DECEMBER 2008

newsletter

pharmacycouncil
OF NEW ZEALAND

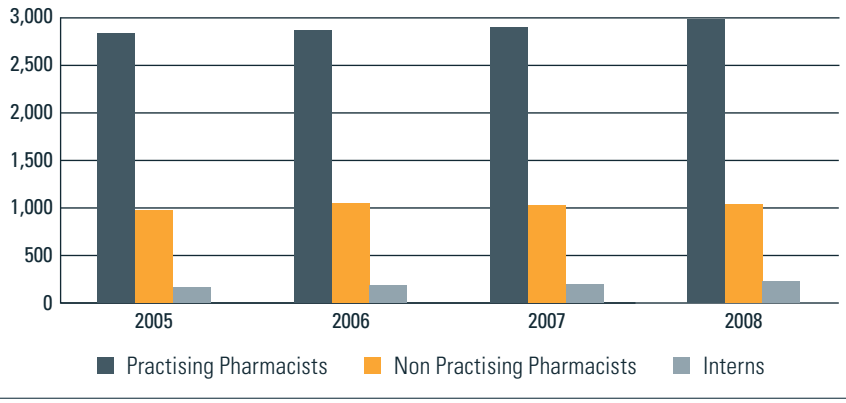
The register is rising – comparisons of workforce data from 2005 to 2008

The Council collects workforce data as part of the APC renewal information, and now has three years of data for comparison. The pre-HPCA Act 2003 Pharmaceutical Society data does not differentiate from the "practising" and "non-practising" categories, so it is only now that we can make some meaningful commentary on the pharmacist workforce.

The latest Pharmacy Council workforce report shows that the number of practising pharmacists is continuing to slowly rise. There has been a **7% increase** in the numbers of practising pharmacists over the 3 years from June 2005 to June 2008.

Register Numbers as at 30 June				
	2005	2006	2007	2008
Practising Pharmacists	2,787	2,801	2,889	2,978
Non Practising Pharmacists	983	1,022	1,011	1,023
Interns	168	189	202	234
TOTAL	**3,938**	**4,012**	**4,102**	**4,235**

Register Numbers as at 30 June



Intern pharmacists have increased 40% from 168 to 234 in the same period, which reflects the increased numbers of students at the Schools of Pharmacy (in 2008; 100 in Auckland and 120 in Otago) as well as increased numbers of overseas-trained pharmacists from countries other than the recognised ones of Australia, UK, Ireland, USA and Canada.

The pharmacy workforce continues to be female-dominated, with 57% of the practising register female (2005; 54%).

The largest group of practising pharmacists remains those aged between 36 and 45 (2008, 25%; 2005, 27%). Those aged over 65 are the smallest group, with a steady 8% since 2005 The number aged under 25 has increased from 6% in 2005 to 9% in 2008, and those aged 26 – 35 have also increased 2% in that time. This may be explained by fewer young pharmacists travelling to the UK since the reciprocal registration agreement with the Royal Pharmaceutical Society ceased in mid 2006.

(Continued on Page Two)

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

CONTACT US:

Phone: 04 495 0330 **Fax:** 04 495 0331 **Email:** enquiries@pharmacycouncil.org.nz
Address: PO Box 25137, 40 Johnston St, Wellington

The register is rising – comparisons of workforce data from 2005 to 2008 (contd)

The place of work for pharmacists has remained similar in the three years – 75% of pharmacists describe their practice as Community Pharmacy in 2008 (2005, 76%). However 12% of pharmacists now work in 2 or more "areas" of pharmacy practice, up from 9% in 2005. Hospital pharmacists make up 11% of the register (10% in 2005). Ethnicity of practising pharmacists also does not appear to have changed significantly, and the ethnicity codes have also changed in this time which makes comparisons difficult.

The full 2008 workforce report is available on the homepage of the Council Website under the drop down menu for Workforce demographics. See www.pharmacycouncil.org.nz.

Thank you to those pharmacists who complete the workforce section of their Annual Practising Certificate or Register renewal application. This data, in an anonymous form, allows the Council to inform the Ministry of Health, the wider health sector and other pharmacists of the workforce patterns for the profession.

