Code of Ethics 2004

pharmacy council OF NEW ZEALAND

Preamble

The philosophy of pharmacy practice
The philosophy of pharmacy practice is that pharmacists are health professionals with the skills and knowledge to manage a patient's understanding and utilisation of medication, in order to optimise medicines related health outcomes.

Legal authority of Code of Ethics
The following Code of Ethics was prescribed by the Pharmacy Council of New Zealand pursuant to Section 118(i) of the Health Practitioners Competence Assurance Act 2003 and came into effect from 18 September 2004.

Throughout this document any reference to a pharmacist also refers to an intern pharmacist.

Treaty of Waitangi*
The Code acknowledges the relevance of the Treaty of Waitangi in the delivery of pharmacy services to all New Zealanders.

Structure of the Code of Ethics
The Code of Ethics comprises a Preamble (which includes definitions), ten Principles and Specific Obligations. Together these set out the fundamental duties that apply to all pharmacists.

The ten Principles are intended to capture the philosophical foundation of pharmacy practice. They are statements that are expected to be resilient over time.

The Specific Obligations are more detailed statements to inform pharmacists of required standards of professional behaviour.

Commentary not part of the Code of Ethics
To assist with the use of the Code a commentary has been provided containing references to statutory provisions, some explanation, some practical illustrations and certain other useful information. The commentary is not binding and does not form part of the Code. Reference must always be made to the Principles and Obligations.

Sometimes the commentary refers to or paraphrases provisions from various enactments. Reference should always be made to the enactments themselves and reliance should not be placed on the paraphrases.

The commentary does not cover every situation. When in doubt the advice of the Pharmacy Council should be sought.

The Code of Ethics is to be read in conjunction with current Acts and Regulations
The Code of Ethics is to be read in conjunction with current Acts and Regulations and Codes of Practice.

Acts and Regulations and Codes of Practice that directly or indirectly impact on the professional practice of pharmacy include:

* *after an obligation heading indicates there is commentary to that obligation.*

- Advertising Standards Authority Inc. Code for Therapeutic Advertising 1999
- Consumer Guarantees Act 1993
- Dietary Supplement Regulations 1985
- Fair Trading Act
- Health Act 1956
- Health & Safety in Employment Act 1992
- Health Information Privacy Code 1994
- Health (Needles and Syringes) Regulations 1998
- Health (Retention of Health Information) Regulations 1996
- Hazardous Substances and New Organisms Act 1996
- Hazardous Substances and New Organisms Regulations
- Health Practitioners Competence Assurance Act 2003
- Medicines Act 1981
- Medicines Regulations 1984
- Misuse of Drugs Act 1975
- Misuse of Drugs Regulations 1977
- Ministry of Health, Code of Practice for Child Resistant Packaging of Toxic Substances, 1998
- Ministry of Health, New Zealand Code of Good Manufacturing Practice for Manufacture and Distribution of Therapeutic Goods, 1993, Part 3: Compounding and Dispensing and Annex 1
- Quality Standards for Pharmacy in New Zealand, 2nd edition amended September 2004
- The Health and Disability Commissioner (Code of Health and Disability Consumers' Rights) Regulations 1996
- Toxic Substances Regulations 1983

Annual review
Since the commentary, and to a lesser extent the Specific Obligations, will need to remain well adapted to the ever rapidly changing environment of pharmacy practice, a brief annual review of the Code will be undertaken by the Council to ensure obsolete provisions are removed and new initiatives that arise are adequately addressed.

Breaches of the Code of Ethics *
Pharmacists are obliged to bring a breach of the Code of Ethics to the attention of the Registrar of the Pharmacy Council.

Commentary to Preamble

Treaty of Waitangi
The third article of the Treaty of Waitangi expresses the principle of equality.

Breaches of the Code of Ethics
The purpose of this provision is to provide support to those who feel uneasy or uncertain about bringing such matters to attention. However, pharmacists who bring matters to the attention of the Registrar must do so in good faith. Pharmacists who bring matters to the attention of the Registrar maliciously, or who make spurious or vexatious reports, may be in breach of Obligation 9.5.

Definitions

Charge Pharmacist
The Charge Pharmacist is the pharmacist who is present in the pharmacy or other place from which pharmaceutical services are provided, and at any particular time is responsible for overall control of the provision of pharmaceutical services from that place.

Patient *
The patient is any person receiving any health or disability service from the pharmacy or other place from which services are provided by the pharmacist or other personnel for whom he or she has responsibility.

Commentary to Definitions

Patient
It is to be noted that this definition is neither limited to prescription services nor limited to services provided by a pharmacist.

Principle 1: Autonomy

The pharmacist shall promote patient self-determination, respecting the patient's right to understandable information, privacy, and confidentiality

Specific obligations

1.1 Accurate and current information
The pharmacist providing any professional service or intervention must do so on the basis of accurate and current information.

1.2 Medicines and therapies prescribed by another provider
Where the patient is receiving, from the pharmacist or from other personnel for whom he or she has responsibility, any medicine, complementary therapy, herbal remedy or other healthcare product prescribed by another healthcare provider, the pharmacist must ensure that the patient is provided with understandable information about its safe and effective use, expected outcomes of therapy within the limitations of available information, any significant risk of side effects, what to do if side effects occur, and storage and disposal requirements.

