



Message from the Chair

Gosh – is it that time of year already? It is hard to believe that this time last year I had just been reappointed to Council and elected Chair – and now it's Christmas time already.

Council has had a productive year. We have several key projects on the go, and some new ones commencing. We are proud of our significant achievements and are well placed to be able to report and/or deliver on several key strategies in our 2016-2020 Organisational Strategy during the next year.

A recap of some key events/achievements/projects in 2016

Council:

- celebrated the launch of the Ministry of Health's [Pharmacy Action Plan](#). We are now meeting regularly with the Chairs and Chief Executives of the Pharmacy Guild and Pharmaceutical Society and working together on making sure the various milestones identified in the Plan are met. The outcomes of these meetings will be forwarded to HOSPOP (Heads of Schools and other Pharmacy Organisations) which has been given oversight of the implementation of the Plan
- is continuing and strengthening engagement with key stakeholders, government officials and other sector organisations
- continues to enhance and strengthen our relationship with pharmacists. We conducted a roadshow, visiting pharmacists and pharmacists' groups in a number of towns and cities around the country. The feedback from these meetings has been invaluable and will help shape our thinking for the future
- welcomed Michael Peard as Chief Executive and appointed Owain George as Registrar
- developed a recertification requirement for cultural competence ([see October 2016 Newsletter](#))
- implemented a requirement for 450 hours of practice over three years ([see more](#))
- initiated a review of the entire Code of Ethics rather than just clause 6.9
- approved the Reconsideration of Decisions policies ([see more](#))
- commenced a business capability improvement project (BCIP) – which will see annual practising certificate renewals submitted online from 2017 ([see more](#))
- commenced a number of pharmacy related projects e.g. Medicines reclassifications; Therapeutic products regulation etc
- published our 2016 [Annual Report](#) and [Workforce Demographic Report](#).

At its November 2016 meeting Council considered: professional development for Council members, strategy planning for February 2017, updates on key projects (BCIP, Medicines reclassification process, Standards and guidelines for pharmacists in general practice or primary care clinical roles, Code of Ethics review, Medicines management and Therapeutic products regulation).

Finally, I would like to thank my fellow Council members and our Council team for a hard year's work. On behalf of Council, I would like to wish each and everyone one of you a very merry Christmas and a safe and happy holiday. I look forward to 2017 and the work Council has planned, which will assist our profession to achieve excellence in pharmacy practice across all roles and scopes of practice.

Mark Bedford
Chair

*“promoting
enhanced wellbeing
through
excellence in
pharmacy practice”*

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Message from the Chief Executive

Hi

The festive period will soon be upon us. There is much work still to be completed before the end of the year. Mark Bedford has already summarised the Council team's key achievements for 2016, so I will focus on the key activities of the last couple of months.

Although here in Wellington we have felt disruption from the major earthquake on 14 November 2016, our heartfelt thoughts must go to those people in Kaikoura and Wellington who have suffered enormous loss and have to continue to manage the daily consequences of that loss. The value and importance of the pharmacist in times of crisis, is even more fundamental. Our special thoughts, and thanks, go to David McKee (sole pharmacist in Kaikoura) and other peers supporting David. We are also thinking of those in other earthquake affected areas. We were lucky that our office was only closed for three and half days, but a significant amount of business as usual was still completed remotely.

Earlier in November, I was fortunate to have the opportunity to attend the New Zealand Hospital Pharmacists' Association (NZHPA) conference from Friday to Sunday (4-6 November 2017) in Christchurch. What a great conference. Well organised, extremely topical and an awesome balance of activity to foster great camaraderie.

Of the sessions I attended, it was enormously valuable to hear Hector Matthews (from the Christchurch DHB) demonstrating the importance of understanding Māori culture through data (presentation titled: *Māori: knowing our options, understanding our weaknesses*). The data also helped in understanding possible journeys and how, therefore, a practitioner may adapt their engagement to ensure an effective outcome.

In addition, a session on Visual Thinking Strategies as a method for learning was extremely powerful. I could easily see it as a method for simply getting all meeting participants to value and build on differing perspectives, as well as better understanding differences and views from a cultural perspective.

Well done to the Christchurch organising team and the NZHPA executive!



L-R - David Wilson, Amy Chan, Owain George (Council), Kiri Aikman, Ruchika Tandon, Arthur Liu and Michael Pead (Council)

In mid-November 2016 it was great to meet with representatives from the New Zealand Young Pharmacist Group, whilst they were in Wellington to meet with the Minister of Health.

We discussed a number of the 'current' key issues in the sector. Most importantly for us at Council, was to ensure we continue to support the Pharmaceutical Society in the role and career of pharmacists. Council must ensure its regulation is an enabler, and not a barrier. Equally important was how we ensure the early career perspective is recognised and incorporated into all of Council's business.

We recently invited stakeholders to provide feedback on a proposed increase in Council's Annual Practising Certificate Fee for the 2017-18 Practising Year. The consultation document is available [here](#). Feedback is invited before 5.00pm, 4 January 2017.

