



## Change of appointments to Pharmacy Council

I am very pleased to announce that on 1 October 2009 the Minister of Health re-appointed Professor John Shaw, Ms Jo Mickleson and Dr Andrew Bary as pharmacist members of the Council for a further three year period.



Andi Shirtcliffe, who was Deputy Chair of Council for all five years of our operations and Dr Judith Johnston were not re-appointed. Andi had held a governance position in pharmacy regulation for eight years, including three at the PSNZ, whereas Judith had completed two terms on the Council. I would like to express my sincere thanks to Andi for her enormous contribution to both the profession and the public over this time and also to Judith for her considerable contributions during this initial period of Council operations.

Two new members have been appointed to the Council. Mark Bedford from Mt Maunganui is appointed as a pharmacist member to the Council. Mark is a community pharmacist and director of Amcal Mt Dispensary in Mt Maunganui. Mark is also the current Chair of Consumer NZ having been on the board of Consumer since 2000. Robynne Nicoll from Ashburton has been appointed as a lay member to the Council. Robynne is a long-standing member of the Mid-Canterbury community and for almost ten years she was electorate agent for two MP's in the area, one of whom was the Rt Hon Jenny Shipley.

The Council has now elected Jo Mickleson as Deputy Chair, and I look forward to continuing to work with Jo in her new role supporting me as Chair.

I welcome the new members to the board table and look forward to working with them to ensure that New Zealand pharmacists continue to perform to the highest standards of practice to protect and promote public wellbeing.

**Carolyn Oakley-Brown**  
Chair

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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**CONTACT US:**

## New Website Development – Secure Section for Pharmacists

Last year we redesigned our website and as part of its further development we are now pleased to advise that you can log in to a secure section to view your registration details and alter address and contact information held on the Council database. This should assist you with advising the Council of changes of address and telephone numbers and enables you to have access to, and check, your registration data.

As some pharmacists have more than one email address it is important that you let us know the email address you wish to use for communication and for accessing these details. Once logged on, you will be able to view confidential information about your registration therefore the email address provided to us should be very secure. Work email addresses may not be appropriate if there are other staff members who can access emails addressed to you.

We are constantly looking to improve the functionality and information available on our website. If you have any suggestions for improvement or other comments, please contact Claire – [c.paget-hay@pharmacycouncil.org.nz](mailto:c.paget-hay@pharmacycouncil.org.nz)

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

## Annual Practising Certificate (APC) renewals due April 2010 – No increase in fees

The Council is pleased to announce that the cost of an APC for the year beginning 1 April 2010 remains at \$495 (inc GST), which has been the same for the last four 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 2010, your application must be received at the Council by 16 March 2010.**

## Competence Standard 1 – Practise Pharmacy in a Professional and Culturally Competent Manner

The final round of consultation on the revised Standard, which included a series of seven regional meetings, was completed in August.

**Council would sincerely like to thank all those who either sent in formal feedback or who attended one of the regional cultural competence meetings.**

The road-shows also gave Council's Working Party members an excellent opportunity to meet pharmacists and get first-hand feedback on the cultural competence performance criteria and evidence examples

included in the Standard. All feedback has been collated and considered by the Working Party. The draft Standard will go to Council for ratification in December.

Although the Standard will not be mandatory until 2012, Council will advise the profession early in 2010 on the standard and the range of education programmes and resources to assist pharmacists in meeting this revised standard. Competence Standard 1 is a mandatory standard for all pharmacists, regardless of where a pharmacist practises.

## What is the Council 'Health Committee' and what does it do?

Pharmacists, like all members of society, can become ill, have accidents or become addicted to substances. In the case of a pharmacist, however, such illness has the capacity to harm the public if the pharmacist cannot practise safely. The Pharmacy Council Health Committee is there to provide assessment, rehabilitation and support to pharmacists, while ensuring the safety of the pharmacist's practice.

As a pharmacist, you are required to inform the Council about concerns regarding your own or a colleague's ability to practise pharmacy safely due to a physical or mental condition. This is a requirement of the Health Practitioners Competence Assurance Act 2003. This includes impairment due to drug and alcohol dependence, mental health disorders, and physical and neurological conditions.

