



Nearly One Year In

It is hard for us to believe that the Pharmacy Council has now been operating for nearly one year. In our last Newsletter I outlined some of the new procedures we have put in place to meet the demands of the HPCA Act. This issue informs you of some recent achievements and also some new strategic work that the Council is embarking upon.

New English Language Requirements

You will see that new English Language requirements have been set for registration of pharmacists. It was timely for the Council to re-visit the English requirements that had previously been set by the old Society, as the demographics of New Zealand pharmacy students have changed considerably. Consistency throughout the New Zealand health professions was also a consideration. While our new graduates come from a

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STOP PRESS

Seeking Nominations for Appointments to the Pharmacy Council

Do you want to contribute further to the profession of pharmacy? Are you interested in becoming a Councillor?

The Minister of Health is seeking nominations from practising registered pharmacists for appointment to the Pharmacy Council. The Council has been asked to put forward nominations to the Minister.

Any potential Council appointee must have a thorough understanding of, and commitment to, the Health Practitioners Competence Assurance Act 2003, and be a role model within the pharmacy profession with a demonstrated commitment to public safety.

To balance the composition of the current Council, at least one new appointee must be currently practising as a community pharmacist.

Other generic skills for a Council appointee will usually include:

- A wide perspective on, and awareness of, cultural, social, health and strategic issues
- Integrity and a strong sense of ethics
- Strong reasoning skills and an ability to actively engage with others in making decisions
- Knowledge of a Council member's responsibilities, including an ability to distinguish governance from management and an understanding of collective responsibility
- Excellent written and oral communication skills
- An ability to contribute constructively and knowledgeably to Council discussions and debates
- An understanding of competence assessment and standards and their relevance to health practitioners
- A commitment to life-long learning
- Demonstrated leadership skills within the profession and / or community

Other governance experience is desirable but not essential.

If you are interested in contributing to the profession in this way please contact the Council for further information and an application form. Council meets five times a year in Wellington, and is dedicated to the safe, modern practice of pharmacy.

The closing date for applications to the Ministry is 9 September 2005. If you are interested, please contact us urgently. Expressions of interest can be emailed to enquiries@pharmacycouncil.org.nz

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.

IN THIS EDITION

- Nominations sought for Council replacement for Robert Fleming
- Safe practice tips
- Registered pharmacist designation
- Recertification requirements – get prepared for 2006
- Revised English language policy



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Nearly One Year In *(cont...)*

variety of ethnic backgrounds, most of these students have been born in New Zealand or have had considerable life experience using English as their main language. The new policies will allow these students to provide evidence from the workplace (including pharmacists who have been their supervisors during “externships” in pharmacies), employers and School of Pharmacy staff. Recent international research has shown that assessment of communication by professional colleagues is valid and may be more reliable than academic testing such as the IELTS test. There are measures in place for pharmacists to notify the Council of any poor communication by intern pharmacists, and the Council thanks you in advance for your assistance in this.

Reciprocity with the United Kingdom

The Council has been working hard behind the scenes to attempt to persuade the Royal Pharmaceutical Society of Great Britain (RPSGB) to implement a different route for registration since the reciprocity agreement cancellation notice. The Council believes that the proposed two-year route for registration for New Zealand pharmacists is onerous, unnecessary, and not in line with other competence-based registration pathways both within the United Kingdom and overseas. The Council wrote to the RPSGB in June asking for comments to be tabled at the Privy Council, which is a requirement for law changes made by the RPSGB. The response from the RPSGB is that the currently advised arrangements will not change at present, although there is a small window of opportunity that we will take regarding the development of a competence-based route for the future. The Council believes that this overall decision of the RPSGB is short-sighted and has the potential to decrease innovation in the New Zealand pharmacy sector by decreasing the flow of pharmacists between the two countries. We are, however, in constructive communication with the Pharmaceutical Society of Ireland, who is yet to announce plans for recognition of New Zealand pharmacists from 2006 onwards.

Pharmacy Workforce Report

The Council has recently completed a report of the pharmacy workforce based on the information given by pharmacists in the 2005/6 Annual Practising Certificate renewals. The full report is available on our website. Our new procedures have allowed us to develop the most detailed analysis of the workforce to date, and this will be an ongoing function enabling Council to identify changes in the workforce and influence policy makers.

