



Further changes to the Pharmacy Council membership

In February this year the Minister of Health, Hon Tony Ryall, re-appointed Carolyn Oakley-Brown (Chair) and Keith Crump as pharmacist members of the Council.

Darryn Russell, lay member of the Council since 2004 has completed two terms and was not re-appointed. During his tenure with the Council, Mr Russell, who is Director of Māori Development at the University of Otago, was instrumental in leading the development and implementation of the Māori Health Strategy for the Pharmacy Profession, as well as leading work on cultural competencies. The Council expresses its sincere thanks to Darryn for his enormous contribution to the profession and the public over this time.

Dr Te Kani Kingi was appointed as a new lay member to the Council. Dr Kingi is the Director of Te Mata o Te Tau, the Academy for Māori Research and Scholarship at Massey University, Wellington. He is a current member of the National Health Committee and the Chair of the Advisory Board of the Mental Health Commission. Until recently he was a member of the National Ethics Advisory Committee.



Carolyn Oakley-Brown (Chair)



Dr Te Kani Kingi

The Pharmacy Council of New Zealand has been established under the Health Practitioners Competence Assurance Act 2003 and has a duty to protect the public and promote good pharmacist practice.

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The current members of the Pharmacy Council are:

Carolyn Oakley-Brown BPharm MNZCP, RegPharmNZ (**Chair**)
Community pharmacist, Christchurch.

Jo Mickleson BPharm, DipMgmt, RegPharmNZ (**Deputy Chair**)
Community pharmacist, Nelson.

Professor John Shaw BSc, Dip ClinPharm, PhD, FNZCP, FRPharmS, FPS, RegPharmNZ
Head of the School of Pharmacy at the University of Auckland.

Dr Andrew Bary PhD, BPharm (Hons), FNZCP, MPS, RegPharmNZ
Community pharmacist, Queenstown.

Keith Crump MPharm, RegPharmNZ
Primary care, DHB and mental health pharmacist, Auckland.

Mark Bedford DipPharm, AFNZIM, RegPharmNZ
Community pharmacist, Mt Maunganui.

Robynne Nicoll
Lay member, Ashburton.

Dr Te Kani Kingi PhD, MSocSc, PGDIPMDev,
Lay member, Wellington.



2009 Annual Report

The Pharmacy Council 2009 Annual report is now available. This report contains information on Council activities and finances. It can be downloaded from our website: www.pharmacycouncil.org.nz/annual_reports or you can request a hard copy by contacting us on 04 495 0330 or email enquiries@pharmacycouncil.org.nz

At a glance – comparisons between 2008 and 2009 Annual Reports

- Number of Pharmacists holding practising certificates increased by 3.3%
- Number of non-practising pharmacists remains stable
- Recertification audit numbers doubled

- Recertification audit results similar with 95% compliance with CPD requirements
- Competence referrals to Council increased slightly from 2008
- Numbers of pharmacists referred to Health committee are stable
- Complaints received about pharmacists increased by 50% (from 41 to 63)
- Professional Conduct Committee investigations increased by 70% (from 11 to 19)
- Annual Practising Certificate fees – remain same for all practitioners since 2005 – Pharmacists (\$495) and Intern Pharmacists (\$365)



Code of Ethics Review

One of the functions of the Pharmacy Council under section 118 of the HPCA Act is to set standards of clinical competence, cultural competence, and ethical conduct for the profession. Regular reviews to ensure obsolete provisions are removed and new initiatives that arise are adequately addressed are appropriate, particularly in light of the many changes pharmacists and patients are experiencing within the health system.

The Code of Ethics was originally written in 2001 by the Pharmaceutical Society to cover professional and practice obligations for both

pharmacists and pharmacies. In 2004 the Code was adopted by the Council with minimal change. In 2006 a review was done of the list of Acts and Regulations and Codes of Practice associated with the Code but nothing more was addressed at that time. Now, in 2010 Council will commence a review of the Code of Ethics. There will be extensive consultation on the revised Code and opportunity to comment before it is adopted by Council.



Cultural Competence Update

Council apologises to those who have made contact recently asking 'what can we do next' in terms of activities and learning around cultural competence. For a number of reasons, the working party had to delay their first meeting for 2010, but is now working on finalising the learning

outcomes reflective of the revised Competence Standard 1 and will distribute the new Standard, the learning outcomes and a list of course providers in the very near future. WATCH THIS SPACE!



STOP PRESS

The Pharmacy Council has recently begun a review of the current recertification framework. As a result of this, the 2010 recertification audit will now be held later this year (over July and August) rather than in April. We will keep pharmacists informed of further details on the outcome of the review in the next Council newsletter.