Disclosures and notifications are considered by the Health Committee in accordance with the steps set out in the HPCA Act. The Committee process involves assessing the pharmacist's health and monitoring the pharmacist's progress with the aim of enabling the pharmacist to continue to safely practise where possible. Respected, experienced and independent medical practitioners are engaged to undertake

assessments and make recommendations to the Committee. Conditions or voluntary agreements with the pharmacist may be required and in some cases a pharmacist's practice may need to be temporarily suspended. Such conditions may include working under supervision, requiring random urinalysis testing for the presence of drugs, and reduced hours of work.

While we acknowledge that a notification about a colleague is not an easy step to take, not notifying about an unwell pharmacist may put the community and the pharmacist's reputation at risk. Consideration of health concerns are also made by Council at the time of application for registration as well as any time during the practising life of a pharmacist.

In all cases the Committee works with the pharmacist in a confidential manner and the process does not lead to investigation or disciplinary censure. As long as you act in good faith when informing the Council, you are protected from any action that could be taken against you.

For more information see the Council website [www.pharmacycouncil.org.nz](http://www.pharmacycouncil.org.nz) under Pharmacists/Concerns about a Colleague.

## Review of the Health Practitioners Competence Assurance Act 2003 (HPCAA 2003)

In June 2009 the Director General of Health published the final report of the review of the HPCAA 2003, which is the Act of Parliament under which the Pharmacy Council and the 15 other health regulatory authorities are governed. The report was the result of a review undertaken over the previous 18 months.

The report states that after five years of operation the Act is working well, and apart from some minor statutory modifications, there are no

significant changes suggested. The Pharmacy Council has performed well in response to the review, but we will continue to work in a fair, open and transparent way to undertake the most effective and efficient operation in ensuring pharmacists are competent to practise.

The full report is available at:  
[www.moh.govt.nz/moh.nsf/indexmh/hpca-review#report](http://www.moh.govt.nz/moh.nsf/indexmh/hpca-review#report)



## Health Practitioners Disciplinary Tribunal decision

The Health Practitioners Disciplinary Tribunal (the Tribunal) has ordered the publication of the following decision.

### Mr Ian Graham May, Clevedon Road Pharmacy

On 19 December 2008 Mr May was found guilty of professional misconduct. This finding related to Mr May's dispensing of Sudomyll® in such quantities, and in such a manner, that posed a real risk to public health and safety. The doctor's surgery delivered scripts in bulk to the pharmacy, paid cash and collected the dispensed medicines themselves, rather than the patients.

On 5 May 2009 the Tribunal imposed the following penalty:

1. a twelve month period of suspension.
2. upon cessation of the suspension the following conditions are imposed on Mr May's practice:
  - a. Mr May must demonstrate, to the satisfaction of the Pharmacy Council, competence in law and ethics;
  - b. Mr May must demonstrate, to the satisfaction of the Council, that dispensing procedures carried out in the pharmacy under his ownership or control are compliant with current legislation and the Code of Ethics; and

- c. Mr May is to undertake any requirements made of him by the Council in order to demonstrate his competence in these areas to the Council's satisfaction and at Mr May's cost.
3. censure.
4. fine of \$5,000.
5. an award of 30% of the expenses and cost incidental to the hearing and Professional Conduct Committee investigation and prosecution.
6. publication of the decision on the Tribunal's website and publication of the name and a summary of the decision in the Council's Newsletter, The Edge, the Guild Contact and Pharmacy Today.

The Tribunal did not accept that Mr May's behaviour demonstrated naivety. Mr May had dispensed Dr Cullen's prescriptions for Sudomyll® for a number of years. The Tribunal found that Mr May had failed to take appropriate action when he had concerns about the excessive amounts of Sudomyll® prescribed. The Tribunal expressed concern at Mr May's lack of understanding and knowledge of his professional ethical obligations, given that the conduct related to the dispensing of a drug with the potential for misuse or abuse.