1.3 Medicines and therapies not prescribed by another provider *
Where the patient is seeking to purchase, from the pharmacist or from other personnel for whom he or she has responsibility, any medicine, complementary therapy, herbal remedy or other healthcare product not prescribed by another healthcare provider, the pharmacist must ensure that the patient is provided with credible, understandable information about its safe and effective use, expected outcomes of therapy within the limitations of available information, what to do if side effects occur, storage and disposal requirements, and any significant risk of therapy or insufficiency of evidence about efficacy of the therapy, to allow the patient to make an informed choice.

1.4 Professional services *
Where the patient is seeking or receiving, from the pharmacist or from other personnel for whom he or she has responsibility, any professional service or intervention, the pharmacist must ensure that the patient is provided with credible, understandable information about reasonably expected results, outcomes or effects of the service or intervention, any risks of receiving the service or intervention, and any insufficiency of evidence about the efficacy of the service or intervention, to allow the patient to make an informed choice.

1.5 Independent information *
The pharmacist must ensure that their advice is independent of personal commercial considerations.

1.6 Request for prescriptions *
The pharmacist must only request a prescription from a prescriber when the patient or their caregiver has provided informed consent for the pharmacist to do so and the prescription is for the continuation of existing therapy.

1.7 Consult with patient *
The pharmacist must consult with the patient to achieve a mutually acceptable arrangement when it is not possible to dispense a medicine as prescribed.

1.8 Confidentiality *
The pharmacist must safeguard and respect the confidentiality of patient information, professional or otherwise.

1.9 Informed consent for research
The pharmacist must only undertake health or disability research investigation that involves patients or volunteers or members of the community at large when informed consent to participation has been provided, and when all requirements of a research ethics committee and all other regulatory requirements have been met.

1.10 Name of pharmacists *
The Charge Pharmacist must ensure that the name or names of all pharmacists providing pharmaceutical services at that time are clearly displayed and visible to the public at the place of practice.

1.11 Advice and service comparable to direct consultation *
The pharmacist must only supply a medicine, product or service by post, courier, the internet, personal delivery to the patient's home or to a person other than the patient for use by that patient where the pharmacist has sufficient reason to be satisfied that the patient will receive a comparable standard of

information and advice and a comparable level of service to that which would have been received by a patient present in a pharmacy and in direct consultation with a pharmacist.

1.12 Protocol for sale of medicines
Where the Pharmacy Council has prescribed a protocol for the sale or supply of a medicine or group of medicines, the pharmacist must comply with the protocol.

Commentary to Principle 1

Provision of information to the patient
Obligations contained in this Code of Ethics are in addition to other legal obligations, as matters dealt with within the law are not repeated within the Code. In this regard, pharmacists should note that in addition to the matters specified in the Code:

- The Health and Disability Commissioner (Code of Health and Disability Consumers' Rights) Regulations 1996 contains duties to
  - Provide certain information to the patient as a prerequisite to the provision of service to the patient (See Right 6 and Right 7)
  - Provide effective communication, including in certain circumstances, the duty to provide a competent interpreter (See Right 5)
- The Health Information Privacy Code 1994 contains obligations to
  - Provide certain information to the patient prior to the collection of information from a patient (See Rule 3)

Internet
It should be noted that, unless otherwise stated, these provisions have applications to any interventions, any services or any supply of any medicine, complementary therapy, herbal remedy or other healthcare product provided by any means whatsoever, including the internet and other electronic media.

Integrated care programmes and other information sharing services
It should be noted that both The Health and Disability Commissioner (Code of Health and Disability Consumers' Rights) Regulations 1996 and The Health Information Privacy Code 1994 have extensive applications to the provision of integrated care programmes and other information sharing services. Both enactments, which are founded upon an ethic of respect for patient autonomy, need careful consideration. For example, the 'Code of Rights' states that services may be provided to a consumer only if that consumer makes an informed choice and gives informed consent (See Right 7). Moreover The Health Information Privacy Code 1994 places limits on, for example, the collection, use, storage and disclosure of information, and on the use of unique identifiers such as the NHI numbers.

1.3 Medicines and therapies not prescribed by another provider
This obligation is underpinned by the concept that members of the public trust pharmacists to give sound advice and reasonably rely on their skill and judgement.

1.4 Professional services
It should be noted that this provision has applications to any interventions, and any professional services including the provision of diagnostic testing services.

1.5 Independent information
The pharmacist must ensure that their advice is independent of personal commercial considerations. In some cases the advice the patient is given may be subject to commercial bias. By way of illustration, a pharmacist may have obtained a special bulk price on a certain medicine and be recommending that medicine to the patient even when this medicine is not the most suitable for that patient.

In addition the Health and Disability Commissioner (Code of Health and Disability Consumers' Rights) Regulations 1996 contains duties regarding freedom from exploitation (See Right 2).

1.6 Request for prescriptions
The pharmacist must only request a prescription from a prescriber when the patient or their caregiver has provided informed consent for the pharmacist to do so and the prescription is for the continuation of existing therapy.

This provision has no application to the dispensing of a repeat on a prescription that the pharmacist has already received. Moreover this provision has no application to interactions between the pharmacist and the patient to counsel and remind them about the need for new prescriptions to maintain existing therapy.

However for the pharmacist to be involved with seeking continuation of supply of existing therapy from a prescriber, the patient or their caregiver must have requested that the pharmacist act on their behalf in this way. This is consistent with the duties in the 'Code of Rights' that services are provided only if the consumer makes an informed choice. The informed consent is not required in writing. The informed consent is generally provided by the patient. A patient's caregiver may provide consent when the patient has diminished competence or is not competent. See Right 7 of the 'Code of Rights'.