As this is our last newsletter for the year, I would like to take this opportunity to wish you and your families a very happy and festive Christmas and New Year period. Please be safe and I look forward to working with you in 2017, when together we will continue our work to achieve excellence in pharmacy practice and ensuring public safety.

Ngā mihi, Michael



Crossing the cultural divide – keep it simple!



Jaffer Al-Jumaily remembers what it felt like to be a new arrival to New Zealand with almost no knowledge of the English language. His family's story of leaving Iraq under difficult circumstances during a Gulf war is interesting in itself, but for this article we were interested to know more about his work as a highly valued and much loved pharmacist in Auckland's Papakura Marae Pharmacy Clinic where the community he serves is over 90 percent Māori.

"It might take some time, but when you see someone light up in conversation about their medicines and you know they have become engaged, it's wonderful".

Jaffer says that he never forgot what it was like being a ten year-old who did not understand things everyone else seemed to know. As a pharmacist explaining medicines, he attempts to mentally "stand in the shoes" of the person in front of him and assumes nothing is obvious. He accepts that there are many reasons why patients may not adhere to the all-important regime of taking medicines so tries to think of three different ways to describe routines in ways that might link into the daily activities of different lifestyles and work commitments.

A Papakura Courier's weekly *Thanks A Bunch* award to Jaffer quoted a happy customer: *"He is so friendly and helpful. He even went out of his way to drop our daughter's medication off because my partner is terminally ill. He always takes the time to ask how we all are. It's always a pleasure to deal with him and this is a small way to say thank you for making our day lovely".*

Jaffer loves the fact that in the marae clinic he gets to know patients better than might be possible in some other practice settings. He acknowledges the many reasons someone may be unable to pick up their medicine. He creates manageable payment plans with individuals and sometimes also elicits the help of leaders and social support staff of the marae to make it possible for patients to get prescribed medicines when they need them. Jaffer varies his own trip home most nights to make a delivery when transport is difficult for a patient. We notice that he doesn't wear the traditional white dispensing jacket, perhaps to remove one more barrier to easy conversation.

When we asked Jaffer what tips he would offer other pharmacists to work better with patients who are of different cultures, he reiterated: knowing patients well, being truly interested in their lives and wellbeing and building trust in a way that makes it easier for patients to hear the essential messages about taking the medicines that are essential for their wellbeing. *"It might take some time, but when you see someone light up in conversation about their medicines and you know they have become engaged, it's wonderful".*

Keep up with your CPD – even if you are taking time away from practice

A friendly reminder that if you have been issued with an annual practising certificate (APC) for a full year (1 April to 31 March) you must complete the required continuing professional development (CPD) points for that APC year. Further, if you are completing your three-year learning cycle in the APC year, you must also ensure that you have met all the three-year requirements. If you are expecting to be away from practice for a portion of the year – for example, to have a baby or travel – the next time you apply for a practising certificate your CPD compliance will be checked, so planning is important. The Council's recertification framework and ENHANCE 2.0 guidelines offer a range of flexible learning options for when you are away from practice.

Business capability improvement programme – benefits for you and us!

The Council is enhancing the technology it uses to expand its business capability. This is a significant project that is designed to ensure benefits to pharmacists as well as efficiencies in our work processes. Pharmacists will be able to fulfil their responsibilities to, and interact more easily with, Council. The project will roll out in phases, the first of which is to get APC Online underway in March 2017.

Phase 1: APC Online

All APC renewal applications will be submitted online from 1 March 2017. Pharmacists will no longer need to wait on their forms to arrive by post or worry about whether their completed applications have arrived at Council offices by the 31 March deadline. Payment for APCs will be made online, and CPD compliance of each pharmacist will be checked by the system before an APC is issued.

We have engaged Mercury IT to undertake this significant project with us. Mercury has wide experience in this area and has set up similar systems for several other regulatory authorities. The Pharmacy Council supports alignment and knowledge-sharing between regulatory authorities, where possible, and we are grateful to the Nursing Council for allowing the Pharmacy Council's new system to be based closely on the nursing registration system. Development is well underway and we expect to be undertaking testing of the online process with a small group of pharmacists in January and February 2017.

Take a look at our new web page dedicated to [APC online](#). Frequently Asked Questions (FAQs), copies of newsletter items and other helpful information relating to the new process will be displayed here.

We will expand the FAQs as more information comes to hand and in response to your questions. If you have a question that is not answered in the FAQs, please email [APC Online](#).

Phase 2 (2017): Pharmacist self-serve portal

Once the APC online system is up and running, we plan to make more of our standard forms online and allow pharmacists to securely access, and make changes to, some of their information held by Council.

Phase 3 (2017): Registration

First-time registrants into any of the three scopes of practice will be able to make their applications online. This will include overseas pharmacist applicants.

Phase 4 and beyond (2017-18): Case management, workflow streamlining, data analytics and accreditation monitoring

Council manages up to 100 compliance cases each year which may involve health, conduct or competency considerations. These sensitive cases require a range of business processes and decisions which requires staff expertise, however some workflow automation will ensure greater consistency and efficiency.

Increasingly Council is reliant on data to inform its policy and regulatory decisions. The planned system will be able to provide robust and comprehensive data for these purposes.