The full decision is available at: [www.hpdt.org.nz](http://www.hpdt.org.nz) Tribunal decisions / Pharmacists / Phar08/99P



## Feedback on Intern performance at the May 2009 Intern Assessment Centre

The Assessment Centre is the final assessment of the intern year. It consists of five OSCE (Objective Standardised Clinical Examination) stations and an interview. The stations simulate various scenarios that occur in normal pharmacy practice (e.g. OTC sale, dealing with a prescription or answering a query from a doctor), for the intern to demonstrate that they can competently handle these types of scenarios and are ready to register as pharmacists. The interview includes questions on professional and ethical pharmacy practice

At the June 2009 meeting, the Council Pre registration Assessment Board (PRAB), which is the Board who determines which interns are competent to register as pharmacists, decided there could be benefit in giving preceptors and the wider profession feedback on the performance of some Intern pharmacists at the May Assessment Centre.

Whilst PRAB cannot give specific details on the individual stations, there were common themes for feedback based on the performance of the interns.

**Paediatric dosing:** When presented with a prescription for a child, it is important to check that the dose is appropriate (not too much or too little) for the weight of the child using the referenced mg/kg dosage. Some interns dispense the prescription as it was presented without using the available references to check the dose.

**Familiarity with reference sources:** It was evident that some interns are over-reliant on MIMS without being familiar with other paper based reference sources (e.g. BNF, Briggs', Stockley'), which are often more appropriate than MIMS.

**Managing common drug interactions:** When presented with a request for a new medicine interacting with a current medicine, a number of interns assumed that the new medicine was required, recommending that the old medicine was stopped when it was not always best practice to do so. The alternative option of suggesting a new medicine that did not interact, but worked just as well, was often not considered. Some interns just did not identify the interaction.

The most recent Assessment Centre was held in the first week of November this year, and generic feedback from this will be published in the next Council newsletter.

### Thinking of taking an intern in 2010?

Becoming a preceptor pharmacist for an intern can be an excellent way for pharmacists to pass on their skills and experience, while also learning about the latest therapies and practice from a new graduate. There are over 200 pharmacy graduates needing internships in 2010 and some are still looking for places currently.

If you are interested in becoming a preceptor in 2010 please contact Annette Straugheir at the PSNZ – email [a.straugheir@psnz.org.nz](mailto:a.straugheir@psnz.org.nz) or phone (04) 802 0039.



## 'Pharmacist Prescriber' – new scope of practice

### Why the change in name for this new scope?

Back in 2007 the Council proposed an 'Advanced Scope of Practice' for experienced clinical pharmacists, which could include the ability to prescribe prescription medicines. Subsequent findings from Council research in 2008, as well as recommendations of the Competence Advisory Group (CAG), informed and supported the most recent Council decision (June 2009) that from a regulatory perspective, prescribing must be an explicit part of this new scope of practice i.e. this scope must be only for pharmacists in advanced clinical practice who are legally authorised to prescribe.

The Council therefore changed the name of this scope to Pharmacist Prescriber scope of practice. To enable this scope of practice the Council (with the support of PSNZ (Inc)) will be seeking designated prescribing rights for pharmacists to prescribe prescription medicines from the Minister of Health in 2010, within a collaborative pharmacy practice model.

### Is this model of pharmacy practice described elsewhere in the world?

The International Pharmaceutical Federation (FIP) defines collaborative pharmacy practice as an advanced clinical practice where pharmacists collaborate closely with other healthcare professionals (primarily doctors and nurses), to provide care which results in tangible benefits for patients. Internationally collaborative pharmacy practice includes, but is not limited to: initiation, modification and monitoring of prescription medicine therapy; ordering, performing and interpreting laboratory and related tests; assessing the patient's response to therapy; counselling and educating a patient on their medications; and administering medications.

Currently some pharmacists in the UK, Canada and the USA have prescribing rights and use these within a collaborative team environment.

### Which pharmacists are likely to want to register in this new scope?

Our research shows that pharmacists who already have an active role in advising prescribers in initiating and modifying a patient's medicine therapy and whose recommendations directly affect the management of a patient's medicines therapy are likely to want to add the ability to prescribe prescription medicines to their practice.

