



Message from the Chair

Welcome to our second “Winter Newsletter” – it’s getting colder! I hope the recent cold/freezing snap has not affected your businesses with staff absences.

Our July 2016 Council meeting was extremely beneficial. The core of our discussions and subsequent actions for Council pivoted around:

- the role and position we have in the Ministry of Health’s Pharmacy Action Plan (PAP) – it is critical that we progress the actions the Ministry has identified for us
- how PAP aligns to our organisational strategy and the work programme the Council team has developed to deliver Council’s strategic goals for 2016-2020. During our scheduled September 2016 meeting we will be refining our priorities before providing a detailed update to practitioners
- what and where pharmacy regulation is heading internationally, based on a debrief of the recent Life Long Learning in Pharmacy Conference 2016.

In addition, Council considered:

- where the team is at on its business capability improvements, particularly around technology – our particular emphasis is around ensuring practitioners will be able to complete their annual practising certificate renewal online next year
- key risks and Council’s financial position relative to our pending strategic work requirements.

I hope the snow around the country is not causing too much hardship and may be giving some opportunity for family fun.

Mark Bedford
Chair

*“promoting
enhanced wellbeing
through
excellence in
pharmacy practice”*

In This Issue

- [Message from the Chair](#)
- [Message from the Chief Executive](#)
- [Safety alert – atropine 0.01% eye drops](#)
- [Safety alert – glacial acetic acid!](#)
- [Provision of medicines information to patients](#)
- [Clinical checking of prescriptions](#)
- [Intern written examination](#)
- [Annual practising certificates \(APC\) – employer responsibility](#)
- [New registrations](#)
- [Continuing education activities – do they have to be accredited?](#)
- [Life Long Learning in Pharmacy Conference 2016](#)
- [Summary of decision of the Health Practitioners Disciplinary Tribunal for publication – Mr Terence Osborne – Phar 16/346P](#)



Message from the Chief Executive

Hi – it's amazing how time flies, with just over two months under my belt I now feel like I am beginning to know and understand more about your wonderful profession.

Since our last newsletter the greatest task for me has been an opportunity to get out and meet pharmacists. Pam Duncan (Council's Professional Standards Advisor) and I have been meeting a number of people across the country. It has been extremely valuable and I have appreciated the 'free and frank'

exchange of thoughts and ideas on the focus of Council work in terms of our strategy and priorities in relation to the Pharmacy Action Plan.

The photos below depict some of the meetings we have had. There is a great deal of awesome work happening in the profession. In our planned October 2016 newsletter, and once our visits have been completed, we propose to outline the key messages we have heard, the priorities and focus for Council and the actions we will be taking (have taken) to address concerns.

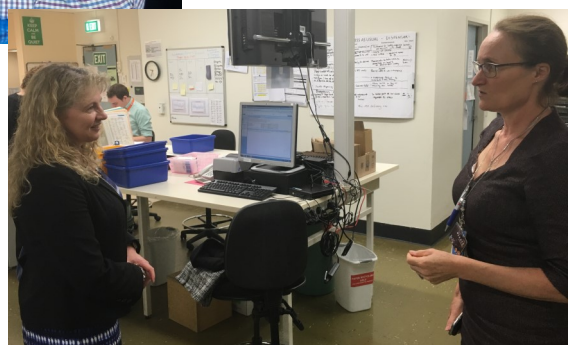
I sincerely thank those who are taking time out of their busy schedules to meet with us.

The meetings have confirmed the important role Council plays in an evolving and increasingly complex health services environment. We are constantly challenging our small team to find the most effective ways to support the profession to achieve the desired goals.

If any of you have any strong views, feelings or comments you would like to make that will help inform Council's initiatives and support your profession I would welcome an [email](#) from you.

We are also flat out completing end of financial year requirements and preparing of a report on key information around the registry and demographics, along with finalising some of our major contracts in terms of accreditation and examinations.

Take care
Michael
Chief Executive



Safety alert – atropine 0.01% eye drops

On Friday, 5 August 2016 the Pharmacy Defence Association (PDA) issued a safety alert on behalf of Council regarding atropine 0.01% eye drops.

A copy of this [alert](#) and further clinical information regarding paediatric use of atropine eye drops is also available on the Council's website – please ensure you familiarise yourself and colleagues with it.



Glacial acetic acid is undiluted acetic acid and has no use in its current form in clinical medicine. It is likely to cause painful burns if accidentally used instead of a diluted preparation. Glacial acetic acid should NOT be stocked for dilution to a weaker strength. There are proprietary 90ml solutions of both 3% and 5% strengths available in New Zealand



Safety alert – glacial acetic acid

The Pharmacy Council has been alerted to another instance involving internal burns to a patient as a result of dispensing glacial acetic acid instead of acetic acid for use during a gynaecological procedure. This instance occurred in October 2015 and followed publication of alert notices from both Pharmacy Defence Association (PDA) and the Health Quality & Safety Commission (HQSC) last year following two other cases of patient harm from glacial acetic acid.

Dilute acetic acid can be used during anoscopy or colposcopy procedures (usually 4% or 5% strengths), wound irrigation (usually 0.25%) and ear drops, usually as 3% or 5% strengths.

