



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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Recertification and your Annual Practising Certificate

A reminder to all practising pharmacists that they must be participating in recertification by March 2006 in order to gain an Annual Practising Certificate (APC).

If you are not yet participating in recertification, the Council will not be able to issue you with an APC at 1 April 2006. You may be issued with an Interim Practising Certificate for up to six months, during which time conditions will be placed on your practice until you meet recertification requirements. This condition will be made public on the Register. In November 2005 Council set policy that states any pharmacist who holds an Interim Practising Certificate with conditions for non-compliance of recertification is *ineligible to undertake any of the following roles*, and will have any such current approvals or appointments revoked until conditions are lifted:

- Preceptor pharmacist approval
- Councillors (including Committee members)
- Competence Reviewers or Practice Counsellors
- Pharmacist assessors, appointed or employed for all Council functions, including overseas pharmacist assessors and preregistration programme assessors.

Participation in the recertification programme is not difficult – while meeting the mandate of assuring the public that you are competent and keeping up to date, the Council requirements are practical, sensible, achievable and reasonable in cost.

The Pharmaceutical Society (Inc) is providing the ENHANCE programme to meet the Council's recertification requirements, and if you are not yet participating, you can contact Liz Johnstone on 04 381 8357 or email e.johnstone@psnz.org.nz. The Society will be able to give you details of the options which include a full programme with training and support as well as a 'folder only' option at a smaller cost.

If you have any general queries about recertification policy, please phone Sue Thompson on 04 495 0330 or email Sue – s.thompson@pharmacycouncil.org.nz

News

Department of Labour report on Pharmacist Occupational Skill Shortage

An occupational skill assessment report prepared by the Department of Labour just published places pharmacists on the genuine skill shortage list both currently and in the short term. This report examines the supply and demand of pharmacists and makes interesting reading – see the DOL webpage - <http://www.dol.govt.nz/PDFs/professional-report-pharmacist.pdf>

Medicines Management standards

The Council working party set up to define competence standards for the provision of new medicines management services has had two meetings to date. Draft competence standards for Medicines Use Review will be available for consultation. The document will be on the Council website on 7 February 2006 with comments invited from pharmacists by 27 February 2006.

Application for pharmacists as designated prescribers

The Council and the Pharmaceutical Society of NZ (Inc) will begin work to prepare an application to the New Prescribers Advisory Committee of the Ministry of Health during 2006. The Council has agreed to develop a framework for an advanced scope of practice pharmacist, of which designated prescriber pharmacists will be included.

APC Renewal Forms

Annual Practising Certificate renewal forms for the APC year 1 April 2006-31 March 2007 will be posted in early January. To ensure you receive your APC by 1 April, forms and payment should be sent to our office by mid March.



Merry Christmas!

The Council and Staff would like to wish you all a very merry Christmas and all the best for 2006. Our office will be closed Monday 26th December through to Tuesday 3rd January and will reopen Wednesday 4th January 2006.



New Pharmacy Council Fee Structure for 2006

The fee structure for 2006 has now been set. It is based on the experience of the first year's operation under the new Health Practitioners Competence Assurance Act.

Fees for the 2006 year have been gazetted as follows:

- Annual Practising Certificate (APC) will increase to \$495 (inc GST) for 1/4/2006 – 31/3/2007
- There will be no part-time fee
- The annual register retention fee is unchanged from 2005, and remains at \$85 (inc GST).

The Pharmacy Council is directed by statute to fulfil the requirements of the HPCA Act. After 15 months in operation, the Council, like other regulatory health bodies governed by the Act, is now better placed to accurately assess and measure the costs of meeting all responsibilities defined by this legislation. The Council began operating with the best information available at the time. It is now apparent that the resources required to meet the statutory obligations are greater than initially estimated.

These increased costs are directly attributable to the two core Council functions for maintaining professional standards within pharmacy; ensuring the competence of pharmacists and dealing with non-performance which may lead to subsequent disciplinary action.

Our obligations in these areas are substantial. For example, the expanded competence reviews, required by the Act, have proved to be a costly process, amounting to over \$5000 per review. Under the legislation the Council is also required to fund the changed disciplinary role, which includes funding the new Health Practitioners Disciplinary Tribunal. New areas of responsibility such as recertification audits have also incurred significant additional costs.

The Pharmacy Council's prime function is public safety therefore we must discharge our responsibilities in maintaining competence and discipline. The Council strongly believes that it is in the best interests of the profession itself to protect its high standards of competence.

