Secretary

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Hon Jill Hennessy MP
Minister for Health
Minister for Ambulance Services
Level 22, 50 Lonsdale Street
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Dear Minister

2016-17 Ministerial Statements of Expectations: regulatory areas within the health portfolio

Thank you for providing me with your Ministerial Statement of Expectations letters for the department's nine regulatory areas within your health portfolio, for the period 1 July 2016 to 30 June 2017. I am pleased to provide you with the attached department action plans in response to your Ministerial Statements that outline actions the department will undertake to give effect to your expectations.

Common themes in the department's action plans include engaging with industry, unions and local government to effectively communicate Victorian Government initiatives, such as smoking bans in outdoor dining areas and kilojoule labelling laws, improving regulatory areas' risk management practices, and reducing unnecessary regulatory burden for regulated organisations.

Your Ministerial Statements and the department's action plans will form part of relevant regulatory areas' work plans and will also be published on the department's website. The department's progress in undertaking the actions outlined in the action plans will be publically reported on shortly after the conclusion of the 2016-17 financial year.

I look forward to working with you to continue to further improve the performance of the department's regulators.

Yours sincerely

Peake

Kym Peake
Secretary
22/8/2016

Encl. (9) 2016-17 Ministerial Statements of Expectations: health portfolio regulator action plans

VICTORIA State Government

Ministerial Statement of Expectations: regulator action plan 2016-17

Drugs and Poisons Regulation Unit

The table below details the Department of Health and Human Services' Drugs and Poisons Regulation Unit's plan to meet the performance improvement expectations outlined in the Drugs and Poisons Regulation Unit's Ministerial Statement of Expectations 2016-17.

Performance Improvement	Actions	Performance Targets
In relation to risk based improvements: • Reduce regulatory burden on medical prescribers[1] and improve risk management by extending treatment permits for Schedule 8 drugs, most of which are used to treat chronic pain (such as morphine, oxycodone and fentanyl) from one year to two years, for patients who are stable in treatment, where the medical prescriber considers it clinically appropriate and safe to do so.	• Update policy on issuing Schedule 8 permits to reflect change from one year to two years • Ensure departmental officers issuing Schedule 8 permits are updated on policy change • Update the Drugs and Poisons Regulation website with the new policy	By 30 June 2017, this will reduce the number of permit applications by approximately 30%.
In relation to risk based improvements: • Reduce regulatory burden and improve risk management through the completion of the Drugs and Poisons Information System upgrade project. The upgrade of the Drugs and Poisons Information System will eliminate the current need for manual data entry,	• Ensure new online forms are compatible with the upgraded Drugs and Poisons Information System • Test that the new online forms are compatible with the upgraded software • Once successful, data from online forms will be imported into Drugs and Poisons Information	The final trial of the upgraded system commenced in June 2016, and the upgrade will be fully complete by 30 September 2016.

[1] A medical prescriber is a professional who is authorised under the Act to prescribe scheduled drugs. This includes nurse practitioners, medical practitioners, and psychiatrists.

Performance Improvement	Actions	Performance Targets
enabling for example: o licences and permits to be issued more quickly o a reduction in the time required to verify applicants' information due to electronic forms being easier to read than handwritten forms o reduced risk of processing errors.	System to eliminate data entry	
In relation to small business focussed improvements: • Reduce regulatory burden on psychiatrists by extending the length of treatment permits for psychostimulants to treat conditions such as Attention Deficit Hyperactivity Disorder, from three years to on-going, where the treating psychiatrist considers it clinically appropriate and safe to do so.	• Updated policy on issuing Schedule 8 permits to reflect change from three years to ongoing • Ensured departmental officers issuing permits to psychiatrists are updated on the policy change • Successfully implemented this policy on 1 July 2016 • Updated the Drugs and Poisons Regulation website with the new policy	By 30 June 2017, this will reduce the number of permit applications by approximately 1000.
In relation to small business focussed improvements: • Reduce regulatory burden by enabling the reporting of lost and stolen scheduled medications, drugs and poisons through SmartForms, instead of the current hand-written forms. This will benefit manufacturers, wholesalers, retailers, transporters and prescribers, who are required (under the Drugs, *Poisons and Controlled Substances Regulations 2006*) to report these lost or stolen scheduled medications, drugs and poisons to the department.	• Develop the new SmartForms. • Update the Drugs and Poisons Regulation website with the new SmartForms • All applicants who contact the Branch, or submit a manual form will be redirected to the Branch website for the on-line Smartform.	By 30 June 2017, 50% of all lost or stolen drugs reports will be received via SmartForms.