These pharmacists are able to work in this way as they are integral members of the health care team making prescribing decisions (e.g. pharmacists on ward rounds) or by referral to the pharmacist for advice (e.g. a comprehensive medication review requested for a patient with a view to rationalise /optimise the patient's therapy). Our research identified that allowing these pharmacists to initiate or modify a

patient's medicine therapy could contribute significantly to the quality use of medicines for patients.

In this new scope the pharmacist will have also met the prescribed competence requirements to have the legal authority to initiate and modify a patient's prescription medicine therapy.

### How does Council know there could be a place for Pharmacist Prescribers in New Zealand?

Earlier this month the Council hosted a very successful cross sector meeting of key stakeholders (in health) where attendees were given opportunities identify and discuss the risks; concerns; possibilities and opportunities of a Collaborative Pharmacy Practice model for New Zealand. This meeting was opened by the Associate Minister of Health, Hon Peter Dunne.

Pharmacists Dianne Wright (Paediatric Hospital pharmacist), John Dunlop (Primary Care), Pauline McQuoid (Secondary/Primary Interface ) and Clare Randall (Palliative Care in the community) each showcased their areas of practice to the group and described what tangible benefits to patients could result if they had the legal authority to initiate and modify medicine therapy. These four pharmacists had all participated in the Council research last year.

The general mood of the day strongly indicated that there was a case for this model of pharmacy practice and good general support for a proposed Pharmacist Prescriber scope of practice for New Zealand.

### Where to from now?

Council will continue its work in setting the competence requirements, qualifications and recertification requirements for this scope of practice with a view to submit the application for designated prescribing rights for pharmacists in August 2010. There will be a public consultation on the complete proposal prior to the Ministry submission, and all pharmacists and health stakeholders will have an opportunity to comment on this proposal then.

To help us further with the competence requirements for this scope, we are keen to hear from New Zealand pharmacists who have worked as supplementary and/or independent prescribers in the UK, Canada or USA.

If you are interested in helping us, please send your expressions of interest to Sandy Bhawan via e-mail at [s.bhawan@pharmacycouncil.org.nz](mailto:s.bhawan@pharmacycouncil.org.nz)



## Intern Training Programme (ITP) Accreditation Standards approved

As mentioned in the last newsletter the Pharmacy Council of New Zealand and the Australian Pharmacy Council (APC) have produced a single document for Accreditation standards of Intern Training Programmes in Australia and New Zealand. The public consultation on the standards is now complete. During the six week consultation period a total of 27 stakeholders (individuals and organisations) in New Zealand (16) and Australia (11) submitted their feedback. A joint analysis of the feedback enabled the two Councils to identify issues pertinent to their

respective country. The Accreditation Committee of the APC met at the end of September to discuss the submissions and the APC Board will be ratifying the standards at their meeting in November.

A copy of the collated feedback including responses and action to the feedback will be available on the Council website in December. It is expected that interested providers will be able to apply to PCNZ using the APC accreditation processes for ITP accreditation at the beginning of March 2010 for the provision of an ITP from 2011 and onwards.

## Pharmacist's Vigilance over Excessive Prescribing

Contributor: Gray Maingay  
Acting Services Manager, Middlemore Hospital Pharmacy

At a recent Morbidity and Mortality meeting in Middlemore Hospital, we were alerted to the excessive supply of controlled drugs, primarily through an MPSO in the community, that led to the death of a patient. The principle post-mortem findings by the coroner's pathologist for this patient were the combined toxicity of morphine, methadone, tramadol, diazepam and the presence of citalopram, fentanyl and methylphenidate.

At the meeting it was observed that "the community pharmacy failed to question the high prescribing of controlled substances to a single individual". Pharmacists need to be alerted to the consequence of this failure. It is important to remain vigilant to the possibility of abuse at all times. The Council statement *Raising Concerns with Prescribers*<sup>1</sup> clearly outlines a pharmacist's responsibility in bringing recurrent inappropriate or erroneous prescribing to the attention of all relevant authorities.

