

## POLICY TITLE

## Recertification Audits

### RELEVANT TO HPCAA

Section 27(1)(a)  
Section 41: Recertification Programmes  
Section 43: Unsatisfactory result of a recertification programme

### POLICY STATEMENT

Any practising pharmacist, and up to 20% of the practising register, may be audited by the Council in any year. An audit is defined as an official assessment of CPD records against set criteria, and will be a retrospective review.

Failure of a pharmacist to satisfy the requirements of the recertification audit is not in itself, grounds for taking disciplinary action under Part 4 (complaints and discipline) against that pharmacist [Sec 43(5)].

### RATIONALE

The auditing of CPD records is a key component of the recertification programme and is one way of providing members of the public with reassurance that practising pharmacists are consistently and adequately participating in a process to maintain their competence.

### IMPLEMENTATION

- 1) Pharmacy Council staff will manage the audit process.
- 2) The costs of recertification audits are included in the cost of the APC.
- 3) Any staff member, auditor, or other person involved in examining recertification documents will be subject to confidentiality, as per section 44 of the HPCA Act 2003.

#### Audit notification

- 4) Pharmacists selected for audit will be either randomly selected (general audit) or from specifically targeted groups of pharmacists (targeted audit). A targeted group may include pharmacists who:
  - Are newly registered and have been specifically identified by the Preregistration Assessment Board (PRAB) for audit
  - Have been the subject of a Health and Disability Commissioner (HDC) investigation in the previous three years
  - Have been notified to Council for consideration of a Competence Review (whether or not the Review was undertaken)
  - Have recently returned to practice after one or more years of not practising as a pharmacist
  - Have changed their pharmacy practice area within the last three years, as identified by a change in their competence standards
  - Have previously failed the recertification audit (two years prior)
- 5) Pharmacists selected for audit will be notified in writing that they are required to submit the specified documentation within 15 working days of the date of the notification letter.

#### Pre audit check

- 6) All audit submissions will be assessed by Council staff before they are forwarded to an auditor, to ensure:
  - That all the documentation including a demographic sheet relates to the identified audit period.
  - That all sections on the documents are complete and include a Registration Number or Common Person Number (CPN).
  - That the CPD learning records are documented on Council approved forms.
  - That a learning log is completed for the three year (or specified) audit period which outlines:
    - i. The learning activities identified in the practice review
    - ii. All learning activities completed in the audit period with starting and completion dates.
  - That an appropriate number of Outcome Credits have been submitted.
- 7) Pharmacists whose documentation fails the pre-audit check will be given an opportunity to comply with the requirements as follows:
  - (i) Pharmacists who submit (within 15 days of the audit notification) documentation that does

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not meet the pre-audit assessment requirements will be notified and will be given a further five working days to resubmit documentation to the required standard.

- (ii) Pharmacists who do not submit any documentation within 15 days of the date of the audit notification will be given a further five working days to submit the documentation of a suitable standard to meet the pre audit assessment requirements. As the submission will already be late, no further extensions will be allowed.
- (iii) Pharmacists who, after the extension periods above, have not met the pre audit standard and/or requirements will be advised in writing that they have not met the requirements of the audit, and that the Council has reservations as to their full compliance with recertification requirements. The letter will inform the pharmacist:
1. That the Council proposes to place a condition on their scope of practice and that this will require them to practise under the oversight of a professional peer (s.43 (1)(a)(ii)) until they can demonstrate their full compliance with recertification requirements.
  2. That 10 working days will be allowed to make a written submission in response to the proposed condition and/or to be heard on the matter either personally or by their representative, and that any submission received will be considered by the Competence Policy Advisor and the Registrar.
  3. That if no submission is made, or the submission is not accepted, the pharmacist will have their Scope of Practice endorsed with the condition proposed and will receive an APC with the condition valid until 31 March of the following year. The condition will be made public on the Register.
  4. That they may not hold the following roles until the condition is lifted:
    - Preceptor pharmacists
    - Councillors (including Committee members)
    - Competence reviewers or practice counsellors
    - Pharmacist assessors appointed or contracted for all functions of Council (including overseas pharmacist assessors and preregistration programme assessors).

#### **The Condition of Oversight**

5. A pharmacist with a condition of oversight on their scope of practice must provide an initial report to the Competence Policy Advisor within 20 working days of the date the condition was imposed. The report must be signed by the pharmacist and their professional peer and will outline the remedial action proposed to comply with the recertification process.
6. Failure to report may result in a referral to the Council who may then deem that the pharmacist is not satisfying the requirements of the programme and, under Section 43 of the HPCA Act 2003, may make either of the following orders:
  - a. That the pharmacist's scope of practice be altered .
    - i. By changing any health services that the pharmacist is permitted to perform [Sec 43 (1)(a)(i)]; or
    - ii. By including any additional practice condition or conditions (on the scope of practice) that the Council considers appropriate [Sc 43 (1)(a)(ii)]
  - b. That the pharmacist's registration be suspended [Sec 43, subsection (a)(b)]. The Council will determine which of the above (a. or b.) will apply to an individual pharmacist on a case by case basis.
7. In either of the cases above the Council is required to give:
  - a. A notice to the pharmacist concerned stating:
    - i. The reasons for the above order(s) [Sec 43 (2)(1)(a)(i)] and
    - ii. That he/she has a reasonable opportunity (20 working days will usually be allowed from the date of the notification) to make a written submission and/or to be heard on the matter, either personally or by their representative [Sec 43 (2)(1)(a)(ii)]
  - b. A copy of any information on which the Council has based the above order(s) [Sec 43 (2)(1)(b)].