Oxycodone products (Oxynorm® and Oxycontin®)

The Pre-registration Assessment Board (PRAB) recently discussed the performance of intern pharmacists at the Assessment Centre held in early November.

The performance of Interns is assessed by scenarios called Objective Structured Clinical Examination (OSCE). They are presented with a situation that reflects real practice to demonstrate their competence by dealing with the situation appropriately. The overall performance for one particular scenario was poor, with nearly half the interns failing to complete it safely. PRAB agreed that in the interest of public safety, Council should publish the details of this scenario, as it has relevance for all pharmacists. As the details of the scenario are being made public it cannot be used again.

The interns were presented with a prescription for 'Oxycontin® tablets 5mg every 4 hours for pain'. For the performance to be deemed acceptable, the intern had to verify with the prescriber that Oxynorm® capsules was the formulation required, annotate the necessary changes

to the prescription and counsel the patient on the use of the medicine. That so many interns dispensed the prescription as written is of concern to PRAB and the Pharmacy Council. The continuous release Oxycontin® preparation would not have given the patient immediate pain relief, and some patients may therefore have taken a further dose not realising that the plasma concentration of the drug was accumulating over time.

This scenario was developed in light of the number of pharmacists' errors reported to the Pharmacy Defence Association (PDA) involving oxycodone products (Oxynorm® and Oxycontin®). Some resulted in adverse effects for the patient.

PRAB have reported this scenario so that all pharmacists are aware of the errors that have happened with oxycodone products and ask that you review your procedures to minimise this risk. With all such look alike/sound alike names and formulations, it is important that when assessing the prescription, you determine that the dose instructions are appropriate for the formulation prescribed. If in doubt, contact the prescriber for clarification.



'Pharmacist Prescriber' – New Scope of Practice

In the December 2009 Newsletter, Council reported on progress on the New Scope of Practice. The article particularly highlighted some specifics of the Council hosted cross sector and key health leaders meeting held in Wellington in November 2009 and you can read a full report of this very worthwhile meeting on the Pharmacy Council website – see this page: www.pharmacycouncil.org.nz/whats_new

In late April 2010 the Council appointed Competence Advisory Group (CAG) will meet to ratify the competence, qualification and recertification

requirements for this scope and these will be consulted on widely in June. The Council intends to submit an application for designated prescriber status for Pharmacists to the Ministry of Health in August 2010. In the meantime monthly updates on progress will be available in *Pharmacy Today* from May onwards.

You are welcome to contact Sandy Bhawan, Competence Projects Developer, for any further information regarding this scope via e-mail s.bhawan@pharmacycouncil.org.nz



PRACTICE ISSUES



Designated Prescribers: Optometrists

The Optometrists and Dispensing Opticians Board have advised Council that they often handle queries from pharmacists asking if a particular optometrist can prescribe certain medicines. Optometrists may prescribe an optometric medicine if he or she meets certain requirements in accordance with the Medicines (Designated Prescriber: Optometrists) Regulations 2005.

To determine whether an optometrist is able to prescribe, check on the Optometrists and Dispensing Opticians Board website www.dispensingopticiansboard.org.nz/default.aspx

The words **Optometrist (TPA endorsement)** will show as their scope of practice.

The list of medicines TPA endorsed optometrists can prescribe is found either in the Brookers Customised Legislation blue booklet or on: www.legislation.govt.nz/regulation/public/2005/0256/latest/DLM348621.html?search=ts_regulation_designated+prescriber_rese&p=1



Supply of Medicines over the Internet

Council continues to field queries and complaints regarding the supply of medicines via the internet. Although supply may not be illegal, pharmacists are reminded that there are professional and ethical obligations that apply to online pharmacy services which extend beyond the minimum legal requirements. These obligations include not dispensing prescription medicines for overseas consumers pursuant to prescriptions ordered by overseas prescribers, **whether or not** they have been countersigned by New Zealand registered prescribers.

The Medical Council *Statement on the use of the Internet* clearly advises doctors that under the Medicines Act it is illegal to prescribe medicines for patients unless the patient has had a face-to-face consultation with the doctor, or another medical practitioner who can verify physical data and patient identity. Doctors should only prescribe for patients under their care in circumstances where they have previously seen or examined the patient and in cases where the doctor is confident that a physical

examination would not add critical information about the management of the patient.

Internationally, many jurisdictions are dealing with similar issues regarding internet supply of medicines. A Canadian pharmacist was recently de-registered for dispensing prescription medicines supplied from a business in the Bahamas to patients in the United States; allowing dispensed medicines to be shipped through other countries before entering the US, which concealed the source from consumers, and for allowing his pharmacy's name to appear on prescription labels of the medicines which gave the appearance they were dispensed in Canada.