For those of you not familiar with the Shipman case in the UK, the following points make salient reading:

- The pharmacist from whom Britain's most prolific serial killer, Harold Shipman, obtained the diamorphine with which he killed hundreds (at least 143) of his patients went on to face a disciplinary hearing.
- The inquiry chairwoman particularly criticised the pharmacist for failing to query the unusually high number of diamorphine prescriptions Shipman obtained.
- The chairwoman commented the pharmacist had "lost her professional objectivity" when dealing with the GP and had "plainly not applied her mind" when considering whether the dosage was appropriate for a patient.

While the pharmacist in the UK case was exonerated of legal blame, it remains imperative that all pharmacists continue to remain vigilant to this sort of practice.

## CARM reports

Adverse reaction reporting is an important component of New Zealand's pharmacovigilance activities, with the Centre for Adverse Reactions Monitoring (CARM) collecting and evaluating spontaneous reports of adverse reactions to medicines, vaccines, herbal products and dietary supplements. CARM is contracted by Medsafe to collect voluntary reports which provide a local pattern of adverse reactions to medicines. The goal of adverse reaction reporting is to improve the safety of medicine use.

Pharmacists (community and hospital) submit approximately only 2.3% of the reports lodged with CARM but are often the first to hear from patients about an adverse reaction or reduced efficacy (perceived or real) of newly introduced/changed brands e.g. the levothyroxine formulation change. The message from CARM is "If in doubt, report it" so be proactive when patients report adverse effects, or no effect, from new or switched medicines.

## The Power of Apology

Council staff often field queries and complaints from members of the public over a range of issues e.g. prescriptions charges, repeat dispensing time-frames, photo id requirements for PSE sales and dispensing errors. Most of these enquiries could be answered by the pharmacy concerned with an explanation, and where appropriate an apology, but in many cases neither seem to be offered. A recent article in the *New Zealand Medical Journal* by Dr Marie Bismark, Senior Associate, Buddle Findlay, highlights the benefits of apologising when appropriate. Dr Bismark has kindly given Council permission to re-print the following abstract from the article, which can be read in full in *NZMJ Oct 09, Vol 122 No 1304*:

In the aftermath of an adverse event, an apology can bring comfort to the patient, forgiveness to the health practitioner, and help restore

trust to their relationship. According to the Health and Disability Commissioner: "The way a practitioner handles the situation at the outset can influence a patient's decision about what further action to take, and an appropriate apology may prevent the problem escalating into a complaint to HDC". Yet, for many health practitioners saying "I'm sorry" remains a difficult and uncomfortable thing to do. We can help to bring down this wall of silence by developing a clear understanding of the importance of apologies to patients and health practitioners; appreciating the difference between expressing empathy and accepting legal responsibility for an adverse outcome; knowing the key elements of a full apology and when they should be used; and supporting those who have the honesty and courage to say "I'm sorry" to patients who have been harmed while receiving healthcare.

## Prescription Writing: Best Practice from a Pharmacist's Perspective

The Medical Council recently asked the Pharmacy Council to write an article for their newsletter outlining best practice points when writing prescriptions. The article highlighted the ongoing frustrations pharmacists face on a daily basis when presented with incomplete or incorrectly written prescriptions. The article included issues such as outdated 'favourites' lists; out-of-date Special Authority numbers

or Specialist endorsements; illegible hand-written prescriptions; close control endorsements or lack of, to name but a few. Council recommended that if prescribers addressed any or all of the issues highlighted, the time saved and the number of calls made by both prescribers and pharmacists would be markedly reduced. The article will appear in the December 2009 MCNZ newsletter on [www.mcnz.org.nz](http://www.mcnz.org.nz)

1. *Raising Concerns with Prescribers*, Pharmacy Council of New Zealand 2009. See [www.pharmacycouncil.org.nz](http://www.pharmacycouncil.org.nz) under Pharmacists / Standards Guidelines and Protocols / Guidelines.