1.7 Consult with patient

This provision will include situations such as part supply on dispensed medicines. In such cases the Charge Pharmacist should ensure that there is documented procedure detailing the handling of medicines owed on prescriptions.

1.8 Confidentiality

The pharmacist must safeguard and respect the confidentiality of patient information, professional or otherwise, whether or not acquired in the course of professional activities. It should be noted that privacy and confidentiality requirements are contained in the Health and Disability Commissioner (Code of Health and Disability Consumers' Rights) Regulations 1996 and, more particularly in the Health Information Privacy Code 1994.

Rule 11 of the 'Privacy Code' places limits on the disclosure of information and permits disclosure if any of the stated exceptions to the rule apply. With regard to sharing of information between health professionals who are providing services to a particular individual, attention should be paid to s22F of the Health Act. This important provision is reproduced in the Appendix to the Health Information Privacy Code and is discussed in the commentary accompanying Rule 11 of the Code.

Pharmacists need to be aware of the disclosure of identifiable information to HealthPAC must comply with the Health Information Privacy Code. This means that patients, must at the least, be informed of the pharmacist's obligation to disclose the information to HealthPAC in order to obtain subsidies.

Confidentiality and informed consent issues with teenagers

Particular care needs to be taken with regard to confidentiality and informed consent issues when the patient is a teenager.

Patients over 16 years should generally be regarded as the person to whom the rights of confidentiality and informed consent attach. See the Health and Disability Commissioner (Code of Health and Disability Consumers' Rights) Regulations 1996 and, more particularly in The Health Information Privacy Code 1994.

The difficult area is with patients under 16 years, particularly with regard to the question of when a health professional such as a pharmacist can provide treatment or advice without parental consent. In New Zealand it is considered that a health professional who is going to provide advice or treatment to a child under 16 years without parental consent needs to be satisfied about a number of matters, such as whether the young person will understand the advice and its implication, whether they can be persuaded to discuss matters with their parents, their best interests and so forth.

For those under 16 years, if the pharmacist would disclose information to their parent or any other person, the pharmacist should ensure that the patient is advised of this prior to the collection of any information or the supply of any medicine or service.

In some circumstances the pharmacist may believe on reasonable grounds that disclosure of information about the teenager is necessary in order to prevent or lessen a serious and imminent threat to the life or health of the teenager. Disclosure in such circumstances is provided for in Rule 11(2)(d) of the Health Information Privacy Code 1994. The commentary provided in the Code explains the limits to disclosure under this provision.

Similarly, in some circumstances the pharmacist may have concerns about drug seeking behaviour or drug dependence. The circumstance in which such information may be disclosed to the Medical Officer of Health is provided for in Rule 11(2)(j) of the Health Information Privacy Code 1994. The commentary provided in the Code explains the limits to disclosure under this provision.

1.9 Informed consent for research

Requirements to submit research proposals for ethical review are derived from a variety of sources. Article 3.1 of The National Standard for Ethics Committees July 1996 states (inter alia):

"All proposed health and disability research investigations must be submitted for appraisal by an accredited Ethics Committee where the investigation involves human participants, whether health or disability services consumers, healthy volunteers, or members of the community at large: and …….

- Involves access to personal information for purposes other than direct patient care or internal clinical audit …….
- Seeks to further scientific or professional knowledge by means of questionnaires, interviews or other techniques of information gathering ……."

It is to be noted that customer satisfaction surveys that do not have any identifiable information and which do not collect any health information do not require Ethics Committee approval if they are offered to all people entering the pharmacy. However, if such surveys are offered to people because, for example, they are collecting a prescription, this would require Ethics Committee approval.

In addition, if any health information is to be collected and/or if any identifiable information is to be collected, the research proposal would need to be submitted for ethical review by a properly constituted research ethics committee.

1.10 Name of Pharmacist

This obligation is underpinned by the concept that it is important that patients who visit a pharmacy know at a glance, the name or names of the pharmacists present so that they know whom to ask for when seeking professional advice. This is to be an opportunity to promote professionalism. The obligation requires that the names are clearly displayed and visible. Page 6

1.11 Advice and service comparable to direct consultation

This provision requires a comparable level of service to that which would have been received by a patient in a pharmacy and in direct consultation with a pharmacist. For example, one way in which this may be achieved is by telephone contact between the patient and the pharmacist.

Principle 2: Beneficence

The pharmacist shall optimise medicines related health outcomes for the patient according to their concerns, needs, cultural values and beliefs

Specific obligations

2.1 Medicines related health outcomes *

The pharmacist must endeavour to optimise medicines related health outcomes for the patient as a fundamental tenet of pharmacy practice.

2.2 Quality use of medicines

The pharmacist must provide scientifically-based, unbiased medicines information to healthcare providers, patients and the community in order to optimise medicines related health outcomes.

2.3 Patient focused care

The pharmacist must in all matters endeavour to provide professional patient focused care.

2.4 Support Maori health development

The pharmacist must endeavour to support initiatives that improve the health of Maori.

2.5 Needs of ethnic groups

The pharmacist must practise in a manner which is culturally sensitive and must respect and endeavour to support the health development of all cultural, religious, social and ethnic groups.

2.6 Dispensing *

The pharmacist who is responsible for the dispensing of a prescription must verify its authenticity, interpret and evaluate the prescription, ensure that it is correct and complete, assess its suitability for the patient within the limitations of available information, and dispense it correctly.