Return to practice analysis

Since the introduction of new return to practice requirements for pharmacists, 43 pharmacists have returned to the practising register since September 2004. Of these, 28 have not required any supervision conditions (having practised within the previous three years), 11 have completed one month's supervision and four have completed the required three months' supervision. The 15 who have completed supervision conditions have also passed an assessment of their law and ethics knowledge and communication skills. We are confident that the procedures are meeting the mandate of ensuring safe practice in the profession. All currently non-practising pharmacists have been sent details of the new requirements for return to practice by mail and the information is available on our website.

Competence Standards for medicines management

Finally, this month sees the Council embarking on a new project to set and identify competence standards for pharmacists undertaking medicines management services. A working group from pharmacy organisations will meet shortly to begin this project, and their draft findings will be distributed to pharmacists early in 2006. If you would like to be included in the consultation round of this project, please contact Sandy Bhawan here at the Council (email to s.bhawan@pharmacycouncil.org.nz).

Bronwyn Clark, GENERAL MANAGER AND REGISTRAR

Robert Fleming departs from the Pharmacy Council.



It is with sadness that we announce that Robert Fleming has tendered his resignation from the Council. Robert has held a governance role in the pharmacy profession since he was first elected as a Councillor of the Pharmaceutical Society in 1998, having previously been the Canterbury Branch President from 1992–1995. He was subsequently appointed to the Pharmacy Council in December 2003 and continued to serve on both Councils until the latest election for PSNZ (Inc). Until late 2004 he was the proprietor of Belfast Pharmacy in Christchurch.

Robert is taking a break from New Zealand and is moving to Ireland in October to take up a community pharmacist position in Dublin. Robert has made an enormous contribution to the profession in this time. He chaired the PSNZ Complaints Assessment Committee as well as the Council Professional Conduct Committee and his quiet, thoughtful disposition and wise advice from his practical community pharmacy experience will be sorely missed. We wish Robert well in his Irish excursion and look forward to his return to New Zealand pharmacy in the near future.

Physical Check in Extemporaneous Preparations – Does it Look Right?

A case of medical error involving a 15-fold overdose of phenobarbitone solution to a seven day-old infant (who suffered a complete collapse of the left lung) serves as a reminder to pharmacists to double check the calibration of electronic scales.

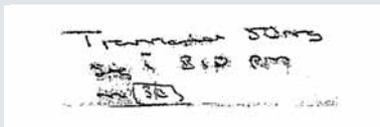
In the case investigated by the Medical Misadventure Unit of ACC, the calculations for the oral mixture were correctly made by the intern pharmacist and the prepared solution finally checked by the supervising pharmacist. However, an all-important visual check of the actual weighed quantity of phenobarbitone powder was not made. The pharmacy had experienced an apparent power surge which was not taken into account when calibrating the scales.

As all experienced pharmacists are aware, an “eyeball” check that the quantity of the substance being measured looks approximately right can sometimes detect an obvious mistake, and certainly, in this case, is likely to have detected the inconsistent amount of phenobarbitone powder.

Lessons to Learn from Dispensing Error

The Council would like to draw to pharmacists’ attention the lessons that may be learned from a recent dispensing error reported to the Health and Disability Commissioner.

The case involved the pharmacist incorrectly dispensing Hybloc® for a prescription that was written for Tramadol, but misread as Trandate. The prescription was for a patient discharged from a private hospital on the weekend and presented to a busy pharmacy with a sole pharmacist on duty by the patient’s partner.



The error highlights important aspects of handwritten hospital prescriptions, in particular:

- The importance of contacting the prescriber if it is not absolutely clear what the doctor had prescribed. If the prescriber is unavailable at the hospital, the medical notes can often be accessed by other staff or from the patient’s ward/department in order to clarify the prescription, or the prescriber’s private phone number may be given out in such situations.
- For all new medicines especially, verification with the patient or their caregiver that the medicine being dispensed is what they are expecting to receive. (See Pharmacy Council May 2005 Newsletter Safe Practice Tips: Counselling – the Key to Minimising Dispensing Errors When Working Alone)
- Gaining approval to dispense a different brand from the medicine prescribed.
- Extra care when working as sole pharmacist, especially with managing the pressure of waiting prescriptions, checking your work carefully and taking time to counsel patients.

- A cognitive process (“thinking like a pharmacist”) which ascertains the appropriateness of the medicine for the patient, given the circumstances.

In this case, Tramadol had been prescribed as “1 bid prn”. These directions are common for pain relief medicines, but uncommon for antihypertensive medicines which are not usually taken “when required”. The patient took two doses of the wrong medicine before the error was realised, suffered unpleasant side-effects and the following day still had not had any relief from his severe pain.