Annual Practising Certificate (APC) renewals due April 2009 – No increase in fees

The Council is pleased to announce that the cost of an APC for the year beginning 1 April 2009 remains at $495 (inc GST), which has been the same for the last 3 years. The non-practising fee remains at $85 (inc GST). Goal seven of the Council's strategic plan is "to assure pharmacists that their fees are managed efficiently" and we continue to work hard to ensure that the Council operates with tight financial controls.

Application forms for practising certificates for 2009/10 will be posted to all pharmacists currently on the register in **mid-January. To ensure you have your APC by 1 April 2009, your application must be received at the Council by 16 March 2009.**

Cultural Competence Standards – further progress in their development

Feedback from the two very well received Cultural Competence workshops held in July suggested that the "evidence examples" presented read more like a curriculum of knowledge rather than examples of how a culturally competent pharmacist would behave. It was acknowledged that further work was needed to distinguish the knowledge from the "doing" aspect of the standards and to ensure the elements will be measurable and assessable.

Further work has since been done on the Standard with some evidence examples relating to the educative components of Hauora Māori and cultural competence being removed from the Standard proper. To ensure these critical elements are retained, they will be transferred into a list of prerequisites against which to measure future accredited education resources or programmes which will form part of the core curriculum for pharmacists.

The revised draft of Competence Standard 1 will be presented to Council at the December meeting for ratification. A consultation plan will then be prepared which may include regional meetings to communicate the Standard to the wider profession. Pharmacists will be contacted by email early in the New Year asking for an indication of interest in attending regional meetings. The consultation plan would be premised on feedback from the email communication but is also likely to include face-to-face meetings and/or written consultation with other key stakeholders in the health sector.

Council has also given consideration to the timeline for implementation of the Standard. Given that the cultural competence elements and performance criteria will be incorporated into Competence Standard 1 which is mandatory for all pharmacists, Council is aware that it may be challenging for pharmacists to adhere to the new competencies without having first gained the underpinning knowledge required or gained an understanding of why it is important to apply it. Council also noted there needs to be reasonable lead-in time before making the Standard compulsory for all registered practitioners, and that 2012 would be appropriate, as this timing correlates with the first undergraduate students taught Hauora Māori entering the workforce as Intern pharmacists.

Thank you to all the pharmacists who took the time to respond to the consultation.

First aid requirements changing – new focus on CPR

In September, Council consulted with the wider pharmacy sector and other stakeholders around the requirements for pharmacists to maintain first aid competency. The consultation notice was also posted on two pharmacy-chat websites and the Council website. Responses were collated and presented to Council with proposed recommendations for change, which have been ratified.

Effective from **1 April 2009**, the following changes will take place:

1. Pharmacists who declare Competence Standard 3 as part of their practice must initially hold a first aid certificate in NZQA Unit Standards 6400, 6401 and 6402.
2. The minimum requirement to maintain competency in Competence Standard 3, Activity 3.6.1 (Applies emergency first aid measures) will be a 3 yearly refresher course in CPR equivalent to New Zealand Resuscitation Council (NZRC) Certificate of Resuscitation (CORE) Level 2 or NZQA Unit Standard 6402.
3. Pharmacists applying for registration through the Recognised Equivalent Qualifications Route (REQR) will not be required to have a current certificate at the time of full registration, but would be expected to hold one by the next APC renewal date, if they declare Competence Standard 3 as part of their practice.
4. The current requirement for Intern pharmacists applying for registration in the scope of practice as a pharmacist to hold a current first aid certificate in NZQA Unit Standards 6400, 6401 and 6402 will remain.

Individual pharmacists may choose to maintain competency at a level higher than Level 2 but the decision would be based on a self-assessment of their own and their community's requirements. For example, a pharmacist practising next to a medical centre may require Level 2 only, whereas a pharmacist in a remote or rural setting may want to maintain their medical emergency training at NZRC CORE Level 3 or 4.

This new policy gives pharmacists the choice of whichever course and refresher they deem most appropriate for their practice, and should help assist pharmacists to keep up-to-date with resuscitation techniques.

Thank you to those who took the time to respond to the consultation.

Pharmacy Council endorses "Pharmacy in England White Paper"

The recent "White Paper" released by the National Health Service in England shows major government-led support for the further development of pharmacy services in England. This paper has created considerable support from pharmacists in England, and outlines that the government sees a clear future for new pharmacy services – these include community pharmacies as "Health living centres", services for health screening and promotion, advanced clinical pharmacy services in hospitals and increased use of pharmacist's medication management skills. It also proposes changes to future pharmacy education that would increase clinical placements for students earlier in their academic training.