2.7 Assessment prior to sale of medicines and other therapies

When asked for advice on treatment involving any medicine, complementary therapy, herbal remedy or other healthcare product not prescribed by another healthcare provider, the pharmacist must endeavour to ensure that sufficient information is obtained to allow an assessment to be made that such is appropriate,

safe and efficacious and to enable a suitable recommendation to be made.

2.8 Involvement in sale of medicines and other therapies

The pharmacist must be involved and intervene in the sale of any medicine, complementary therapy, herbal remedy or other healthcare product whenever this is necessary to ensure a reasonable standard of pharmaceutical care.

2.9 Provision of an appropriate pharmaceutical service

The pharmacist must maintain an appropriate pharmaceutical service and provide patient care that is adequate and appropriate to the needs of the community.

Commentary to Principle 2

2.1 Medicines related health outcomes

Achievement of this goal depends not only on the pharmacist but also on the collaborative efforts of other members of the healthcare team. Therefore, it is to be noted that this provision is phrased "The pharmacist must endeavour to……" rather than as "The pharmacist must….." This is recognising that the pharmacist cannot be solely responsible for achieving this goal.

2.6 Dispensing

It should be noted that these dispensing responsibilities apply to prescriptions received by any means whatsoever including a facsimile of the prescription.

Principle 3: Non-maleficence

The pharmacist shall act to prevent harm to the patient and the public

Specific obligations

3.1 Problems that impair fitness to practise

The pharmacist must report to the Registrar of the Pharmacy Council any concerns that their own or another pharmacist's professional competence, expertise, personal health status, circumstances or ability to practise may be impaired or limited.

3.2 Relationships with patients

The pharmacist must only enter into or continue with any relationship (personal or professional) with patients or their carers where such relationship will neither exploit or harm nor have the potential to exploit or harm the patient or the family/whanau of the patient and will not affect or compromise their own professional well being or independence.

3.3 Working conditions

The proprietor and Charge Pharmacist must each ensure that the working conditions do not impair the quality of professional services.

3.4 Safe use of medicines and other therapies *

The pharmacist must only supply a medicine, complementary therapy, herbal remedy or other healthcare product, to a patient when the pharmacist has reason to be satisfied that the patient understands how to use it safely.

3.5 Delivery

The pharmacist must only supply a medicine, product or service by post, courier, and personal delivery to the patient's home or to a person other than the patient for use by that patient, where the pharmacist is satisfied that the medicine or product will be delivered safely to that patient.

3.6 Delegation of duties

The Charge Pharmacist must ensure that pharmaceutical services assigned or delegated to other personnel are commensurate with their qualifications, ability and experience.

3.7 Quality and safety

The Charge Pharmacist must only purchase or supply any medicine, complementary therapy, herbal remedy or other healthcare product, where there is no reason to doubt its quality or safety.

3.8 Dispensing *

The Charge Pharmacist must ensure that all dispensing is under the supervision of a pharmacist who must be ready and available in the professional area and willing to intervene, advise or check the dispensing and issuing of any prescription.

3.9 Identifiers *

The Charge Pharmacist must ensure that the identity of the pharmacist who has taken final responsibility

for a dispensed prescription is able to be determined.

3.10 Inappropriate or erroneous prescribing *
Where a pharmacist has reasonable grounds to consider that a prescription contains any error, omission, irregularity or ambiguity or is not legitimate, or that a prescribed medicine could be detrimental to a patient's health, the pharmacist must confer with the prescriber and document the details and outcome. If the prescriber verifies the prescription but the pharmacist's concerns remain unresolved the pharmacist must consult with their Medicines Control Advisor or the Medical Officer of Health and document this action.

3.11 Intensive Medicines Monitoring Programme *
The Charge Pharmacist must ensure that the pharmacy participates in the Intensive Medicines Monitoring Programme.

3.12 Adverse reactions and interactions
The pharmacist must be alert to potential adverse drug reactions and drug interactions and respond appropriately.

3.13 Endeavour to work with prescriber regarding adverse reaction and interaction
The pharmacist must endeavour to work with the prescriber to jointly resolve any probable, significant drug interaction and any actual adverse drug reaction and, where appropriate notify the Centre for Adverse Reactions Monitoring.

3.14 Misuse or abuse of medicines *
Where a pharmacist has reasonable grounds to suspect the misuse or abuse of prescribed medicines, the pharmacist must consult with the prescriber.

3.15 Inappropriate supply *
The pharmacist must exercise professional judgement to prevent the supply of any medicine, complementary therapy, herbal remedy or other healthcare product likely to constitute a hazard to health or the supply of unnecessary or excessive quantities of these, particularly those which the pharmacist knows or should reasonably be expected to realise are likely to cause or have a potential for misuse, abuse or dependency.

3.16 Care regarding medicines with potential for abuse
The Charge Pharmacist must ensure that medicines which the Charge Pharmacist knows or should reasonably be expected to realise are likely to cause or have a potential for misuse, abuse or dependency are not accessible to the public for self-selection.

3.17 Child Resistant Packaging *
The Charge Pharmacist must endeavour to ensure that those medicines and poisons which are implicated in childhood poisonings are dispensed with child resistant packaging (closeable or nonrecloseable) unless, after instruction, the patient has difficulty opening a child resistant closure or a specific request is made that the preparation must not be dispensed with a child resistant packaging or no suitable child resistant packaging exists for a particular medicine or poison.