In many parts of the country, arrangements are in place or are being made for hospital discharge letters to be faxed through to the pharmacy to assist with timely preparation of the discharge prescriptions. This facility is especially helpful for patients who have had several changes to a complex regimen; however even prescriptions for a single medicine warrant close attention and care, as in this case.

Patient Rights

A recent complaint received by the Council highlighted the issue of patient rights. The patient, a woman visiting a community pharmacy to collect a repeat for a long-standing prescription, was made to feel very embarrassed in front of other people who were also waiting in the pharmacy. A pharmacist approached the patient and asked bluntly, in front of other people waiting, “Why are you taking these medicines?”

The medicines in question had been prescribed for very personal reasons. The insensitive manner in which the pharmacist dealt with the patient upset and confused her and made her feel that her privacy had been breached. Her reply to the pharmacist was that the prescription was a matter between herself and her doctor. The patient felt at the time that the medicine would have been withheld if she had not answered the pharmacist’s question. Fortunately another pharmacist took the patient aside and reassured them that the repeat would be dispensed and apologised for the rudeness. Because of this remedial action taken by the other pharmacist the woman does not wish to make a formal complaint to the Health and Disability Commissioner. The patient asked the Council whether a pharmacist had the right to ask why a medicine was being taken, and also if a pharmacist could exercise a moral right to refuse to dispense a medicine that they did not agree with.

Pharmacists may question a person about their prescription if they have reasonable grounds to consider that there may be an error, omission, irregularity or ambiguity or it is not legitimate, or could be detrimental to a person’s health. In such cases the pharmacist must confer with the prescriber to confirm the prescription (Code of Ethics Obligation 3.10). Any clarification sought from the patient must be done in a professional, sensitive manner with due regard for the patient’s privacy.

Pharmacists are reminded of their obligations under the Code of Health and Disability Services Consumers’ Rights, the following of which are relevant to this situation:

Right 1: Right to be treated with respect

- 1) Every consumer has the right to be treated with respect.
- 2) Every consumer has the right to have his or her privacy respected.

(cont...)



Safe Practice Tips (cont...)

3) Every consumer has the right to be provided with services that take into account the needs, values, and beliefs of different cultural, religious, social, and ethnic groups, including the needs, values, and beliefs of Māori.

Right 2: Right to freedom from discrimination, coercion, harassment, and exploitation

Every consumer has the right to be free from discrimination, coercion, harassment, and sexual, financial or other exploitation.

Right 3: Right to dignity and independence

Every consumer has the right to have services provided in a manner that respects the dignity and independence of the individual.

The Pharmacy Council of NZ Code of Ethics **Obligation 2.5** states that “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”. A pharmacist may not therefore allow their personal views to adversely affect their professional interactions with patients. **Obligation 10.1** Compassion for patients is relevant also. This obligation states “the pharmacist must demonstrate a caring, empathetic attitude towards the patient...”

Know your Limitations

A possible breach of the Pharmacy Council of NZ’s Code of Ethics was recently brought to our attention. The situation involved a male pharmacist who was asked by a female customer about the benefits and risks of HRT.

The pharmacist said that he didn’t know anything about this topic, and referred the customer to his wife, not a health professional, who related her own experience of menopause.

The customer had expected to be able to consult an independent professional to help inform her own decision making. She was naturally concerned and surprised that she had been referred to an untrained person.

This situation raises two important issues: the competence of the pharmacist in question and the lack of professionalism.

It is important to be aware of the limits of your knowledge when providing advice. If you are not sure of the subject matter, or are aware that your knowledge is out of date, you are required by the Pharmacy Council of NZ Code of Ethics Obligation 9.4 to refer a patient in your 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.

The pharmacist in question could have reflected on his practice and used his lack of up-to-date knowledge of HRT as a trigger for Continuing Professional Development (CPD). From 2006, in order to qualify for an Annual Practising Certificate, it will be mandatory for all pharmacists to be participating in an accredited CPD programme. Contact Liz Johnstone at PSNZ (Inc) for more information about the ENHANCE CPD programme (e.johnstone@psnz.org.nz)



Registered Pharmacist Designation

Thanks to all pharmacists who faxed back their preferred designation.

The Council considered the options and the opinions expressed by pharmacists, and agreed that the designation:

RegPharmNZ

would be adopted to show that pharmacists are registered with the Pharmacy Council of NZ.

