

## March 2016 Newsletter

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### Message from the Chair



Welcome to the first newsletter of 2016 and my first newsletter as Chair. I certainly feel privileged to have been reappointed by the Minister of Health to Council and elected by fellow Councillors as their Chair. I look forward to working alongside my Deputy Chair, Viv Gurrey, a lay person on Council, serving her second three-year term. I would also like to take this opportunity to welcome three new Council members: Lynette Flowers (lay person), Iain Buchanan and Arthur Bauld (pharmacists).

I would like to make special mention of our recently resigned CEO, David Simpson. David made a significant contribution to our organisation in his 14 months with us. Also a big thanks to Claire Paget-Hay who has returned as Acting Chief Executive and Registrar while our recruitment process is being conducted.

One of my priorities as Chair will be to implement our recently released Organisational Strategy 2016–2020, which is underpinned by our Mission "Enhanced Health Outcomes" and our Vision of "Enhanced Wellbeing". I encourage you to look at this document on our website [Organisational Strategy 2016-2020](#).

Our priorities that emerge out of this document include:

- implementing our IT strategy, which is long overdue – this will lead, amongst other things, to the ability to renew your annual practising certificate (APC) online
- improving stakeholder engagement at all levels, including collaborative opportunities and engagement with our stakeholders
- our desire to drive operational excellence and deliver best practice governance.

Like many of our other Health Practitioner Councils or Responsible Authorities, we are seeing an increasing number of notifications, especially about conduct. I personally find this disappointing, not only because of the cases being notified, but because the Council, through your APC payments, fund the activities needed to process these notifications, and that costs YOU.

Looking ahead – there are some exciting initiatives and opportunities for our profession and you can be assured that Council will be working hard to help bring these opportunities into reality.

I assure you that we have a committed team of Council members and staff at the Pharmacy Council and I look forward to your continued support.

Mark Bedford  
**Chair**

### **Joint Codeine Statement**

What's new: the Pharmacy Council and Pharmaceutical Society have worked collaboratively to produce a joint "Codeine Statement" to provide guidance to the profession when supplying codeine containing analgesics as pharmacist-only medicines. It can be found on our website [Joint Codeine Statement](#).

### **Privacy Statement**

The Pharmacy Council (Council) collects and holds personal and confidential information about individuals to fulfil its duties under the Health Practitioners Competence Assurance Act 2003 (the Act).

As previously advised on the 2016/17 Annual Practising Certificate renewal form, from 1 April 2016, Council may share with an overseas health regulatory authority information about a pharmacist who is under investigation or a formal Council action, if the pharmacist is registered with that authority.

Council recently published a Privacy Statement outlining how Council uses personal information for common situations to meet its obligations under the Act. View the [Privacy Statement](#) here.

### **Open Consultation – Review Management Fee and Request Lodgement Fee**

Council is committed to fair and transparent processes. This year, it will introduce a policy and processes for reconsideration of Council decisions and, separately, for consideration in the case of an adverse assessment event. Consultation has opened for fees that are proposed for these processes.

The consultation document can be found on Council's website at [Open consultation](#).

Consultation closes on 15 April 2016.

## Pharmacist Vaccinators

An amendment to the Ministry of Health Immunisation Advisory Committee (IMAC) booklet, due to be published soon, removes the requirement to notify Council of your vaccinator status. Since the *Competence Standards for the Pharmacy Profession 2015* were implemented, administering medicines has been identified within the pharmacist scope of practice. The Pharmacy Council Vaccinator Register is no longer being updated and will soon be taken off our website.

Council recommends pharmacists enter any vaccinator certification activities into their Enhance 2.0 records on the Pharmaceutical Society's website and retain hard copies of the documents. Pharmacy Defence will require you to have records of these qualifications to provide assurance that you have the appropriate qualifications and level of competence to safely administer vaccines.

If your level of competence in this area comes into question, you will be expected to be able to provide evidence of your vaccinator certification status.

## Reclassified Medicines

Council reminds pharmacists of the requirements when supplying patients with medicines that have been reclassified from prescription medicines to restricted medicines. The provision of medicines such as trimethoprim or sildenafil requires pharmacists to have completed an approved training course and then follow an established protocol during each patient consultation to determine whether it is appropriate and safe to supply the medicine to the patient.

It has come to Council's attention that there is confusion about the appropriate packaging and quantity of sildenafil that may be supplied. Please ensure that you follow the steps on the screening tool supplied to you as part of your training.

You are reminded of the wording in the classification of sildenafil:

*Prescription medicine except when sold as medicines for oral use containing 100 milligrams or less per dose unit when sold in the manufacturer's original pack containing not more than 12 solid dosage units for the treatment of erectile dysfunction in males aged 35–70 years by a registered pharmacist who has successfully completed a training programme endorsed by the Pharmaceutical Society of New Zealand.*

Please note the requirements of this classification and ensure that they are adhered to at all times – departure from the obligations will be treated seriously, may result in a notification to the Pharmacy Council and subsequent disciplinary action.