This year the Pharmacy Council revisited the option of a reduced fee for part-time pharmacists. However, in this review, the Council became aware that its services and standards are there for the universal benefit of all those within the profession, regardless of how they choose to practice. Competence is not a "part-time" concept. Maintaining the capacity to conduct competence/practice reviews requires a certain level of resource; such reviews may be required equally by a full-time or a part-time pharmacist. Similarly, a full-time or part-time pharmacist may be subject to the discipline procedure.

After a full year in operation, the Council is optimistic that the fee scale for 2006 has been set at a level where it will be able to maintain the high professional standards required for the immediate years ahead.



Council policy set on pharmacy owners who need an Annual Practising Certificate

The Council has been asked by some pharmacists and Medsafe to set guidance on which pharmacy owners are required to hold an Annual Practising Certificate.

As the scope of practice of a pharmacist includes pharmacists who are managing pharmacies, whether or not they have direct patient contact, all such owners (license holders) are required to hold APCs. Clarity has been sought as to whether those who do not have any influence on the management of the pharmacy, but are merely license holders, need to still hold an APC.

The Council policy, set in September 2005, is the following:

1. All pharmacists who are deemed "responsible persons" for the purpose of obtaining a license to operate a pharmacy must hold an Annual Practising Certificate
2. All pharmacists who hold a license to operate a pharmacy must hold an Annual Practising Certificate unless they can demonstrate that they do not manage the pharmacy and that no activity that they undertake as a license-holder directly or indirectly influences clinical practice and/or public safety.



Revised English Communication Policy applies to all B.Pharm graduates

The Council's English Communication Policy for B.Pharm graduates may be viewed on our website. The policy is applicable to all graduates, not only those who did not learn and speak English as their first language. There have been some changes made to the wording of the new policy. The words "English" and "Communication" have been retained. The Council's mandate is to ensure that pharmacists can not only communicate effectively but also communicate in, and comprehend, English sufficiently to protect the health and safety of the public. For example, it is expected that all pharmacists who understand colloquial New Zealand English, are able to convert medical and pharmaceutical terms into lay language. They should also demonstrate excellent verbal and written communication skills, such as establishing rapport, active listening, appropriate questioning, clear explanations to fit the situation, checking patients' understanding, legible handwriting and correct grammar and spelling.

English Communication Testimonials – thank you for your support

The Council deemed that one of the referees who testifies to B.Pharm graduates' English communication skills must be an extern preceptor. The Council is grateful for the time and effort that extern preceptors put into supervising and mentoring the future members of the profession, and we acknowledge the value of a testimony from a professional colleague. It is not essential for the referees to have learned English as a first language (i.e. the language they learned first, usually from their family) – we apologise for this oversight. However, both the referees must speak English as their prime language, i.e. the main language used in their day-to-day life.



Medicine Classification Changes

Need help to keep up-to-date with changes in the classification of medicines? There have been important changes recently to the classification of sedating antihistamines which all pharmacists should be aware of. By subscribing to Medsafe's Regulatory Web Updates you will receive regular (free) emails to inform you of new and updated data sheets and consumer medicine information (CMI), changes to the Regulatory Guidelines, publication dates of Gazette Notices and other regulatory changes published on the Medsafe website. To subscribe go to www.medsafe.govt.nz, click on "Regulatory" and then click on the icon below the graphics. Simply fill out the required information and submit. Check out the rest of the website too if you haven't already – it's very informative.

Standards of Behaviour for Pharmacists

Pharmacists are reminded that as health professionals they are ethically required to act in a manner that promotes the public's trust in the knowledge and ability of pharmacists and enhances the reputation of the profession. (Principle 7 of the Code of Ethics: Trustworthiness). Recently the Council received a complaint about a pharmacist who had sent an offensively-worded text message. It was most disappointing to be notified of the rude and threatening language used. Fortunately the pharmacist involved agreed that their actions were unacceptable and redeemed their behaviour by apologising. Pharmacists are urged to reflect specifically on Obligation 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.*

Exceptional Circumstances

It has been brought to the Council's notice that a dispensing error under Pharmacist's Exceptional Circumstances (EC) approval has resulted in a patient being dispensed an incorrect medicine which was taken by the patient at a dose three times in excess of the dose registered for that medicine. The pharmacy was not contracted to dispense the prescribed medicine under the EC policy and this may have contributed to the error. Subsequently the incorrectly dispensed medicine was not reimbursed and considerable cost was borne by the pharmacy.

The EC policies are explained in the front section of the Pharmaceutical Schedule. In the September Update there was a reminder to pharmacists to check the details on prescriptions to ensure that their pharmacy is authorised to dispense

what is prescribed in relation to EC approvals. Note that EC approvals are granted with a number of restrictions: specific pharmacodes, nominated pharmacy only, maximum dose, duration of treatment and cost.