3.18 Supervision of medicines restricted to pharmacies *
The Charge Pharmacist must ensure that medicines restricted to sale from pharmacies are stored or displayed in such a way that the pharmacist can exert supervision over their sale.

3.19 Control by pharmacist
The pharmacist must exercise control over the sale or supply of any medicine, complementary therapy, herbal remedy or other healthcare product, which is sold or supplied from the pharmacy.

3.20 Diagnostic testing
The pharmacist must only provide a diagnostic test or health screening service after undergoing appropriate training and when operating in accordance with an appropriate protocol and using validated equipment suitable for the test or service.

3.21 Provision of services *
The pharmacist must only provide either a healthrelated or non-medical service after undergoing appropriate training and when operating in accordance with an appropriate protocol and when using equipment and facilities suitable for the service.

3.22 Disposal of unwanted medicines and pharmaceutical waste *
The pharmacist must ensure that all reasonable and appropriate care is taken when disposing of unwanted medicines and other pharmaceutical waste.

Commentary to Principle 3

3.4 Safe use of medicines and other therapies

It should be noted that this provision has applications to any supply of any medicine, complementary therapy, herbal remedy or other healthcare product provided by any means whatsoever, including the internet. Also this provision has applications to the provision of such items to teenagers for their own use.

3.8 Dispensing

It is to be noted that the Charge Pharmacist and the pharmacist may be one and the same person.

3.9 Identifiers

The Charge Pharmacist must ensure that the identity of the pharmacist who has taken final responsibility for a dispensed prescription is able to be determined. For example, if there is a paper copy of a prescription, then the Charge Pharmacist must ensure that it bears an annotation or code that identified the pharmacist who has taken final responsibility for the dispensed medicine. For good practice, the pharmacist may also choose to have a record of others such as technicians who have been involved in the dispensing process. However, from a discipline perspective, only pharmacists can be considered in breach of the Code of Ethics.

3.10 Inappropriate or erroneous prescribing

It is to be noted that the requirement to confer with the prescriber and document the details and outcome only applies "where a pharmacist has reasonable grounds to consider that a prescription contains any error, omission, irregularity or ambiguity or is not legitimate, or that a prescribed medicine could be detrimental to a patient's health". Therefore, this provision certainly does not require every communication with a prescriber to be documented.

Obligation 3.10 needs to be understood alongside the Obligation 1.7 that reads:

> The pharmacist must consult with the patient to achieve a mutually acceptable arrangement when it is not possible to dispense a medicine as prescribed.

Obligation 1.7, which covers situations such as part supply on prescriptions, requires the pharmacist to consult with the patient. However where a pharmacist has reasonable grounds to consider that a prescription contains any error, omission, irregularity or ambiguity or is not legitimate, or that a prescribed medicine could be detrimental to a patient's health, Obligation 3.10 requires the pharmacist to confer with the prescriber and possibly others as detailed. In some circumstances both obligations will need to be complied with.

3.11 Intensive Medicines Monitoring Programme

The Charge Pharmacist must ensure that the pharmacy participates in the Intensive Medicines Monitoring Programme. It is important that the requirements of the Health Information Privacy Code 1994 are adhered to when participating in IMMP. In particular Rule 3 of the 'Privacy Code' requires that clients be informed about the purpose for which the information is being collected, the intended recipients of the information, whether supply of the information is voluntary or mandatory and other matters. In addition it is important to consider the application of Rule 11 of the 'Privacy Code' that places limits on the disclosure of identifiable information. Pharmacists will need to ensure that their IMMP protocols adequately address privacy issues.

3.14 Misuse or abuse of medicines

Where a pharmacist has reasonable grounds to suspect the misuse or abuse of prescribed medicines, the pharmacist must consult with the prescriber. It should be noted that this provision only applies to prescribed medicines. Furthermore, this obligation is in addition to the provisions contained in the Health Information Privacy Code 1994 regarding notification to the Medical Officer of Health.

3.15 Inappropriate supply

It should be noted that this provision has applications to the supply of any medicine, complementary therapy, herbal remedy or other healthcare product provided by any means whatsoever, including the internet.

3.17 Child Resistant Packaging

This obligation extends to those medicines and poisons which are implicated in childhood poisonings. A list of these is provided below.

Liquid AND solid dose oral forms of: aspirin, paracetamol, opioids, NSAIDs, benzodiazepines, anticonvulsants, antidepressants, antipsychotics, antihistamines, cardiovascular drugs, beta-2- agonists, theophylline, thyroxine, iron, quinine and colchicine.

Non-oral liquid forms of: liniments, inhalations, paints and mouthwashes.

The exceptions to this provision are noteworthy, namely:

- where, after instruction, the patient has difficulty opening a child resistant closure
- where a specific request is made that the preparation must not be dispensed with a child resistant packaging
- where no suitable child resistant packaging exists for a particular medicine or poison

3.18 Supervision of medicines restricted to pharmacies

It should be noted that this obligation extends to all medicines restricted to sale from pharmacies. Thus it covers prescription medicines, pharmacist-only medicines (restricted medicines) and pharmacy medicines.

3.21 Provision of services

By way of illustration, this provision has applications to the safe delivery of ear piercing.

3.22 Disposal of unwanted medicines and pharmaceutical waste

The pharmacist must ensure that all reasonable and appropriate care is taken when disposing of unwanted medicines and other pharmaceutical waste. Pharmacists are reminded that disposal of cytotoxic waste needs special care.