The Council has met with the Community Pharmacy Leaders Forum to discuss this paper, as well as Schools of Pharmacy.

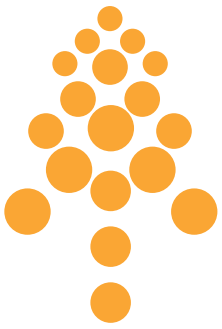
New email address format at Council

The Pharmacy Council has recently installed a new server which has resulted in a slight change in our email address format. Previously the email format was lastname.firstnameinitial@pharmacycouncil.org.nz and now it is firstnameinitial.lastname@pharmacycouncil.org.nz.

Therefore if you reply to us using an old email you will receive a notification to say the email address is not valid. We apologize for any inconvenience this may have caused you.

Christmas wishes and closing times

The Council and staff would like to wish you all a very Merry Christmas and all the best for 2009. Our office will be closed Thursday 25th December through to Friday 2nd January and will reopen on Monday 5th January 2009



Recertification Audit 2008

Information for pharmacists in the 2008 audit cycle:
Your provisional result is now final

The result letter outlined that the result given was provisional subject to moderation. It is confirmed that after completing the moderation, the result is now FINAL.

Thank you for your participation in the audit. We were pleased to see pharmacists doing excellent learning that benefits their patients.

Pharmacists were randomly selected for the second recertification audit in July this year. Letters were sent to 150 pharmacists requesting submission of their records within 15 working days to support a minimum of 8 outcome credits. A pamphlet outlining the audit process and a CPD record check sheet was also included. (A copy of this pamphlet is available on the recertification section of the Pharmacy Council website).

90% of total submissions were received by the 15 working day deadline. Pharmacists not able to submit by this deadline had 5 further working days to submit, but their records had to pass the pre-audit check on first assessment.

Pre-audit check

Pharmacy Council staff checked the documentation, to ensure all sections were complete and were within the dates for the audit period. Of the 138 pharmacists that submitted their documentation (8 pharmacists were exempted because of extenuating circumstances, and 4 failed for not submitting any records), 14 (10.1%) pharmacists failed the pre-audit check. This was a significant improvement on the first audit where 45.6% did not submit complete documentation on the first attempt.

Records sent to Auditors

Copies of the CPD records were prepared for the auditors, with all personal identifiers removed. A training day for the seven Council-appointed auditors took place in mid-August. The auditors are all practising pharmacists and where possible they only assessed the CPD submissions of pharmacists working in a similar practice setting to them.

Assessment of CPD Records

The auditors assessed the records against set criteria, and assessed the outcome credit assigned by the pharmacist. If the auditor considered that the evidence provided was not sufficient to support the outcome credit, a request for further evidence or information was made to the pharmacist by Council staff on behalf of the auditor. 81 (60%) pharmacists were asked to submit further evidence or information to support their CPD documentation. This is higher than the last audit (52.9%). However, after responding to the auditors' requests, pharmacists were generally able to demonstrate how they had used their learning, and after clarification 78% of CPD records were accepted. Many pharmacists sought assistance from the ENHANCE team at the Pharmaceutical Society. Pharmacists are encouraged to be proactive in submitting their CPD records for review and feedback by the ENHANCE team.

Results

The auditors assessed enough records for pharmacists to demonstrate 8 outcome credits for 2 years of participation in the recertification programme, ENHANCE. However, the recertification policy requirement is 4 outcome credits in the first year of participation and 12 outcome credits every 3 years. Therefore for this audit pharmacists were only required to demonstrate 4 outcome credits to pass the audit. (The next audit will assess participation for 3 years (April 2006-March 2009) and completion of CPD worth 12 outcome credits).

The majority of pharmacists have been given their provisional results. To date, 132 (93%) pharmacists have met the requirements of the recertification audit, with 113 pharmacists demonstrating at least 8 outcome credits. The audits of 2 pharmacists are being finalised.

4 pharmacists have failed the audit as they did not submit their CPD records, whilst another 3 failed the pre-audit check after resubmission. 1 pharmacist failed the audit because the documentation did not support 4 outcome credits. To date, 3 pharmacists have moved to the non practising register and 4 pharmacists are required to work with a pharmacist peer to meet recertification requirements, as set out in the amended Pharmacy Council recertification policy.