Pharmacists are also advised that the classification of many medicines may differ overseas and in such cases pharmacists who provide these medicines may be unknowingly assisting in the commission of an offence against the legal requirements of another country.

Patient Counselling

A recent complaint from a member of the public brought to light the lack of counselling some patients receive from pharmacists. The patient commented that 'I was handed a bag with all (6) items and was told that the precautions would be on the labels/boxes – they weren't'. Understandably, the patient then turned to the internet as a replacement source of information and naturally came to a much more ominous conclusion about the effects and adverse effects of their medication.

Counselling should be undertaken to ensure

- understanding of medication is improved
- advice from primary healthcare team is reinforced
- there is improved treatment due to increased safety/compliance

The level of counselling should be determined from a patient's needs. For example:

- Patients most at need should be given most attention
- Those who are sight impaired or have poor understanding of English should always be automatically offered advice on their medicines
- Patients should be offered advice at certain intervals if they are, for example, asthmatic or taking four or more prescribed medicines
- Patients using medicines with special storage conditions or with significant side-effects which might cause concern or reduce compliance should always receive sufficient information at time of collection (verbal and written) to ensure no further queries later

Even if your dispensing records indicate a patient has received the same medication many times, it still provides an opportunity to check that all is well and they have no unanswered concerns.

"Neither a borrower, nor a lender be . . ."

This saying from *Hamlet* by William Shakespeare has, to a large extent, been historically ignored in pharmacy when pharmacists have cooperatively endeavoured to ensure a continuous supply of medication for a patient by lending stock to the pharmacy 'down the road'. However in the brave new world of audits and contracts and SOPs, it is important that the lender, the borrower and, most importantly, the patient are protected by clear, robust procedures around borrowing and lending. Dispensing against a label proffered by a patient from another pharmacy is clearly not acceptable. You are relying on the interpretation of an unseen prescription by someone else, just as they are relying on you to dispense the correct medication without doing a final check. And it is the patient who is potentially at risk.

As a pharmacist, your professional responsibilities include assessing the prescription to ensure that the dose and form are appropriate for the individual and that the prescription is appropriate according to the individual's condition, age, weight, medication history etc. None of this can be done against a label, so perhaps Shakespeare still has a valid point to make in some instances.



Health Practitioners Disciplinary Tribunal Decisions

Mr S, Pharmacist, 260/Phar09/126P

Mr S was convicted in the District Court on eight charges of theft of a prescription medicine. Subsequently, a charge was brought before the Health Practitioners Disciplinary Tribunal (the Tribunal) that the convictions, either separately or cumulatively, reflected adversely on Mr S's fitness to practise.

The Tribunal noted that the offences of which Mr S was convicted were serious ones. While it was acknowledged that at the relevant time Mr S was beset by mental health issues, the Tribunal found that the conduct which resulted in the convictions was a serious departure from the standards expected of a pharmacist and reflected adversely on Mr S's fitness to practise as a pharmacist, particularly as the convictions arose in his role as a pharmacist while employed at the pharmacy.

In relation to penalty, the Tribunal observed that Mr S had taken positive and constructive rehabilitative steps. The Tribunal determined not to impose a period of suspension, having regard to significant mitigating factors. It did, however, impose conditions on Mr S's practice. For example, Mr S was required to undertake cognitive behavioural therapy and to report to the Pharmacy Council's Health Committee for assessment. Mr S was also required to engage with a mentor and develop networks with other members of the profession. The Tribunal also censured Mr S, and ordered him to contribute a total of \$6,000 towards the Tribunal and Committee's costs.

Intern pharmacist disciplined

Mr G, intern pharmacist, 285/Phar09/135P

Mr G was convicted in the District Court for theft of cash and products valued at \$1,200 while employed at his intern training site. On detection of the theft Mr G was dismissed from his employment and his participation in the EVOLVE intern programme was terminated. Mr G admitted that the conviction reflected adversely on his fitness to practise and the Tribunal agreed that the charge was established.

The Tribunal stated that a conviction for theft as an employee is regarded as unacceptable behaviour and that there needs to be a message given

to young (and old) pharmacists that this behaviour will not be tolerated. The Tribunal determined that, notwithstanding the extremely serious nature of the matter, Mr G was worthy of one further opportunity to be rehabilitated.

The Tribunal ordered a six month suspension period, a censure, costs of \$10,000 and ordered that once the period of suspension finishes, a number of conditions are to be imposed. These conditions were: the completion of a full 12 month EVOLVE programme; that prior to undertaking the final assessment he be required to demonstrate the competence expected of a Bachelor of Pharmacy graduate by way of an examination set by the Council; that he undertakes an ethics course approved by the Council; and following his registration as a pharmacist he is not to manage or be in sole charge of a pharmacy for 12 months.