Principle 4: Justice

The pharmacist shall practise fairly and justly and promote family, whanau and community health

Specific obligations

4.1 Standards of service

The pharmacist must provide high standards of service and patient focused care within the resources available.

4.2 Resource limitations *

Where the pharmacist is responsible for the allocation of health resources, the pharmacist must endeavour to be fair and equitable, balancing the needs of patients and society, recognising the resource limitations of the healthcare environment and the manner in which that may impinge upon other ethical responsibilities.

4.3 Advocate for patients

The pharmacist must endeavour to advocate for patients to seek the provision of appropriate resources for the treatment of patients' needs.

4.4 Commercial interests not to override good practice *

The pharmacist must ensure that commercial interests are not permitted either to override the independent exercise of their own professional judgement on behalf of a patient or to compromise the standard of care provided by them or to affect their cooperation with other healthcare providers.

4.5 Commercial interests of employer

The pharmacist must endeavour to ensure that ethical responsibilities to the patient are not overridden by the employer's commercial interests.

4.6 Health promotion *

The pharmacist must endeavour to promote health education within the community.

Commentary to Principle 4

4.2 Resource limitations

Where the pharmacist is responsible for the allocation of health resources, the pharmacist must endeavour to be fair and equitable. For example, when suppliers have been unable to provide sufficient stock of a particular medicine, the pharmacist may need to part supply prescriptions to each patient until the stock arrives. In the hospital environment a pharmacist may need to make decisions about the allocation of funds in the face of a reduced pharmaceutical budget.

However, if the state, an agency of the state, or an institution decides upon the services to be, or not to be, made available to the public, the responsibility for the consequences of those decisions rests with the state or the institution as the case may be and not with the pharmacist who has had no choice but to provide a lesser service than the pharmacist deemed optimal.

This should be read in conjunction with Obligation 4.3, which contains an obligation to endeavour to advocate for patients.

4.4 Commercial interests not to override good practice

One portion of this obligation is that the pharmacist must

ensure that commercial interests are not permitted to compromise the standard of care provided. This provision should not be read as creating any expectation that a pharmacist would dispense a prescription without receiving payment.

4.6 Health promotion

The pharmacist must endeavour to promote health education within the community. The sorts of activities that would fall within this description are matters such as providing information for schools regarding prevention and appropriate treatment of head lice, participation in 'Sun smart' campaigns and such like. However it is to be noted that this provision does not place an obligation to perform in these areas but rather places an obligation to "endeavour to promote health education ".

Principle 5: Spirit of Inquiry

The pharmacist shall actively seek and apply contemporary pharmacy knowledge and skills to ensure a high standard of professional competence

Specific obligations

5.1 Maintaining competence

The pharmacist must maintain the level of professional competence relative to their sphere of activity and demonstrate competence in the area in which they practise, within their scope of practice.

5.2 Pharmaceutical knowledge

The pharmacist must keep abreast of pharmaceutical knowledge applicable to the area in which they practise.

5.3 Practise within area of competence *

The pharmacist must be accountable for practising safely and only provide services for which they are qualified in their area of competence and within their scope of practice.

5.4 Policies and procedures

The pharmacist must only develop policies and operating procedures pertaining to pharmacy that are consistent with obligations contained in current Acts and Regulations, Rules, Codes and Council statements.

5.5 Practise in accordance with Quality Standards

The pharmacist must at all times practise in accordance with the current version of the Quality Standards for Pharmacy in New Zealand.

5.6 Practise in accordance with Code of Good Manufacturing Standards

The pharmacist must at all times practise in accordance with the current edition of the Ministry of Health, New Zealand Code of Good Manufacturing Practice for Manufacture and Distribution of Therapeutic Goods.

5.7 Knowledge of law

The pharmacist must maintain a working knowledge of current Acts and Regulations, Rules, Codes, and Council statements which impact on their area of pharmacy practice and comply with the obligations contained therein at all times.

Commentary to Principle 5

5.3 Practise within area of competence

'Competence' refers to the Competence Standards for New Zealand Pharmacy 2002, adopted by the Pharmacy Council 2004.

Principle 6: Integrity

The pharmacist shall practise in a manner that does not compromise their own professional independence, judgement or integrity, or that of other pharmacists

Specific obligations

6.1 Overriding duty to patient

The pharmacist must regard their duty to a patient or to patients collectively as overriding any loyalty to or interests of an employer or other healthcare provider.

6.2 Independence of career

The pharmacist must only practise under conditions which neither compromise professional independence or judgement or their ability to comply with their professional and legal duties nor impose such conditions on other pharmacists.

6.3 Professional independence from commercial organisations

The pharmacist must only accept tokens, favours, gifts, or hospitality from commercial organisations when this does not compromise their professional independence or judgement or their ability to comply with their professional and legal duties.

6.4 Supervision *

The pharmacist must provide appropriate direct supervision for other personnel for whom they have responsibility.

6.5 Responsibility for professional activities *

The pharmacist must accept responsibility for their own professional activities and for all activities undertaken under their direct supervision.

6.6 Indemnity

The pharmacist must ensure that all professional activities that they undertake or are under their control are covered by adequate indemnity arrangements.

Commentary to Principle 6

6.4 Supervision

It should be noted that this obligation to provide appropriate direct supervision is in no way limited to the community pharmacy setting.