PRACTICE ISSUES

Giving good advice

A survey by *Which?* magazine in the UK suggested that UK pharmacy staff are frequently giving inappropriate and occasionally dangerous advice to patients. Staff from *Which?* visited 101 pharmacies with one of three scenarios – a request to buy sumatriptan tablets; a patient complaining of two weeks' of diarrhoea after returning from overseas, and a request for emergency contraception designed to determine whether a customer's privacy could be respected – and claimed they received "unsatisfactory" advice on a third of occasions.

In some instances, Pharmacist Only medicines were sold without any supervision by the pharmacist. While the survey was reassuring about the skills of pharmacists themselves, it showed there was room for improvement in other pharmacy staff. This is a timely reminder for all pharmacies to revisit staff training regarding sales of Pharmacist Only medicines, and if not already in place, to develop guidelines for staff to follow where requests of this nature are made.

Intervention charges and customer communication

Over the past several months, Council staff have fielded numerous phone calls from the general public querying the intervention charges being made by some pharmacies. Much has been made of pharmacy "surcharges" in the press by very vocal organisations such as Grey Power who have ensured this issue remains in the public arena. The intervention charges are approved and endorsed by DHBs but they have done little to publicise why this is so. Hence it is up to every pharmacist to ensure the public knows what the individual charges are and why they are in place. Informing customers relies on good communication but it is the lack of dialogue that is usually raised by the majority of complainants. In many cases, the charges are being implemented with no accompanying explanation, much to the chagrin of the customer. Patients also complain that on questioning pharmacy staff about the charges, they are often treated disrespectfully and sometimes rudely. If a pharmacy is running a campaign e.g. CRCs on all medicine bottles, it is important to advise customers in advance and give them the opportunity to opt out. Every pharmacy should have clearly visible signs near the dispensary explaining the various charges and this should be pointed out, particularly to new customers. The charges also need to be "patient-friendly" i.e. they need to be reasonable depending on the intervention undertaken – remember, you would challenge it too, if a charge was unexpected and deemed unreasonable.

Dispensing hospital prescriptions in community pharmacy

Council was recently notified of two dispensing errors involving the incorrect dispensing of hospital prescriptions in community pharmacy. In one instance, **folinic acid** was prescribed by an overseas trained hospital doctor and dispensed in a community pharmacy as folic acid. Folinic acid (calcium folinate) was intended to antagonise the effects of methotrexate, but it is easily mistaken for folic acid on a hand written prescription, especially when folinic acid is not dispensed frequently in community pharmacy.

The second incident involved dispensing the wrong formulation of interferon – pergylated interferon, labelled three times weekly, was dispensed instead of standard interferon. Pergylated interferon should only be given once weekly.

Extra care should always be taken when dispensing medicines that come in a variety of formulations with different release characteristics, to ensure that the correct product is selected with the right dosing instructions. Extra care should also be taken when dispensing a new medicine for a patient. Don't assume the medicine you want is the one that pops up when the first few letters are keyed in. Be aware that a new medicine will not have previously been dispensed (in your pharmacy database) and you may not have stock on hand. Don't rely on the dispensing history as being necessarily correct – this is an opportunity to talk to the patient about their medicine, especially if you have not dispensed it for them before. The key message is to **check** and **double check** and to do the final check from the prescription, not the label – particularly if a technician or another pharmacist has entered the prescription details and selected the medicine to dispense.

A patient's right to choose providers

Questions are often fielded by Council staff regarding the ethics of prescriptions being faxed to a pharmacy which is not the patient's nominated pharmacy. Collusion between a pharmacy and a medical centre or individual prescribers to have prescriptions faxed or emailed to the pharmacy without the consent of the patient is a breach of the Pharmacy Council Code of Ethics and the HDC Code of Health and Disability Services Consumers' Rights Regulations. Specifically, the Code of Ethics obligations that would be breached are:

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

Obligation 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.

Obligation 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.

Unethical subsidy claims

Earlier this year Council received a complaint concerning the claiming of subsidies for the dispensing of combinations packs (syringe + tablets), when in fact only one component had been purchased. The second component had been supplied free of charge on compassionate grounds by the sponsoring company. This practice is unethical and departs from the acceptable standards pharmacists are expected to uphold as outlined in Obligation 7.1 of the Code of Ethics.