Discipline costs

A discipline levy, included in the APC fee, funds discipline hearings for pharmacists before the Health Practitioners Discipline Tribunal. The Tribunal is an independent statutory body hearing cases for all health practitioners registered under the HPCAA. Since the inception of the Pharmacy Council on 18 September 2004 twelve cases involving pharmacists have been heard before the Tribunal. One charge was brought by the Director of Proceedings for a case referred by the Health and Disability Commissioner involving a dispensing error. All other cases were brought by a Council appointed Professional Conduct Committee.

Six cases were the result of convictions and resulted in a finding that the conviction had reflected adversely on the pharmacist's fitness to practice. These have included convictions for fraudulent claiming and for theft. Five cases resulted in a finding of professional misconduct. Charges of professional misconduct that is likely to have brought discredit to the profession have included negligence and malpractice, fraudulent claiming, sale of prescription medicines via the internet and inappropriate conduct.

Each year the Council reports against complaints and discipline cases in the annual report.



Consequences of late or non-renewal of Annual Practising Certificates (APC)

Pharmacists who submit late APC applications, or who fail to apply for an APC when continuing to practise, may be investigated by a Professional Conduct Committee (PCC). Reminder letters are sent to pharmacists in April of each year and if no response is received names are published in the Council Newsletter.

In 2009 a pharmacist who had practised without holding a current APC for two and a half months (that is, he practised illegally) was referred to a PCC. It was not the first time that the pharmacist had worked without an APC.

The PCC expressed grave concerns that the pharmacist appeared to lack any understanding of the seriousness of non-compliance with his obligations under the Act. The Council upheld the recommendation of the

PCC and the pharmacist received face-to-face counselling regarding his obligations to hold a practising certificate and the seriousness of his failure. The pharmacist was informed that any future oversight in the renewal of his APC (and resultant practising without an APC) may result in a charge being laid before the Health Practitioners Disciplinary Tribunal (HDPT).

A recent decision by the HPDT concerning a psychologist who had practised while failing to renew an APC for three years indicates the importance of complying with the requirement to hold a current APC. The psychologist was censured by the Tribunal and was also ordered to pay a fine and a percentage of the costs incurred.

Have you changed your address?

At this time of year we receive a number of calls from pharmacists asking for an APC renewal form... more often than not we discover that the address on our register is out of date, as the pharmacist has not informed us of a change of address.

It is your legal obligation to advise the Pharmacy Council of changes to your postal, residential and work addresses. You can now let us know of these changes on-line by accessing the 'pharmacists' page on our website at www.pharmacycouncil.org.nz/whats_new

Have you misplaced any cash?

A sum of money has been posted to the Pharmacy Council in one of our 'reply paid' envelopes. The money is not likely to be for an APC fee as it is not \$495. Unfortunately there was nothing in the envelope that gave

any clues as to where the money came from so we have been unable to trace the owner. If you, or any one of your staff, has inadvertently sent this to us, please contact Caroline by phoning 04 495 0330.

Annual Practising Certificate Renewal and Retention on the Non Practising Register

APC renewal forms were posted to all pharmacists in the last week of January and it is really pleasing to see that the majority were completed and returned before the expiry date of 31st March 2010.

A small number of pharmacists have not yet renewed their APC and we would like to remind you that practising without an APC is illegal. If you are found to be practising without an APC you will be referred to a Professional Conduct Committee for consideration of disciplinary charges.

If you have not received your renewal form, you can download a copy from our website – see this link: www.pharmacycouncil.org.nz/whats_new

APC's and register retention applications are processed very quickly so if you have not received your APC or receipt of payment for register retention within 2-3 weeks of having sent your application, please contact our Registrations Officer David Priest at d.priest@pharmacycouncil.org.nz

Please note that we do not accept faxed applications for an Annual Practising Certificate, however, if you are overseas and applying to retain your name on the Non Practising Register, a faxed copy is acceptable.

Key Office Contacts

Registrations enquiries

David Priest
Telephone 04 495 0333
Email d.priest@pharmacycouncil.org.nz

Practice issues

Barbara Moore
Professional Standards Advisor
Telephone 04 495 0338
Email b.moore@pharmacycouncil.org.nz

Recertification assistance

Sue Thompson
Competence Policy Coordinator
Telephone 04 495 0901
Email s.thompson@pharmacycouncil.org.nz

Complaints/public safety issues

Jenny Ragg
Deputy Registrar
Telephone 04 495 0334
Email j.ragg@pharmacycouncil.org.nz