6.5 Responsibility for professional activities

One portion of this obligation is that the pharmacist must accept responsibility for all activities undertaken under their direct supervision. It should be noted that this obligation extends to advice provided under supervision about supply of any medicine, complementary therapy, herbal remedy or other healthcare product or other pharmacy services.

Principle 7: Trustworthiness

The pharmacist shall act in a manner that promotes public trust in the knowledge and ability of pharmacists and enhances the reputation of the profession

Specific obligations

7.1 Behaviour

The pharmacist must uphold reasonably accepted standards of behaviour both within and outside their professional practice and must refrain from any conduct that might bring the profession into disrepute or impair the public's confidence in the pharmacy profession.

7.2 Conscientious objection *

The pharmacist must, in advance, advise any employer, Charge Pharmacist, local general medical practitioners and patients of the pharmacy of any belief or conscientious objection which may influence or impact on their sphere of practice.

7.3 Charge Pharmacist *

The pharmacist must ensure that at all times there is in the pharmacy a pharmacist who has agreed to perform the role of Charge Pharmacist.

7.4 Premises *

The pharmacist offering services directly to the public must ensure that any premises reflect the professional character of pharmacy and are suitable for the provision of pharmaceutical services.

7.5 Dispensary security

The Charge Pharmacist must take responsibility for the security of the pharmacy premises and its contents.

7.6 Fee for service

The pharmacist may claim benefits or remuneration for services rendered but must only claim appropriate benefits or reasonable remuneration.

7.7 Non-medical goods and services *

The pharmacist must not purchase or sell from a pharmacy any product or service which may be detrimental to the good standing of the profession or bring the profession into disrepute.

Commentary to Principle 7

7.2 Conscientious objection

s. 46 of The Contraception, Sterilisation and Abortion Act 1977 provides for a right of conscientious objection as follows: (1) Notwithstanding anything in any other enactment, or any rule of law, or the terms of any oath or of any contract (whether of employment or otherwise), no

registered medical practitioner, registered nurse, or other person shall be under any obligation

- To perform or assist in the performance of an abortion….
- …or supply or administer or assist in the supply or administering, of any contraceptive, or to offer to give any advice relating to contraception if he objects to doing so on grounds of conscience.

The obligation in the Code does not in any way impinge on or seek to limit this right, but requires that where a pharmacist does object to supplying contraceptives, or object to giving advice relating to contraception on grounds of conscience, the pharmacist must advise any employer, Charge Pharmacist, local general medical practitioners and patients of the pharmacy of this objection.

7.3 Charge Pharmacist

The pharmacist must ensure that at all times there is in the pharmacy a pharmacist who has agreed to perform the role of Charge Pharmacist. The definition of a Charge Pharmacist, which is found within the Preamble of this Code, is as follows:

The Charge Pharmacist is the pharmacist who at any particular time is responsible for overall control of the provision of pharmaceutical services from a pharmacy or other place where such services are provided

The assumption of this role has implications for discipline, as a number of the obligations contained within this Code fall on the Charge Pharmacist. i.e. whereas many obligations in this Code fall on each and every pharmacist, responsibility for some obligations in this Code fall on the pharmacist who has agreed to perform the role of the Charge Pharmacist. See for example Obligations 7.5, 8.5 and 8.7.

7.4 Premises

It should be noted that this obligation places a responsibility for the state of the premises on any pharmacist who is providing services directly to the public, which would where reasonable include a locum pharmacist.

7.7 Non-medical goods and services

The pharmacist must not purchase or sell from a pharmacy any product or service which may be detrimental to the good standing of the profession or bring the profession into disrepute. Such prohibited products include tobacco products other than nicotine replacement therapies, products intended to mask signs of alcohol or drug consumption, and pornographic material. Such prohibited services may include body piercing.

Principle 8: Dignity

The pharmacist shall provide information about professional services, medicines and healthcare products in a dignified manner without making exaggerated or unsubstantiated claims

Specific obligations

8.1 Comparison with colleagues *

The pharmacist must not disparage the professional services of other pharmacies or pharmacists.

8.2 Responsibility for advertisements *

The Charge Pharmacist must be responsible for the form and content of any advertisement whether placed by the Charge Pharmacist personally, or by another staff member or organisation on behalf of the pharmacy, and for any other publicity which the Charge Pharmacist expressly authorises.

8.3 Professional image *

The Charge Pharmacist must use only those methods that are of a standard consistent with the professional image of pharmacy when advertising, promoting or offering as inducement to the public any services, interventions, medicine, complementary therapy, herbal remedy or other healthcare product.

8.4 Medicines not ordinary articles of commerce *

A pharmacist must only participate in promotional methods that do not encourage the public to equate medicines with ordinary articles of commerce.

8.5 Advertisements not to mislead

The Charge Pharmacist must ensure that the pharmacy's advertisements and publicity for goods and services are demonstrably true, factual and accurate and do not make any claim not capable of substantiation, so as not to abuse the trust of, or exploit the lack of knowledge of, or mislead or

deceive, the public.

8.6 Inappropriate quantities
Regardless of any promotional scheme the pharmacist must only sell, provide or promote the use of appropriate medicines, complementary therapies, herbal remedies or other healthcare products in quantities appropriate to the clinical needs of the patient.

8.7 Promotions
The Charge Pharmacist must ensure that advertisements or promotions do not promote misuse, injudicious or unsafe use or unnecessary sales or excessive use of any medicines, complementary therapies, herbal remedies, other healthcare products or hazardous substances.