The notice must contain sufficient detail to clearly inform the pharmacist of the particular grounds for the proposal to make the order [Sec 43 (3)], and that the above actions remain in effect until the pharmacist has satisfied all the requirements as specified by the Council [Sec 43 (4)].
8. The condition of oversight will be lifted from the pharmacist's scope of practice when the recertification requirements are met and a new APC without conditions will be

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issued.

9. To meet the requirements the pharmacist must submit documentation to a standard acceptable to the Competence Policy Advisor which will include:
  - a. a completed Practice Review (from within the previous five years) which has been reviewed and amended with assistance from the peer, and
  - b. CPD records (usually a minimum of 2) which have been reviewed and amended with assistance from the peer.
10. In the event that the above documentation is not satisfactorily completed, Council may decline to issue an APC for the following year.

### **The audit**

- 8) Records which successfully pass the pre audit check will be forwarded to an auditor for review.
- 9) The auditor will assess the following:
  - a. That the pharmacist is participating in a Council accredited recertification programme.
  - b. That the pharmacist is following the CPD process as specified by the Council's recertification framework and is using the Council approved record forms to document their CPD. The audit guideline (Appendix 1) outlines the criteria that CPD records will be audited against.
  - c. That the pharmacist has accumulated (or is accumulating) the required number of outcome credits for the specified period.
  - d. That the outcome credits assigned to the CPD learning records are justified. (The auditor will comment generally on the evidence of the learning outcomes demonstrated for learning over the three years or other applicable audit period, but not on the outcome credit assigned to individual records.)
- 10) All pharmacists whose documentation is deemed suitable for audit (i.e. it passes the pre audit check) will receive feedback on the quality of their submission, including advice on areas for improvement where appropriate.
- 11) If, as a consequence of the audit, there are concerns that a pharmacist's practice may jeopardise the health and safety of members of the public, the auditor(s) may report the concerns to the Registrar.

### **Poor quality CPD documentation**

- 12) If, having submitted CPD documentation that meets the requirements of the pre audit check, the auditor has reasonable grounds to determine that the documentation is of poor quality; the auditor will inform the pharmacist of the grounds for making this determination, which may be based on, but is not limited to the following:
  - Insufficient learning demonstrated
  - A significant number of learning goals unrelated to professional pharmacy practice
  - Insufficient learning outcomes demonstrated
- 13) A pharmacist who has submitted poor quality CPD documentation will be targeted for a future recertification audit set by the Pharmacy Council.
- 14) If, however, the pharmacist can demonstrate to the satisfaction of a staff member of the recertification programme provider and the Council's Competence Policy Adviser that he/she has remedied the quality of the CPD documentation, then he/she will not be targeted for a future recertification audit for this reason.

### **Exemptions from the audit**

- 15) Applications for exemption or deferment from audit will not normally be given, but will be considered on a case by case basis.

### **Selection of auditors**

- 16) Auditors will be appointed by the Council with delegated responsibility as per Schedule 3, clause 16 of the HPCA Act 2003.
- 17) Auditors must be practising pharmacists who hold a current unconditional APC and be appointed by Council.
- 18) Auditors must not be subject to any competence or disciplinary process with the Council or any other body or organisation.
- 19) Auditors will not be informed of the names of pharmacists they are auditing. However, if an auditor identifies an individual pharmacist, then he/she must inform the Council of a conflict of interest. Where a potential conflict of interest arises, the Council will determine the appropriate steps to be taken and will inform the affected parties accordingly.
- 20) As far as possible, CPD records will be reviewed by an auditor who has a similar practice area - eg an auditor who practises in hospital pharmacy will be appointed to review a hospital pharmacist's

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CPD records.

**Application for Review of Recertification Audit Results**

- 21) The content, methodology, standards and assessment criteria of the recertification audit are not subject to review or appeal by pharmacists under the HPCA Act 2003.
- 22) A pharmacist may request the Council to review the results of recertification audit [Schedule 3, clause 18 (1)] in writing within 20 working days of being notified of their audit results. [Schedule 3, Sec 18 (1)].

**Appeal of orders made by Council under Section 43 of the HPCA Act 2003**

- 23) A pharmacist may appeal to a District Court against any Council decision to include or vary conditions on his/her scope of practice or to suspend his/her registration as a result of a failure to participate in the recertification audit.
- 24) The appeal must be lodged with the District Court within 20 working days of the date the pharmacist receives notification of the Council's decision. [Sec 106 (4)].

**APPROVAL DATES**

This policy was originally approved November 2006

This version was approved on May 2010

This version takes effect on August 2010

This policy is to be reviewed by **May 2011**

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