Management of safety risk

- Stock only the diluted 3% and 5% preparations of acetic acid for medical use, which are available commercially.
- Any time that there is a request to order glacial acetic acid, confirm what it is being used for and query the strength required.
- Remove any glacial acetic acid stock from dispensary shelves.
- Remove the listing from drug selection lists in dispensary software.
- Ensure that all clinical and dispensary staff are aware of the difference between acetic acid and glacial acetic acid.
- Conduct independent double checks for all dispensings of acetic acid.

For further information, please refer to the PDA Practice Point September 2015 Vol 8 and the [Health Quality & Safety Commission New Zealand Medication Safety Watch bulletin, Issue 16 – January 2016](#).

Provision of medicines information to patients

A recent complaint to HDC emphasised the importance of listening to patient requests and determining their specific needs with regard to the level of medicines information required.

In this instance the patient's mother was concerned for her unwell daughter who was being initiated on a new medicine. A friend initiated on a similar medicine had recently experienced severe adverse effects and passed away.

The mother was justifiably very anxious and wanted to assess any health risk for her daughter by reading the appropriate consumer information leaflet, in order to understand and be aware of any symptoms that would warrant immediate medical attention.

The information provided by the pharmacist was a MIMS information leaflet which ultimately did not provide the level of detail the mother requested. This was subsequently corrected by another pharmacist at the pharmacy concerned.

The learning outcome from this HDC notification is with regard to ensuring that we, as pharmacists appropriately address our patients' concerns through the provision of patient appropriate counselling. Through further discussion with the patient's mother regarding her specific concerns about her daughter's new medicine, an understanding of the background story is likely to have resulted in a more empathetic and effective level of engagement, and the provision of appropriate medicines information and counselling.

Clinical checking of prescriptions

In the interests of patient safety, lessons from pharmacy errors, near misses or quality improvement initiatives will be shared through our newsletter on an ongoing basis. We intend for these articles to be informative and reflective opportunities for pharmacists to consider their own practice and make any improvements necessary to enhance patient safety and wellbeing.



All pharmacists must complete a fundamental clinical check of each prescription dispensed to ensure that the medicine prescribed is safe and appropriate for the patient. A clinical check involves the identification of potential or actual pharmacotherapeutic problems through an analysis of all of the information available. Such information may include patient characteristics (e.g. pregnant, breastfeeding, frail elderly, paediatric), disease states, medication history and dosing information. In many instances additional information may be obtained from the patient or representative, dispensary records, the prescriber or other healthcare professionals involved in the patient's care.

It may not always be possible to access all of the information needed and a decision may need to be made on limited information. In some settings information such as patient medical records and laboratory data may be able to be accessed and considered.

Through clinical screening of prescriptions, dosing or medication changes and medication interactions can be detected, patient-focussed medication therapy can then be evaluated, and the prescriber contacted for clarification if necessary. Pharmacists often have knowledge regarding the patient's adherence which is of importance to the prescriber and when shared may prevent unnecessary medication changes. It is vital that a structured approach to clinical checking of prescriptions is embedded in your dispensing process and outlined in the pharmacy standard operating procedures.

Clinical screening of prescriptions enables a risk benefit assessment of a regime to be conducted, resulting in enhanced patient safety and medication effectiveness.

Intern written examination

We are very pleased with the July 2016 Intern Written Examination results – with an 82 percent pass rate! This is consistent with previous exams.

Exam Security

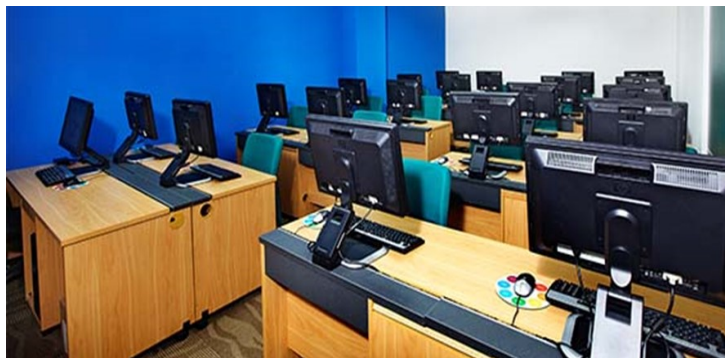
Council has become aware that candidates who sat the July 2016 Written Examination may have passed on content information to others.

This is of concern to Council, who takes the issue very seriously. Candidates are made aware of the implications of sharing examination material when signing and agreeing to the Examination Rules and Non-Disclosure Agreement before commencing the examination.

Please take the issue of protecting examination information seriously as there are consequences of not doing so.

If it is found that an individual has been involved in sharing information (malpractice) the consequences may include:

- referral to the Pharmacy Council's Complaints Screening Committee in the first instance
- referral to a Professional Conduct Committee for investigation
- disciplinary charges being brought before the Health Practitioners Disciplinary Tribunal.



Annual practising certificates (APC) – employer responsibility

Practising pharmacists are responsible for ensuring they hold an annual practising certificate (APC).