8.8 Evidence of efficacy
The pharmacist must only promote to a potential purchaser that any medicine, complementary therapy, herbal remedy or other healthcare product associated with the maintenance of health is efficacious when there is credible evidence of efficacy.

Commentary to Principle 8

8.1 Comparison with colleagues
The pharmacist must not disparage the professional services of other pharmacies or pharmacists. For instance a pharmacist must not promote their services by finding fault or discrediting another. However it is not a breach of this obligation for a pharmacist to advertise their particular qualifications or expertise.

8.2 Responsibility for advertisements
The responsibilities contained in this obligation would extend to a locum pharmacist only where reasonable.

8.3 Professional image
In developing advertising and promotions the pharmacist must ensure that the emphasis or focus of the advertisement or promotion is benefits of the service, medicine, therapy or product other than its price.

It is to be noted that the responsibilities contained in this obligation extend to advertising materials supplied by manufacturers or other organisations such as banner and marketing groups.

8.4 Medicines not ordinary articles of commerce
A pharmacist must only participate in promotional methods that do not encourage the public to equate medicines with ordinary articles of commerce. In this regard, ordinary articles of commerce are items such as baked beans and shampoo. To ensure high standards in the health sector, promotions should be of a type that reflects the special responsibilities and professionalism of health service delivery.

Principle 9: Co-operation

The pharmacist shall respect the skills and competencies of other healthcare providers and endeavour to work cooperatively with them to optimise the health outcomes of mutual patients and the public

Specific obligations

9.1 Maintain relationships
The pharmacist must endeavour to foster, develop and maintain effective relationships with professional colleagues and other healthcare providers and to cooperate with them to achieve beneficial medicines related health outcomes for patients and the community.

9.2 The health care team
The pharmacist must endeavour to foster, develop and maintain the role of the pharmacist as a member of the health care team with expertise in medicines related health outcomes.

9.3 Respect other competencies
The pharmacist must respect the special competencies and responsibilities of their own and other professions, and of the institutions, statutory and voluntary agencies that constitute their working environment.

9.4 Referrals *
The pharmacist must refer a patient in their care to other team members or to other services when appropriate or consult with colleagues or other health care providers when additional knowledge or expertise is required, at all times having due regard for the patient's right to confidentiality and informed consent.

9.5 Assist colleagues *
The pharmacist must endeavour to promote collegial

relationships by striving to assist professional colleagues and other healthcare providers when called upon for advice or support to enable them to discharge their professional duties and in order to maintain standards in the interests of patient care, public health and safety.

9.6 Not criticise colleagues *
The pharmacist must endeavour to maintain the confidence and trust placed in colleagues and other healthcare providers by patients and must refrain from making public comment that could detract from their professional reputation or harm the relationship they have with patients.

9.7 Inappropriate financial agreements
While close professional cooperation between a pharmacist and medical or other healthcare provider is desirable, the pharmacist must only enter into, or engage in, any agreement, arrangement or business association with any such medical or other healthcare provider which does not compromise the pharmacist's professional independence or judgement, or involve any financial or other exploitation in connection with the rendering of professional services.

9.8 Patient's free choice of health provider
The pharmacist must only enter into or engage in any agreement or arrangement or business association with a medical or other healthcare provider which does not involve any limitation to a patient's free choice of a pharmacist or pharmacy or other healthcare provider.

Commentary to Principle 9

9.4 Referrals
This obligation aims to protect patients by requiring pharmacists to refer to other services and providers when additional knowledge or expertise is required. For example a pharmacist may refer a patient to a specific medical practitioner or health centre. However, it is a prerequisite that the patient provides informed consent to the referral (see Right 7 of the 'Code of Rights') and moreover that the requirements of the Health Information Privacy Code 1994 have been complied with.

9.5 Assist colleagues
This provision needs to be understood alongside the statement in the Preamble of the Code that pharmacists are obliged in good faith to bring any breach of this Code of Ethics to the attention of the Registrar of the Pharmacy Council.

9.6 Not criticise colleagues
This provision needs to be understood alongside Obligation 6.1 that states that the pharmacist must regard their duty to a patient or to patients collectively as overriding any loyalty to or interests of an employer or other healthcare provider. Obligation 6.1 is aimed at ensuring that, in the event of a conflict of interest, the patient's interests take priority over those of the employer or another provider. However, Obligation 9.6 is aimed at limiting public comments about colleagues and other healthcare providers that could detract from their professional reputation or harm the relationship they have with patients.

Principle 10: Compassion

The pharmacist shall demonstrate a caring and compassionate manner

Specific obligations

10.1 Compassion for patients
The pharmacist must demonstrate a caring, empathetic attitude towards the patient and acknowledge their expression of concerns or worries in order to provide holistic care.

10.2 Special needs
The pharmacist must take necessary and reasonable additional steps to ensure a patient with special needs receives an appropriate standard of pharmaceutical care.

10.3 Compassion for colleagues *
The pharmacist must demonstrate concern and compassion for colleagues in need.

10.4 Mentoring
The pharmacist must endeavour to foster the future development of the profession by encouraging and mentoring pre-registrants and newly registered pharmacists in their professional development.

Commentary to Principle 10

10.3 Compassion for colleagues

The pharmacist must demonstrate concern and compassion for colleagues in need. This provision needs to be understood alongside the statement in the Preamble of the Code that pharmacists are obliged in good faith to bring any breach of this Code of Ethics to the attention of the Registrar of the Pharmacy Council.