

June 2015 Newsletter

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Message from the Chair



Tēnā koutou and welcome to our second newsletter for 2015. Over the last quarter, the Pharmacy Council has focused on developing and defining its long-term organisational strategy. Council is now over a decade old, and building on strong foundations, is about to enter an exciting new phase. What remains at the forefront, however, is our uncompromising commitment to public safety.

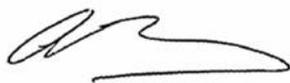
This commitment, combined with a rapidly changing health system and increased patient complexity, means Council must continue to challenge its thinking and the way we do things. We are focussed on continuing to proactively contribute to the New Zealand health system by ensuring pharmacists are delivering safe, effective pharmacy services today and in the future.

Council is in the early stages of developing a five-year strategic plan (2016-2020) with a number of themes already beginning to emerge. I am pleased to be in a position to share some of our early work with you. Key themes include:

- promoting and supporting collaboration and integration with the New Zealand health system
- ensuring all pharmacists are skilled, educated and qualified to practise safely within future models of care

- supporting innovation in pharmacy practice in response to New Zealand's changing health landscape
- strengthening our engagement with stakeholders and enhancing confidence
- operational excellence.

I look forward to sharing further details with you over the coming months as our strategic themes develop.



Andrew Bary, Chair

Message from the Chief Executive



Time flies, as they say, and I find it hard to believe that I have been with the Pharmacy Council for six months. I continue to feel privileged to have met so many passionate and committed stakeholders and I am grateful for their willingness to share their knowledge and experiences of pharmacy practice with me.

These conversations have made me reflect on my own time as a clinician; in particular, what I knew about health regulation during my years as a practising physiotherapist. I have built a much greater knowledge and an even stronger appreciation of the critical role health regulators play in ensuring public safety. To this end, over the coming months I intend to share some of my learnings, with a view to building the pharmacy sectors' knowledge of the Council's wide range of functions and providing plain English explanations of the Health Practitioners Competency Assurance Act (HPCAA). Or, put another way, explaining **'why'** we do **'what'** we do. Until then, best wishes.



David Simpson, Chief Executive/Registrar

New Professional Standards Advisor – Pam Duncan

We are delighted to announce that Pam has taken up the role of Professional Standards Advisor at the Pharmacy Council. Pam brings a wealth of pharmacy knowledge and experience, having worked across a broad range of primary and secondary care environments. Pam also has significant expertise in clinical governance, intern education and examinations.

Updated Policy and Statements

Recertification for Practising Pharmacists

Participation in an accredited recertification programme is one way pharmacists assure the Pharmacy Council that they are maintaining and enhancing their practice of pharmacy. Requirements of the approved recertification programme, ENHANCE 2.0, must be met for an annual practising certificate to be issued.

The Council's policy *Recertification for Practising Pharmacists* outlines these requirements and the actions that Council may take if requirements are not met. It also describes the process of auditing the declarations made to Council about participation in the recertification programme.

The *Recertification for Practising Pharmacists* policy has recently been reviewed to strengthen the Council's expectation of full compliance with its recertification framework and to streamline audit processes now that ENHANCE is online.

The updated policy came into effect on 1 July 2015 and can be found using the following link: [Recertification for Practising Pharmacists](#).

Telehealth Statement

In May 2015, Council reviewed its policy on telehealth consultations to ensure it reflects best practice. Key changes to the *Telehealth Statement* articulate that a 'telehealth consultation' should be:

"...to an equivalent standard of care and meet the same professional requirements as that of a comparable face-to-face patient interaction."

The updated statement came into effect on 1 July 2015 and can be found using the following link: [Telehealth Statement](#).

Pharmacist Vaccinators Statement

Also in May 2015, Council reviewed its *Pharmacist Vaccinators* policy. The policy was refined and revised to better align with the Ministry of Health Vaccinators Guidelines.

The updated statement came into effect on 1 July 2015 and can be found using the following link: [Pharmacist Vaccinators Statement](#).

Safety Concerns about Extemporaneously Compounded Formulations of Oral Liquid Medicines

Pharmacy Council is aware of concerns about the preparation of extemporaneously compounded formulations in community pharmacy in New Zealand, with dispensing errors being reported to the Medication Error Reporting Programme (MERP).

These concerns relate to:

- the preparation of compounded formulations where proprietary products are available
- variation in the strength of compounded formulations against standardised formulae

- formulations compounded without supporting stability data or using inappropriate ingredients.

A considerable amount of work has been done in New Zealand to ensure standardised formulae with supporting stability data are available for pharmacists to compound when proprietary products are unavailable.

Formulae can be found and readily accessed at www.pharminfotech.co.nz (eMixt) or in the Pharmaceutical Schedule.

We would like to highlight the potential risks to patients through incorrectly compounded formulations. These risks include lack of drug efficacy, medication underdose or overdose, and adverse drug reactions. Therefore, it is recommended that pharmacists use a proprietary product where one is available or dispense extemporaneously compounded formulations using the standardised formulae.

Open Consultations – Submissions due – 29 August 2015

The Pharmacy Council is inviting submissions on its proposed “*Pharmacist Prescribers Recency of Practice*” and “*Overseas Qualified Pharmacist Prescribers*” fees.

In short, this consultation process is to obtain views from the sector to enable Council to make a final decision on the proposed fee for Overseas Qualified Pharmacist Prescribers and Pharmacist Prescribers who are not yet registered or who are registered and returning to practice (Recency of Practice).

