylate hydrochloride) and Loceryl nail paint (amorolfine). An asthma card system also operates in NSW whereby Ventolin (salbutamol) and Bricanyl (terbutaline) inhalers are "pharmacist only" items with details of each inhaler sold added to the asthma card which the patient carries with them. Furthermore, unlike the UK, the contraceptive pill is a prescription item that some patients must pay for — sometimes an expensive item depending on the type of contraceptive pill. This often comes as a nasty surprise to many British backpackers who pass through Sydney.

The other differences in pharmacy life between Great Britain and Australia are subtle but noticeable. This includes the fact that pharmacists issue repeat prescriptions.

### Conclusion

Although anecdotal evidence suggests that remuneration for work as a community pharmacist is less than in the UK, experiencing aspects of pharmacy practice and life in general in Sydney is not to be missed!

### Reciprocal arrangements

The Australian and New Zealand professional pharmacy bodies are currently considering their reciprocal arrangements but have not indicated that they will





end the possibility of UK pharmacists working in their countries.


Australia, via the Council of Pharmacy Registering Authorities and its counterpart body the Australian Pharmacy Examining Council, is currently developing a modified procedure, which is expected to come into effect once the UK ends reciprocal arrangements. The new process for registration will be open to pharmacists in any country where the educational and preregistration training requirements are of a quality that is assured to levels at least equivalent to those in Australia. Guy Kretschmer, executive officer, COPRA, says: "We anticipate that the UK and Ireland will be countries that meet [the standards] but it will be broader and therefore it is an equitable arrangement."

He adds that there will be a competency examination that will have to be satisfied and will be run overseas. He anticipates that this will build upon the examination that is currently used in Australia to assess preregistrants, but with the need for local knowledge of Australia removed.

Dr Kretschmer predicts that, on arrival in Australia, pharmacists are likely to have to undertake at least four weeks of

supervised practice and a further national forensic examination, which will probably consist of multiple choice questions, before they are eligible to register.

Bronwyn Clark, general manager and registrar of the Pharmacy Council of New Zealand, says that the registration pathway for UK pharmacists in New Zealand is likely to stay the same initially. However, she adds that, like Australia, the council is considering introducing an additional screening examination in order to assess the current clinical competence of UK and Irish pharmacists. "If the council decides to introduce this examination it would be made available in the country of origin at regular times of the year," she explains. The council will make a decision later this year.

So, indications are that UK pharmacists will continue to have the chance to experience other health care systems during a working holiday in Australia or New Zealand. 

## Repeat dispensing — one major difference

*As indicated in an article by John Wilson (*The Pharmaceutical Journal*, 26 February 2005, p232), the current format for repeat dispensing is a problem for the British health care system.*

*In NSW, repeat dispensing is a straightforward process where the doctor indicates that they would like the patient to have a defined number of repeats on certain items. The patient can then visit any pharmacy for as many times as specified to obtain their medicine. With most items the prescription and repeats are valid for 12 months from the date of the original prescription.*

*The pharmacist has a special form (the repeat prescription) which they print off and attach to the clearly indicated duplicate copy of the prescription. The benefits to the patients are obvious. They include not having to wait (48 hours or more in the UK) for a repeat prescription to be issued or always having to return to their local surgery to get another prescription issued. Another subtle but important consequence of pharmacy repeat dispensing is that a prescription can be partly filled with the pharmacist issuing a repeat prescription indicating a supply has been deferred. This brings further patient benefits meaning that if an item is out of stock the patient can try elsewhere for that item but still have the other items on the prescription dispensed. A central element to the system is that the doctor is clearly identified with a unique prescriber number.*