## Recertification Audit 2010

The next Council recertification audit is planned for April 2010. The audit reviews CPD completed in the previous three year period, as declared to Council for practising certificate renewal. The requirement is a minimum of 12 outcome credits, the same as the 2009 audit. Pharmacists have 15 working days to submit records when called for audit. If pharmacists have kept up to date and have been recording their learning appropriately for the Enhance programme, this should not be onerous. The audit process has not changed.

Council staff make a pre audit check of the records prior to forwarding them to the auditor to ensure they are legible and that all the relevant sections have been completed. If needed, pharmacists are given five working days to resubmit their records.

Auditors may require further information from some pharmacists to support the outcome credit assigned, and pharmacists are given ten working days to provide this information.

If the records are deemed not to meet the audit standard, Council will generally propose to place a condition on the pharmacist's scope of practice, requiring them to be under the oversight of a pharmacist peer for support and assistance with professional development. It does not mean that they must work alongside this person in their daily practice. This peer pharmacist must be clear on the requirements of the ENHANCE recertification programme and support the pharmacist to complete their documentation.

Further details about recertification can be found on the Pharmacy Council website [www.pharmacycouncil.org.nz](http://www.pharmacycouncil.org.nz) under Pharmacists / Recertification.



## Pharmacist changes since January 2009

### New pharmacists

Congratulations to the following intern pharmacists (both BPharm graduates and previously registered overseas trained pharmacists) who successfully completed the EVOLVE intern programme in June 2009.

Ehab Ahmad Baker, Olajumoke Rachael Akindeju, Lakmali Anthony, Wonjun Cho, Daniel Jaehoon Choi, Hyunyoung Choi, Vimun How, Tao-Hsuan Hsu, Chea Yoon Kim, Avneet Ishwar Lal, Chia-En Lin, Norris Luo Lin, Nicola Jane McPherson, Suprita Devi Nair, Uvini Kanchana Nanayakkara-Kahawatta, Yeu Foong Ng, Jin Young Park, Sesel Said Zaki Saad, Vineel Kumar Sami, Yieng Sia Ting, Ho Shing Tiong, Jason Yu-Cheng Tsai, Johannes Willem Van Eeden, Sunil Subashchander Vijan, Li May Yap, Mona Yassin.

### Pharmacists registered from Australia, Ireland, Northern Ireland, the UK and the USA from 19 January 2009 to 9 November 2009

Dane Micheal Bell, Rebecca Katherine Cox, Amanda Jane Farris, Paul William Kearns, Annette Margaret Kelly, Christopher John Lodge, Navisha Maharaj, Kelli Mauldin, Sinead Aoife McDowell, James Alexander McLean, Joseph Charles Monkhouse, Mayur Mahendra Patel, Rimnel Prathik Ram, Karen Elizabeth Richardson, Caroline Riddle, Marie Claire Sayer, Snehal Ashok Shah, Fady Farouk Aziz Sharaby, Catherine Louise Street, Katrina Anne Tandeki, Thuy Tuong Van Nguyen.

Welcome to the profession of pharmacy.



## Christmas wishes and closing times

The Council and staff would like to wish you all a very Merry Christmas and all the best for 2010.

Our office will be closed Friday 25th December through to Friday 1st January and will reopen on Monday 4th January 2010.

### Key Office Contacts

#### Registrations enquiries

David Priest  
Telephone 04 495 0333  
Email [d.priest@pharmacycouncil.org.nz](mailto:d.priest@pharmacycouncil.org.nz)

#### Practice issues

Barbara Moore  
Professional Standards Advisor  
Telephone 04 495 0338  
Email [b.moore@pharmacycouncil.org.nz](mailto:b.moore@pharmacycouncil.org.nz)

#### Recertification assistance

Sue Thompson  
Competence Policy Coordinator  
Telephone 04 495 0901  
Email [s.thompson@pharmacycouncil.org.nz](mailto:s.thompson@pharmacycouncil.org.nz)

#### Complaints/public safety issues

Jenny Ragg  
Deputy Registrar  
Telephone 04 495 0334  
Email [j.ragg@pharmacycouncil.org.nz](mailto:j.ragg@pharmacycouncil.org.nz)