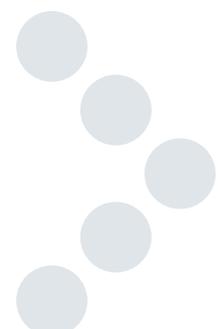
The public are generally advised to seek the services of a registered health professional, so it was deemed important to include “reg” to show this. Using the title “pharm” clearly distinguishes pharmacists from the other “p” professions e.g. physiotherapy, physician. Most pharmacists wanted “NZ” in the designation – this makes our designation unique to this country.

Pharmacists may use the designation RegPharmNZ when advertising their services, for example, or on a name badge. This is how the new name could be used:

Mary Smith B.Pharm MPS RegPharmNZ

Under the HPCA Act s 7 (1) a person may only use abbreviations, names or titles, etc stating or implying that they are a health practitioner of a particular kind (pharmacists, in this case) if that person is registered. Therefore, all registered pharmacists, both practising and non-practising, may use the new designation. However if you are on the non-practising register you are not eligible for a current Annual Practising Certificate (APC) therefore you may not claim to be practising or imply that you are practising (HPCA Act s.7 (2)). The Council suggests that registered practising pharmacists display their APC to allow this recognition by the public and other health practitioners.

Please note it is not mandatory to use this designation.





Recertification Requirements - Get Prepared for 2006

From 2006 the issue of an APC each year will not be automatic upon payment of fees.

Each year (starting 2006), when applying for an APC, every practising pharmacist is required to make a declaration of their competence to practise within the competence standards that apply to their current practice in the pharmacist scope of practice. In addition to the declaration, the Council requires that practising pharmacists:

- 1 Undertake Continuing Professional Development (CPD) to accumulate a minimum of 12 Outcome Credits in a three year period and achieve a minimum of 4 Outcome Credits in the first year of participating in an accredited recertification programme

OR

- 2 Undertake CPD to accumulate 5 Outcome Credits in the first year of participating in an accredited recertification programme if the pharmacist has returned to practice after more than one year since they last practised as a pharmacist in New Zealand to accumulate at least 12 outcome credits over a three year period.

The requirements are to be met irrespective of hours of practice or breaks in practice.

You must be participating in an accredited recertification programme b/y March 2006 in order to meet the requirements for an APC for 2006/7.

Currently, the only Council-accredited recertification programme is ENHANCE which is provided by PSNZ (Inc). To gain accreditation, PSNZ (Inc) agreed to make ENHANCE available to both Society members and non-members, and to provide a basic "folder-only" version at a reduced cost (set by PSNZ (Inc) at \$50+GST) for those pharmacists not wanting full training and support. Full details are available from the Society on phone (04) 802 0030 or by e-mailing Liz Johnstone at e.johnstone@psnz.org.nz

The Council is very interested in talking to other education providers or pharmacy interest groups wishing to apply for accreditation of alternative recertification programmes.



Revised English Language Policy

The Council is grateful for the profession's response to the survey sent out to preceptors and other stakeholders earlier in the year. The English language requirements policy for both New Zealand B.Pharm graduates and for overseas pharmacists wishing to practise in NZ has been revised in the light of the suggestions and comments received, and to align more closely with the other regulatory health boards' requirements.

NZ B.Pharm Graduates

The revised policy centres on whether or not the graduate learned English as a first language. The Council will not require candidates to pass an English test or provide other evidence of English proficiency if they learned and speak English as a first language. However all graduates must sign a declaration agreeing that if a preceptor, other healthcare professional or member of the public finds that they are not communicating effectively in English, they will accept the decision of the Pharmacy Council as to their eligibility to practise in New Zealand.

Pharmacy students wishing to enrol in PSNZ's Preregistration Programme who have not learned English as a first language have a choice of either sitting an IELTS test or providing the names of two referees who can testify to their English proficiency. The IELTS certificate requirements have been changed to a minimum overall level 7.5 in the Academic category and with no less than 7 in each band, issued no more than two years prior to the application. Results from previous tests obtained within one year of a subsequent test will be deemed acceptable if the applicant does not

achieve all of the required test results at one sitting. The two referees must have learned and speak English as a first language; one must be an extern preceptor and the other may be a Pharmacy School academic staff member or a previous employer, who can testify using Council-approved forms that the candidate can communicate effectively in English, both orally and in writing, with their student peers, academic staff, professional colleagues, other healthcare practitioners, patients and members of the New Zealand public.

Non-reciprocal Overseas Pharmacists

Non-reciprocal overseas pharmacists now have a choice of either the IELTS or Occupational English Test (OET), and may be awarded an exemption based on evidence of completion of a pharmacy undergraduate degree in English, continuous work in a pharmacy where English is the medium of communication for two out of the previous five years, and the testimony of two referees who speak English as a first language.