Party Pills

At its July 2005 meeting the Council endorsed the recommendations of the Health Select Committee and the resultant new law covering the sale and promotion of "Party Pills" (benzylpiperazine). A new "restricted substances" section has been included in the Misuse of Drugs Amendment Act and benzylpiperazine is the first restricted substance in New Zealand under the terms of the amended legislation, which:

Prohibits the sale or free distribution of "herbal highs" to people under 18 and to people over 18 where the intention is to supply directly or indirectly to people aged under 18 years;

Restricts where these products can be sold (e.g. not from outlets that also sell alcohol, such as liquor stores and some dairies);

Restricts advertising for the drugs;

Requires manufacturers to provide clearer information about ingredients and dangers.

The Council also resolved to remind pharmacists that benzylpiperazine does not have any documented therapeutic use in humans, and that *the pharmacist must exercise professional judgment 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.* This is explained in the Pharmacy Council Code of Ethics Obligation 3.15 Inappropriate Supply.

Avian Flu Pandemic

Pharmacists will need to be prepared for the likely event of an influenza pandemic. The Ministry of Health's website www.moh.govt.nz/pandemicinfluenza contains useful information for the public and for health professionals. The Ministry also has a free phone information line which offers contact advice for businesses and those concerned about the virus in birds and animals, advice on the status of the bird flu virus, how to prepare for a pandemic and advice on protection from the virus. The free phone is 0800 AVN FLU or 0800 286-358.

Lessons from Dispensing Error

A dispensing error reported to the Health and Disability Commissioner in which the wrong antibiotic powder was re-constituted highlighted the following issues:

- Liquid antibiotics with similar packaging and labelling are at risk of being incorrectly selected for dispensing and should be stored well apart on dispensary shelves;
- Patients are not necessarily aware of the disciplined nature of the dispensing process and should not be permitted to interrupt or pressure the pharmacist and dispensary technicians when they are busy dispensing;
- A final check of the dispensed medicine must always be performed.

It was recommended by the Commissioner that the manufacturers use distinctive labelling to help differentiate the two products that were mixed up; however, pharmacists should be aware that it is unsafe to rely on colour coding or appearance when selecting and preparing medicines for dispensing. In the case reported, the medicine that should have been dispensed had recently changed colour and looked identical to the incorrectly selected mixture when re-constituted.

Complaints Investigation by the Health and Disability Commissioner

Council has sought clarification from the Commissioner as to when a complaint involving a pharmacist may **not** be investigated. The Commissioner's goal is to resolve matters at the lowest appropriate level; therefore the following circumstances may impact on the Commissioner's decision not to formally investigate a complaint:

- When the error is an isolated incident;
- Where there has been a positive response from the pharmacist and they have taken steps to ensure the error does not occur again;
- The pharmacist has taken full responsibility for the error, indicated a willingness to resolve the complaint and has apologised;
- Where the efforts to resolve the complaint and the changes made have been communicated to the complainant;
- Where there are no concerns about the Standard Operating Procedures.

Council encourages pharmacists to note the above measures and respond accordingly when an error occurs, and to document the steps that were taken to resolve the error. Advice on the handling of an error may be also be obtained by contacting the Pharmacy Defence Association at the Pharmaceutical Society (Inc): www.pharmacydefence.co.nz or telephone (04) 802 0030.



Update on Reciprocity Arrangements with RPSGB

As previously advised, the Council of the Royal Pharmaceutical Society of Great Britain has decided to end reciprocal registration agreements at their end. The agreement with New Zealand will end on Friday 30 June 2006 at 12 noon.

According to information supplied by the RPSGB, if you are applying for registration with them under the current reciprocal agreement you should:

- Ensure you have completed **one year's post registration employment in pharmacy in New Zealand**
- Ensure that you **commence the four week period of supervised practice in Great Britain no later than Friday 2 June 2006**
- Provide evidence of having completed a period of four weeks' experience in the practice of pharmacy in a pharmacy or a pharmacy department of a hospital under the direct personal control and supervision of a pharmacist registered in Great Britain
- Submit your application to the RPSGB along with the evidence above no later than noon on Friday 30 June 2006.

Incomplete or late applications will not be considered under the present reciprocal agreement.

So that the Pharmacy Council can help you with your application, you must **ensure that your documentation sent to us for a Certificate of**

Identity/Good Standing is complete and accurate. If there are gaps or inconsistencies in this information and we need to return it to you, this will cause delays in processing. To ensure we get your Certificate to the RPSGB within the timeframe they have set, we need to have received complete and accurate documentation in this office at least three weeks prior to the date you need it to arrive in Great Britain and no later than the beginning of May 2006.