The consultation documents can be found using the following links:

- [Proposed Fee for Pharmacist Prescribers Recency of Practice.](#)
- [Proposed Fee for Overseas Qualified Pharmacist Prescribers.](#)

Note – both submissions close on **Saturday, 29 August 2015.**

The Pharmacy Council will shortly be inviting submissions on its proposed supplementary wording to Clause 6.9 of the “*Code of Ethics – 2011*”, so keep an eye on the consultation page of the website [Consultations](#).

Complementary and Alternative Medicines – Best Practice Guidance for Pharmacists

As medicines experts, pharmacists have built their reputation on providing accurate, unbiased information to patients on the use, safety and effectiveness of all medicines, including complementary and alternative medicines. Pharmacists must be familiar with the latest information on the medications they supply to their patients, and seek independent information to maintain an objective viewpoint so they can help individuals make informed choices (Competence Standard O1.2.4).

Homeopathy in particular has had much attention over recent times, specifically regarding its plausibility and efficacy. Nonetheless, many people, including some healthcare professionals, continue to use or practise homeopathic medicine and advocate its safety and efficacy.

It is not Council's purpose to endorse any particular complementary or alternative medicine or practice; however, Council believes it is necessary for pharmacists to have a basic knowledge of complementary and alternative medicines to engage with and advise patients appropriately.

This approach also ensures pharmacists can meet their duty of care to patients and the profession. Pharmacists should be able to counsel patients about complementary and alternative medicines' general use, the current evidence and any safety issues, including their use with other medications.

Methadone Labelling Errors

A recent serious error occurred in a hospital because of the administration of a poorly labelled takeaway dose of methadone. The patient's methadone label did not state that the takeaway dose had been diluted as per the region's opioid substitution guidelines and also did not stipulate the TOTAL dose of methadone contained in the takeaway. It is important to note that the current guidelines for dilution of methadone are:

*"Pharmacists should only dilute takeaway doses with water if the prescription specifically requires dilution and instructs the dilution volume or concentration. **Labels must accurately reflect the contents of the bottle.**"*

"Where clients are in custody or hospital, pharmacists should direct enquiries about takeaway doses from police or hospital staff to the service or prescriber."

Please ensure you are familiar with the Opioid Substitution Treatment 2014 Guidelines (link below) and check that your labelling contains ALL the required information as per the protocol, and your regional guidelines if applicable.

It may also be timely to check that your standard operating procedures are up to date with the current Opioid Substitution Treatment 2014 Guidelines as documented in the Pharmacy Council's November 2014 newsletter and available on the Ministry of Health website – link below.

[Ministry of Health 2014. New Zealand Practice Guidelines for Opioid Substitution Treatment. Wellington: Ministry of Health. Published in April 2014](#)

Health Practitioners Disciplinary Tribunal Decisions

Summary of decision of the Health Practitioners Disciplinary Tribunal for publication – Mr Leslie Allan Campbell – Phar14/296P

At a hearing of the Health Practitioners Disciplinary Tribunal (the Tribunal) held on 19 February 2015, Mr Leslie Campbell, pharmacist of Upper Moutere, admitted a charge laid against him amounted to professional misconduct.

The charge alleged that Mr Campbell was convicted in the District Court at Nelson of four separate offences; in that he committed theft of pharmaceutical products that he was in control of (namely Ativan, Hypnovel, Buscopan, Diazepam, Postinor, Normison, Alanase and Avigra).

The Tribunal found the charge established and noted that the pharmacist's actions called into question whether he is a fit and proper person to retain registration. Mr Campbell was censured and had his registration cancelled by the Tribunal. The Tribunal ordered Mr Campbell to pay \$3,464.90 in respect of the Tribunal's costs and \$3,281.40 in respect of the Professional Conduct Committee costs.

A full decision of the Tribunal can be viewed at www.hpdt.org.nz Reference: Phar 14/296P – <http://www.hpdt.org.nz/Default.aspx?Tabid=442>

Summary of Decision of the Health Practitioners Disciplinary Tribunal for Publication – Mr Samer Moustafa Dabous – Phar14/303P

At a hearing on 10 April 2015 the Tribunal considered a convictions charge laid by a Professional Conduct Committee against Mr Samer Moustafa Dabous, pharmacist of Dunedin (the Practitioner).

The Charge

The charge was that:

- On 2 May 2014, the Practitioner was convicted in the District Court at Auckland of two representative charges punishable by a term of imprisonment not exceeding eight and 14 years respectively, pursuant to section 6 of the Misuse of Drugs Act 1975 in that:
 - a. on or about 4 December 2011, the Practitioner had in his possession class C controlled drugs (namely Diazepam, cannabis and Triazolam) for the purpose of sale; and
 - b. on or about 4 December 2011, the Practitioner had in his possession class B controlled drugs (namely morphine and Ritalin) for the purposes of supply.
- The convictions either separately or cumulatively reflect adversely on the Practitioner's fitness to practise.

The Practitioner accepted that the convictions reflected adversely on his fitness to practise and the hearing proceeded on the basis of an agreed summary of facts.

The finding

The Tribunal found the charge established. The Tribunal stated that of all health professional groups over which it has jurisdiction, it is not unfair to suggest that pharmacists are expected by the public and their profession to act appropriately in relation to drugs in the interests of the public.

The penalty

The Tribunal cancelled the practitioner's registration and ordered him to pay 25 percent (\$7,206.00) of the costs of and incidental to the investigation, prosecution and the hearing of the charge.

The Tribunal also directed publication of its decision and a summary.

A full decision of the Tribunal can be viewed at www.hpdt.org.nz Reference: Phar14/303P – <http://www.hpdt.org.nz/portals/0/phar14303pdecisionweb.pdf>