Please note: all pharmacy students and non-reciprocal overseas pharmacist applicants who applied before 31st July 2005 for exemption under the previous English Language Policy and were accepted by Council **OR** those who have achieved previously acceptable IELTS test results will be deemed acceptable for the entry into the 2006 preregistration programme only.



Competence Reviewers - Thank You

The Pharmacy Council of NZ would like to sincerely thank those pharmacists who responded to the call for reviewers and mentors following the May 2005 Newsletter. It was encouraging to get such a positive response from the profession and the Council has appointed 15

practising pharmacists as reviewers. The Council is very appreciative of the fact, that despite their busy lives, these pharmacists are willing to give up valuable time to undertake this role and make a valuable contribution to the profession.



University of Auckland School of Pharmacy Achieves Accreditation

The Council is very pleased to announce that the Bachelor of Pharmacy degree from the University of Auckland has been granted provisional accreditation by the New Zealand and Australian Pharmacy Schools Accreditation Committee. Accreditation of NZ degrees is a requirement of the HPCA Act, and the Accreditation Committee especially mentioned

Professor John Shaw and his team and congratulated them on this achievement. As part of the process full accreditation from the Committee cannot be conferred until the first graduates have been working as registered pharmacists for a year, at which time feedback will be gathered from employers and graduates. The University of Otago B.Pharm course received full accreditation in 2004.



New Appointments to the Health Practitioners Disciplinary Tribunal (HPDT)

In June 2005 the Minister of Health, Hon Annette King appointed a further 23 health practitioner members and two lay members to the HPDT. The four new pharmacist appointees are: Andrew Orange, consultant pharmacist,

Palmerston North; Ellen McCrae, pharmacist - hospital and community, Christchurch; Mary-Anne O'Rourke, pharmacist – DHB, Auckland, and John Dunlop, consultant pharmacist, Wellington.



Pharmacy Workforce Report

A workforce demographics report collated from data collected during the first APC renewal round is now available on our website at www.pharmacycouncil.org.nz.

While the report summarises data collected and collated as at 30 June 2005, it is important to remember that the public register is constantly changing as pharmacists move from the non practising to the practising register and vice versa, and new reciprocal and other applications are processed. The report

as at 30 June 2005 is based on the total number of pharmacist registrations processed at that time (3714); the total at 19th August 2005 had increased to 3782. It is intended that pharmacist workforce demographics will be analysed at the same time each year so that data can be compared annually and trends identified.

If you would like clarification or assistance with workforce data, please do not hesitate to email us at enquiries@pharmacycouncil.org.nz



PITO NEEDS YOUR HELP

The Pharmacy Industry Training Organisation (PITO) is about to conduct an industry-wide survey of pharmacy technicians and assistants to establish where they are and the hours they work, the qualifications they hold and their career aspirations, as well as whether or not they have access to and are happy to use the internet and e-mail.

The survey will be going to all pharmacies both community and hospital and we would ask you to encourage each of your technicians and assistants to complete and return a copy. All completed surveys will be entered into a prize draw.

The information received will be used only for the purpose of assisting PITO to identify training gaps and the potential market for e-learning and will remain completely confidential.

PITO has contracted CBA Consulting Group Ltd to undertake this research. All responses will be collated and analysed independently by CBA Consulting Group Ltd and the only personal information provided to PITO will be contact and qualification information required for their database. All other responses will be collated and reported collectively, and will not be linked to personal responses.

We urge you to support your Industry Training Association by asking your Pharmacy Technicians and Assistants to complete the surveys once received, and for them to return these (freepost) to CBA Consulting Group Ltd.

Your assistance in ensuring as high a return rate as possible would be greatly appreciated.



PHARMACISTS REGISTERED SINCE FEBRUARY 2005

Baker-Phillips RL, Barr LM, Batt AL, Bowman JS, Burke EM, Carr JM, Carter DL, Chauhan R, Edwards MD, Gallagher DAM, George OG, Giles A, Harrison JE, Heaney A, Hood JL, Horan G, Hudson TP, Hunt GA, Jenkinson EM, Liew CYL,

McAuliffe RD, McCausland JI, Mckay JC, Mikhail MMB, Mikhail N, Ni Mhurchu CC, Nair EGRK, Quigley LJ, Rowbottom NR, Smith VS, Thangarajah TR, Tsai CT, Wallis J