



29 April 2025

Mr. Niels Gabriels  
Coroner's Registrar, Coroner Jamieson – Team 7  
Coroner's Court of Victoria  
65 Kavanagh St  
Southbank VIC 3006

By email: [team7@courts.vic.gov.au](mailto:team7@courts.vic.gov.au); [cpuresponses@coronerscourt.vic.gov.au](mailto:cpuresponses@coronerscourt.vic.gov.au)

Dear Mr Niels Gabriels,

**Re: Finding into death without inquest; COR 2021 001506 – Caroline McCormack**

We refer to Coroner Jamieson's Finding without inquest into the death of Caroline McCormack, which was provided to the Pharmacy Guild of Australia Victoria Branch on 6 March 2025 with a request for response.

Coroner Jamieson has recommended in her Finding that "the Pharmacy Guild of Australia consider a means by which hospital discharge medication list could be provided directly to a patient's regular or community pharmacy, particularly where that patient relies on a Webster-pak or similar dose administration aid."

Discharge summaries are generally prepared in a hospital by a prescriber such as a medical or nurse practitioner, or by a hospital pharmacist where regulations permit. Discharge summaries with changes to a patient's Dose Administration Aid are commonly sent to a patient's local community pharmacy via fax, email, and/or uploaded to My Health Record, with hospital pharmacists calling the community pharmacy to confirm receipt.<sup>1</sup> The discharge summary is also provided to the patient's regular general practitioner (GP) to review any changes to the patient's medicine regimen. New medications for ongoing use require a prescription which can be issued by an authorised hospital prescriber or by the patient's GP.

The Pharmacy Guild of Australia (the Guild) is supportive of discharge summaries being routinely provided to community pharmacies to ensure the safe and appropriate use of a person's prescribed medicines post-discharge, including for timely updates to Dose Administration Aid (e.g. Webster-pak) medication profiles for packing. However, we respectfully suggest that the Guild is not the most appropriate stakeholder to be consulted on this issue, as the Guild is neither a regulatory body nor a professional body responsible for the development of practice guidelines. Also, as the representative body for community pharmacy, the Guild does not have a role in governing or influencing the activities of either prescribers or hospitals.

We recommend that the Coroner's Court writes to the following stakeholders to ask them to communicate to their constituents to raise awareness and review their practices to minimise the risks in question:

- The Medical Board of Australia, the Nursing and Midwifery Board of Australia, and the Pharmacy Board of Australia, as the Boards responsible for regulating these respective professions.

**Victoria**

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- The Australian Government Department of Health and Aged Care, as the custodian of the National Medicines Policy and associated resources including the National Strategy for Quality Use of Medicines and a collection of Guiding Principles for medication management in residential aged care and the community.<sup>2</sup>
- The Australian Commission for Safety and Quality in Health Care, which leads a medication safety program to improve the safety and quality of medication use in Australia, and which provides resources and leads national initiatives to assist health care providers to optimise safe medicine use.<sup>3</sup>
- Advanced Pharmacy Australia, a member organisation representing hospital pharmacists that maintains guidelines on the transition of care between hospital and community settings.
- The Pharmaceutical Society of Australia (PSA), which under the Eighth Community Pharmacy Agreement (8CPA) has an agreement with the Australian Government Department of Health and Aged Care for responsibility of pharmacy practice-related resources, including professional practice standards and practice guidelines.<sup>4</sup> We note the PSA has guidelines available for pharmacists relating to the provision of dose administration aids.<sup>5</sup> Recommendations such as this can influence the content of these guidelines when they are reviewed and updated.

Not only would it be useful for these stakeholders to be aware of the Coroner's Finding and associated concerns, we believe they are best-placed to take coordinated action and work with relevant peak bodies such as the Guild to bring these issues and mitigation practices to the attention of relevant health care providers as a priority. These stakeholders are also well-placed to work with patient groups to improve patient awareness of these risks from the patient perspective.

We hope this advice is of some assistance to the Coroner's Court of Victoria in addressing this issue.

Yours sincerely

Rachel Obradovic  
*Victoria Branch President*

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<sup>1</sup> Pharmaceutical Society of Australia, Guidelines for pharmacists providing dose administration aid services, Appendix 4: Medication reconciliation, pg 21, <https://www.psa.org.au/practice-support-industry/guidelines-and-quick-reference-guides/>

<sup>2</sup> Australian Government Department of Health and Aged Care, National Medicines Policy resources collection, <https://www.health.gov.au/resources/collections/national-medicines-policy-resources-collection>

<sup>3</sup> Australian Commission on Safety and Quality in Health Care, Medication safety, <https://www.safetyandquality.gov.au/our-work/medication-safety>

<sup>4</sup> Australian Government Department of Health and Aged Care, Strategic Agreement on Pharmacist Professional Practice, <https://www.health.gov.au/resources/publications/strategic-agreement-on-pharmacist-professional-practice>

<sup>5</sup> Pharmaceutical Society of Australia, Guides and Quick Reference Guides, <https://www.psa.org.au/practice-support-industry/guidelines-and-quick-reference-guides/>

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