## Locum Pharmacists

Locums are extremely important members of the pharmacy workforce and it is important they are supported and appropriately orientated to ensure they are able to practise safely within a new environment. A key part of any orientation is to ensure the locum receives an explanation of the dispensary layout and any unique services or equipment before commencing their practice.

Locums must familiarise themselves with the content of the pharmacy's standard operating procedures (SOPs) before starting work. One way of doing this would be for the pharmacy to provide a quick link to the SOPs on the dispensary screen. Locums should be made aware of any risks that have been identified in the pharmacy to enable the pharmacist to be extra vigilant in their processes to mitigate these risks. Factors such as overcrowded or disorganised dispensary fridges, lack of near miss registers, lack of collegial support and unusual dispensary organisation have been identified as contributing factors in locum errors.

It is also important to ensure locum pharmacists hold a current APC issued by the Pharmacy Council of New Zealand. This provides assurance to their peers and the public that they are competent and fit to practice. A pharmacist's registration status and any conditions can be checked on the Pharmacy Council Register, which is found on the Council's website – [www.pharmacycouncil.org.nz](http://www.pharmacycouncil.org.nz).

Locums, like all pharmacists, must hold indemnity insurance with the Pharmacy Defence Association and have the necessary accreditations or qualifications to provide certain medicines, that is sildenafil, trimethoprim, chloramphenicol, Tamiflu; and services such as Community Pharmacy Anti-coagulation Management Service.

## Labelling and Expiry Dates

The information included in a dispensary label is often the only reminder that the patient has of the instructions and information they received from the practitioner. Because patients rely on the information included in the medication label, it is important that labels are as comprehensive and accurate as possible, as this will help improve patient understanding of what the medication is for and how it should be used safely and effectively.

Pharmacists are an essential link in the chain to ensure patients use their medicines safely and appropriately, included in this is informative patient education. The addition of the medicine's indication – such as “*for eczema*”, “*for itchy skin*”, “*for infected lesions*” can improve patient knowledge and health literacy, as well as patient safety. Pharmacists are encouraged to work collaboratively with their local practitioners to improve medication labelling and provide effective, accurate instructions on individual patient prescription labels.

Proprietary preparations do have expiry dates on the packs, but often they are too small to be easily read by patients, especially those with impaired vision. Including the expiry date in the patient label, where there is room, can reduce the risk of products being used well past their expiry date. Extemporaneously compounded products should all have expiry dates included in the label – if in doubt follow Emixt<sup>1</sup> recommendations.

1. Emixt is the website that provides formulation and stability information for extemporaneously compounded products <http://www.pharminfotech.co.nz/>

## Extemporaneously Compounded Formulations of Oral Liquid Medicines

In our July 2015 Council newsletter we published an article regarding concerns about the preparation of extemporaneously compounded formulations in community pharmacy in New Zealand. Following this article, a sector working group was formed to discuss safety and product availability. Recent errors reported were reviewed by the group.

The group is concerned that pharmacists incorrectly believe anything can be compounded into an oral medicine using Ora-Blend. Many medicines cannot be safely compounded in this way because of solubility or stability issues. For example, one pharmacy attempted to compound a preparation by crushing warfarin tablets and mixing them with Ora-blend “because the schedule says you can”. Fortunately, it was discovered before it left the pharmacy and tablets were correctly re-dispensed.

Recent errors reported relate to the formulation of oral medicines using non-standardised formulation strengths; for example, Omeprazole 1mg/ml and Omeprazole 4mg/ml are being compounded when the standard is Omeprazole 2mg/ml. Please be aware that the stability and safety data is based on the standardised strengths, so in circumstances where non-standard strengths are prescribed, contact the prescriber and advise them to amend the prescription and dose to reflect the strength of the standard formulation.

Product labelling and patient counselling must accurately reflect the storage recommendations and product expiry dates outlined by the standardised formulation information on Emixt ([www.pharminfotech](http://www.pharminfotech)). Baclofen, diltiazem, levetiracetam and phenobarbitone extemporaneously compounded formulations must all be stored at room temperature to ensure their stability. In all of the recent cases the patient had been told to store the medicines in the fridge, and the effects on the stability and patient safety from incorrect storage are unknown.

Essentially, proprietary preparations are safer than preparations formulated in the pharmacy, therefore it is recommended that pharmacists confirm an existing dose or preparation does not already exist before they consider compounding a medicine.

## Annual Practising Certificate Renewal (APC)

Your APC renewal application should have been received in our office on or before 31 March 2016. Remember that you must not practise without an APC; however, as long as your form and payment have been received by the Council, you are deemed to hold an APC unless you have been notified otherwise. You can check your registration status on the [public register](#) on our website. The public register is updated overnight, meaning renewals processed on one day will show on the public register the following day.

If you have questions regarding your renewal, please email us at: [enquiries@pharmacycouncil.org.nz](mailto:enquiries@pharmacycouncil.org.nz)