Accreditation of pharmacy education programmes remains a core business of Council. Management of accreditation cycles for each education programme will be incorporated into the integrated technology system.

Do we have your correct email address?

The email address we have on record for you must be correct and must be unique to you.

When APC online becomes effective on 1 March 2017, we will use that email to send the link to begin your recertification application.

Either update your email address online or email us on [enquiries](#)

Dispensing safety tip reminder – final check

- *open all skillets and bottles to visually sight the medication as part of your final check of any dispensed item*
- *consider the patient profile and clinical check as another step in verifying that the item you have dispensed makes sense and is safe for the patient*
- *annotate the prescription in some way as a mental check that you have completed this task before signing off the prescription item.*

Visual check to verify medicine dispensed

When dispensing medication, as pharmacists, we recognise that errors can occur at any point in the processing and dispensing of a patient's prescription. We have Standard Operating Procedures to follow consistently and record any near misses to reflect our professional commitment to continuous quality improvement.

The final check is one of the most critical steps in the dispensing process; it is likely to be the last opportunity to identify any error before it reaches the patient. In addition to the vital clinical check (which Council discussed in our [August 2016 newsletter](#)) a visual check of the medication is an imperative safety step.

It is crucial to open skillets and bottles to visually sight the contents and double check that the medicine matches that written on the prescription and the label. Council has many recent examples where this part of the process was overlooked, and as a result the patient has received the wrong medication. Thankfully in most instances the patient queried the change with the pharmacist before the medication was consumed. However, in some cases, the patient had become accustomed to frequent brand switches, consumed their medication and suffered adverse effects.

Some recent errors Council has been notified of include:

- prednisone 20mg dispensed instead of prednisone 5mg
- amlodipine 10mg dispensed instead of amitriptyline 10mg
- lithium carbonate 400mg dispensed instead of lithium carbonate 250mg
- cabergoline 500mcg dispensed instead of mercaptopurine 50mg tablets
- tramadol 50mg dispensed instead of fluoxetine 20mg
- fluoxetine 20mg dispensed instead of tramadol 50mg

Ministry of Health information and links

Sativex – Published 29 November 2016

Sativex is a cannabis-based buccal mouth spray, Class B1 controlled drug approved for use in multiple sclerosis patients meeting certain clinical parameters. Ministerial approval is required before Sativex can be prescribed, supplied or administered in New Zealand.

Prescribing Sativex for any other purpose is an unapproved medicine covered by section 29 of the Medicines Act 1981.

For more detailed information and copies of information for prescribers, pharmacists and patients see the Ministry's [website](#).

Guidance for Pharmacists Dispensing Prescriptions for Span-K – Published: 1 December 2016

Council is aware of current problems with the supply of funded slow release potassium chloride products in New Zealand due to the recall of Span-K. The alternative product, Duro K. is funded by PHARMAC but as it does not have consent for distribution in New Zealand, section 29 rules apply. The Ministry has recently sent out information to all pharmacies outlining the process that pharmacists need to follow for this product. For more comprehensive information see the Ministry's [website](#).

Dispensing to self prescribing health professionals

Recently a pharmacist was investigated by a Professional Conduct Committee for dispensing drugs of dependence to a doctor. The doctor was self-prescribing and was a personal friend. The pharmacist agreed to share the following article as a learning outcome to the profession.

"I recently appeared before a Professional Conduct Committee as a consequence of dispensing to a doctor who self-prescribed medications – some were medicines for bona fide medical conditions, but others self-prescribed drugs of dependence to help with sleep. This had been going on for some time, but the medicines were prescribed at, what appeared to be, consistent three month intervals, so I was not concerned.

The doctor was someone I had known as a close personal friend for the last 30 years; we socialised together; our families had holidayed together and the doctor had been involved in the post-natal care of my premature baby for six weeks in hospital. There was a very strong bond between us, I believed this person was a good doctor who I trusted implicitly.

The prescribing frequency of the sleeping pills increased in the middle of 2014 to six weekly. When I queried this at the next two dispensings the doctor provided plausible reasons. At the third dispensing I was provided another excuse and I cautioned the doctor that if the frequency of dispensing was investigated it would all look a bit dodgy.

Looking back on these events it is quite obvious that something was wrong, but I failed to see this at the time. I trusted someone more than I should have. Apart from not using appropriate professional judgement, I failed to consult my peers on this matter.

As a friend and health practitioner, I should have been concerned by the doctor's overuse of addictive medications and recommended help be sought. I also should have refused to dispense these medicines unless they had been prescribed by another doctor. I should have known it is professionally unethical for doctors to prescribe medicines of dependence for themselves. While it would have put a strain on our friendship, this is the type of responsibility that a pharmacist must take in a situation like this.

As a result of my conduct being in question I enrolled in and completed a Law & Ethics course run by the College of Pharmacists. I also undertook a full practice review and have discussed this matter with all my professional staff. Finally, this is also a message to me that I need to be continually vigilant in my pharmacy practice and always asking questions of myself about what I am doing. If I have any doubts or concerns about a pharmacy subject, I should have no hesitation in sharing these with my peers."

Learning opportunity for pharmacists