Health Practitioners Disciplinary Tribunal decisions

The Health Practitioners Disciplinary Tribunal (HPDT) is a tribunal that operates independently of the Pharmacy Council. For further information see www.hpdt.org.nz

Professional misconduct

On 15 September 2008, a charge by a Professional Conduct Committee against Mr Jason Pandelis Karagiannis, registered pharmacist of Levin, was heard before the Health Practitioners Disciplinary Tribunal (the Tribunal). The charge related to the consumption of alcohol while working during pharmacy operating hours at Otaki Pharmacy Limited between 1 and 18 November 2005, and allowing an unqualified person to dispense medication to patients between 7 and 18 November 2005.

Mr Karagiannis admitted consuming alcohol on seven occasions and that it was inappropriate and unprofessional to do so at work. He also admitted allowing an unqualified person to dispense on five occasions and that he had failed to check the dispensing of the unqualified person. The Tribunal was satisfied that breaches of the Pharmacy Council's Code of Ethics had occurred and that these breaches were sufficiently serious as to warrant discipline for the purposes of monitoring professional standards.

The Tribunal were informed that a review of Mr Karagiannis's competence had been undertaken. Accordingly suspension of Mr Karagiannis's registration was not justified on public safety grounds as there were no current issues as to fitness to practise.

The Tribunal concluded the following:

1. That the charge of professional misconduct was established;
2. That Mr Karagiannis be censured under section 101 (d) of the Health Practitioners Competence Assurance Act 2003 (HPCAA). The Tribunal stated that a clear message be sent to the profession that it strongly disapproves of the matters charged and that Mr Karagiannis's conduct is unacceptable.
3. That a fine of $4,000 be imposed under section 101 (e) of the HPCAA.
4. That an order of costs be made under section 101 (f) of the HPCAA:
5. $3,000 to be paid in respect of the Tribunal's costs;
6. $3,000 to be paid in respect of the Professional Conduct Committee's costs;
7. That a copy of the decision and summary be published on the Tribunal's website. That a summary of the decision also be published in the Pharmacy Council's Newsletter and the Pharmaceutical Society's publication, the Edge.

Fraudulent claiming for medicines not dispensed

On 9 September 2008 Mr Peter Kwong Yew Chiew faced a charge before the Tribunal that arose out of his conviction in August 2007 for making false claims on the Benefit Subsidy Funds for uncollected prescription medicines.

This followed an investigation by HealthPac into the practices of Cook Street Pharmacy, Palmerston North, of which Mr Chiew was the owner and operator. The investigation revealed that Mr Chiew had falsified patient records to show the dispensing of repeat medicines when these had not taken place. A patient would receive the first dispensing but would not return for repeats. Mr Chiew had consistently altered the date clock on the dispensing computer system and false dispensings had subsequently been entered. The majority of the entries were found to have been entered after the expiry date of the prescription. 10,857 examples of fraudulent information was identified with a claim value of $220,994.20.

A charge brought by a Professional Conduct Committee alleged that the convictions either separately or cumulatively amounted to professional misconduct in that they reflected adversely on Mr Chiew's fitness to practise pursuant to section 100 (1) (c) of the HPCAA.

The Tribunal made the following order:

- That the charge was proven;
- That the registration of Mr Chiew be suspended for nine months effective from 9 September 2008 under section 101 (1) (b) of the HPCAA;
- The conditions be imposed on Mr Chiew's practice once his suspension ends under section 101 (1) (c) of the HPCAA as follows:
    1. He is not to practise on his own account, that is, be self employed or own or manage a pharmacy, for three years;
    2. He is to demonstrate to the satisfaction of the Pharmacy Council competence in law and ethics;
- That Mr Chiew is censured under section 101 (1) (d) of the HPCAA;
- That Mr Chiew is to pay 30% of the costs of the Professional Conduct Committee's prosecution and the costs of the Tribunal's hearing under section 101 (1) (f);
- That a copy of the decision and a summary be published on the Tribunal's website. That Mr Chiew's name and a summary of the decision also be published in the Pharmacy Council's Newsletter, the Pharmaceutical Society's publication, the Edge and the Guild Contact.

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 0330
Email s.thompson@pharmacycouncil.org.nz

Complaints/public safety issues
Jenny Ragg
Deputy Registrar
Telephone 04 495 0334
Email j.ragg@pharmacycouncil.org.nz

pharmacycouncil
OF NEW ZEALAND