IMPORTANT

Make sure you read the section on 'Going to work Overseas' on our website

http://www.pharmacycouncil.org.nz/pharmacists/registration/registration_going.asp Ensure that you read all other links under this heading.

You should also read this webpage on the RPSGB website - <http://www.rpsgb.org.uk/pdfs/reg-anz.pdf>

Address your applications for Certificates of Identity/Good Standing to:

Maree Dawson
Pharmacy Council of New Zealand
PO Box 25 137
Wellington

For enquiries regarding Certificates of Identity, please phone Maree Dawson on (04) 495 0335



New Pharmacists

Congratulations to the following intern pharmacists who have successfully completed the preregistration programme in 2005

Adrienne Martin, Ahmad Zareh, Alexander Ison, Alice Cromie, Alicia Chai, Amanda Keir, Amanda Ross, Andrea Boustead, Andrea Forrest, Andrew Harley, Andrew Jack, Angela Lowe, Anna - Louise Hewitt, Anna Harwood, Anna King, Anna Lui, Anna Stevenson, Annabel Turley, Anne Chou, Antoinette Seshie, Avita Jogia, Bekim Fusha, Ben Latty, Benita Sumaru, Benita Waller, Beryl Lai, Brooke Blue, Caroline Aberhart, Carolyn Coulter, Carolyn Lowe, Charlotte Martin, Charlotte Stone, Charmaine Edmonds, Charon Lessing, Chen-Chen Chiu, Chi-Chang Chen, Christine Humphrey, Crispin Bull, Da-Hye Koo, Daniel Dickie, Daniel Wellington, David Crowther, David Lett, Denise Chung, Dhrita Balia, Diana Meyer, Doreen Liow, Elizabeth Oliphant, Ereni Tautolo, Esther Butt, Fiona McColm, Georgina Gordon, Gulshan Nagi, Heather Cutfield, Hemita Vallabh, Heshini De Silva, Hiu Ching Lau, Hsiu-Yi Lin, Ida Lo Ida, Imalka Samarasinha, Jacqueline Barber, James Oughton, Jeremy Marshall, Jerome Ng, Joanna Dixon, Jonathon Kwok, Judy Hung, Julia Ellis, Kai-Yun Liu, Kam Ching Tang, Kamal Slaimankhel, Kamalaben Patel, Karina Taege, Kate Chesney, Kate Cheung, Katherine Boulton, Kim Kempthorne, Kimberley Rushton, Kirsty Martin, Kuo-yuan Hung, Laura Clunie, Lily Chan, Lily Young, Louise Ho, Louise Lord, Louise Ritson,

Lynette Castle, Manisha Parbhu, Marwa Al-Shdidi, Matthew Sutherland, May Sue Ping Yee, Melissa Cullen, Michelle Radich, Michelle Thomson, Minesh Kumar, Miriam Tillman, Mohammed Abdel Rahim, Mohammed Abu Shawish, Monique Barnes, Natasha Pool, Nigel Stevenson, Noor Al-adhami, Noor Hassan, Noora Barazanchi, Payal Patel, Pik Yin Loke, Priscilla Tang, Rachel Birdsall, Rachel Parker, Rajnita Prasad, Rebecca Dean, Renee Anderson, Reth Srey, Reuben Leong, Rowan Pollock, Ryan Blank, Sandra Lee, Sara Aprea, Sara Signal, Sarah Gordon, Sarah Marr, Sarah Munning, Sarah Wang, Shahriar Jaber, Sherryn Reed, Shew-Ping Shen, Sian Dee Ng, Stacey Moffitt, Stacey-Ann Simpson, Stephanie Lai, Stephen Yoo, Sue Wah Ong, Susanna McGuire, Suzanna Wakim, Teeba Al-Nawab, Ting Wu, Toni Campbell, Tracy Deng, Vanessa Archer, Vidhya Sritharan, Whiter Tang, William Smith, Yashuree Jayaraman, Yoonwon Jung

Welcome to the profession of pharmacy.

Pharmacists registered from UK, Ireland, Australia and Returning to Practice since September 2005

Bowman T, Bryant DM, Buffery PJ, Carswell W, Christian JB, Craze JA, Farmer D, Fraser RA, Fuell AR, Ho JMH, Knowles PGW, MacMahon P, Patel PN, Staples AJ, Tamrakar R, Tyrrell JA, Vitlhani R, Woffinden SJ