There are possible implications for employers if a pharmacist employee practises without an APC. We recommend employers check the [Public Register](http://www.pharmacycouncil.org.nz/public-register) for the status of any new employee and/or locum and all employees at APC renewal time.

Congratulations!!

New registrations

Congratulations to the following newly registered pharmacists (both BPharm graduates and previously registered overseas trained pharmacists) who successfully completed the requirements for registration in June 2016.

Hesham Abou-Rabiah	Wei Jong	Nancy Nasef
Paige Allen	Teel Kaiaruna	Stephanie Newall
Deema Alusi	Avis Kao	Stephanie Powzun
Martina Aprim	Narae Kim	Bailee Ellen Riddick
Regan Bakker-Connell	Shaneel Kumar	Rachel Lee Sarten
Karen Chen	Jan Kun	Michael Seong
Jackie Chun	Susan Lim	Lexie Sim
Taryn Hart	Tommy Lin	Yitao Song
William Ho	Olivia Lloyd	Rebecca Todd
Jenny Hsu	Kadyn Lowe	Ming Tu
Iris Huang	Bellina Lu	Lei Xia
Tung Huynh	Jeremy Ly	Davance Yu
Robin Iskander	Delan Mahlagwai	Simon Zhou

Welcome and well done – we look forward to engaging with you on your life long learning journey in your chosen profession.

Continuing education activities – do they have to be accredited?

Council has become aware that there may be some confusion about accreditation of the activities you record in ENHANCE.

The continuing education you elect to complete and record on ENHANCE for the purpose of recertification does not have to be accredited or preapproved; however you must select learning activities that comply with Council's [Recertification Framework](#) and the ENHANCE guidelines.

Each pharmacist must ensure their professional learning is:

- relevant to their own practice of pharmacy
- at an appropriate quality and level of learning, and
- from reputable providers.

The Society's ENHANCE team is able to assist pharmacists with determining the types of activities that are likely to provide the appropriate level and quality for your professional development. If you are unsure whether the activity you intend to complete meets Council requirements, please contact the [ENHANCE team](#).

You may calculate the points you allocate to an activity by following the points allocation guidelines that are provided in the ENHANCE programme.

Council does not support accreditation of whole organisations to provide continuing education.

Life Long Learning in Pharmacy Conference 2016

Pam Duncan, Council's Professional Standards Advisor, attended the Life Long Learning in Pharmacy (LLLP) Conference in July 2016. The conference was well attended with 140 pharmacy educators and practitioners from 16 countries. Conference sessions offered many opportunities to discuss the future of pharmacy, new concepts and tools in pharmacy education and teaching skills for new roles for pharmacists.

This was a fantastic opportunity to collaborate and share learning around advancing pharmacy practice through continuing education and continuous professional development.

Ten dedicated pharmacists from a variety of differing pharmacy backgrounds from New Zealand attended the conference. We will all ultimately benefit from the collaboration and networking opportunities facilitated by the LLLP conference as the shared learnings are implemented into pharmacy education and practice.



A quick snapshot of some learning points to share:

- Interprofessional learning opportunities
- Leadership forums for pharmacists
- Career pathway development for pharmacists
- Professional development portfolios
- Pharmacists in General Practice – clinical support mechanisms
- Access to patient healthcare notes

Pam looks forward to discussing aspects of conference presentations in further detail with the profession.

"I had an amazing opportunity to meet with our colleagues from many countries and learn from their experiences. I was excited to hear about the roles of pharmacists in other countries and how the pharmacy profession is evolving internationally. My conference learnings will be of great benefit as we embrace and implement the Pharmacy Action Plan. I will be sharing my learnings through a number of presentations, stakeholder forums and collaborative opportunities with other regulatory authorities."

Pam Duncan

Summary of decision of the Health Practitioners Disciplinary Tribunal for publication – Mr Terence Osborne – Phar 16/346P

At a hearing on 2 June 2016 in Auckland, the Health Practitioners Disciplinary Tribunal considered a charge laid by the Professional Conduct Committee appointed by the Pharmacy Council of New Zealand, against Mr Terence Osborne, pharmacist of Auckland (the Pharmacist).

The particulars of the charge are that the Pharmacist was convicted of one representative charge of dishonestly using a document, which reflects adversely on his fitness to practise.

The fraud was quantified at \$155,648 by the District Court and involved the Pharmacist, through his three pharmacies, claiming to have dispensed over 61,000 tablets more than were physically purchased from their wholesalers. This occurred as a result of recycling returned medicines and claiming for medicines that were never dispensed, or substituting generic versions for more expensive brands.

The hearing proceeded on the basis of formal documents produced at the hearing. The Pharmacist gave evidence, largely in mitigation. The Tribunal found the charge was established.

The Tribunal censured the Pharmacist; suspended him from practising as a pharmacist for 12 months and imposed conditions on resumption of practice. The Pharmacist was ordered to pay 35 percent of the costs of the Professional Conduct Committee and the Tribunal, and the Tribunal directed publication of its decision and a summary.

The full decision of the Tribunal can be viewed at: [Osborne](#)