

February 2015 Newsletter

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Message from the Chair



2015 is well underway and I would like to take this opportunity to wish pharmacists all the best for the year ahead. It is hard to believe a year has passed since we last renewed our annual practising certificates and that applications are now due for the 2015-2016 year. If you haven't already done so, please send your application to the Pharmacy Council before 31 March, so you may practise on 1 April. Remember that before you send your application in, you need to ensure your continuing professional development for the past year has been recorded and your declaration must be signed only after this has been completed. We know the vast majority of pharmacists embrace

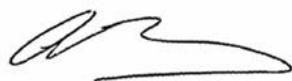
their professional obligations and often exceed the minimum requirements for recertification. As part of the process, the Pharmacy Council confirms this by conducting an audit of a proportion of the register. All applications received after 31 March are automatically included in this audit.

Acknowledgements

I would like to acknowledge Claire Paget-Hay who is leaving the Pharmacy Council at the end of this month. Claire joined the Pharmacy Council in 2004, managing Council's human resources, and administrative systems. Since 2012, Claire has been tremendously valuable as Chief Executive and Registrar. She has ensured the sign off on key projects for Council including the new summative assessment for pre-registrants, a new recertification framework, and a comprehensive review of the competence standards for pharmacists, as well as capably managing its legislative functions. Council is very grateful to Claire for her tremendous contribution to the organisation and wish her the very best for the future.

It is also with sadness that we have said farewell to Barbara Moore, Professional Standards Advisor. Barbara has been with the Pharmacy Council for eight years and during this time she has managed many significant projects including, the review of the Competence Standards. In particular, Barbara's engagement with stakeholders has been an invaluable asset. Barbara has accepted a new challenge with Te Awakairangi Health Network as Clinical Advisory Pharmacist and we wish her well in her new role.

Council will hold its first meeting for 2015 late this month and we look forward to communicating with you again in March.

A handwritten signature in black ink, appearing to read 'Andrew Bary', with a long horizontal flourish underneath.

Andrew Bary, Chair

Message from new Chief Executive/Registrar



It is a pleasure for me to write this brief introduction, and after two weeks in the Chief Executive / Registrar role, I have been made to feel incredibly welcome.

Throughout my career I have gained a broad range of experience. After originally practising as a physiotherapist, I moved into medical sales, general management, and more recently led the Accident Compensation Corporation's - Provider Engagement and Performance, Health Procurement and the Injury Prevention and Insurance Products business divisions.

These experiences combined with Post Graduate study in Health Management, have given me a strong interest and passion for the provision of quality healthcare. To this end, I feel very fortunate to hold the position of Chief Executive/ Registrar, ensuring the Pharmacy Council's purpose and mandate is operationally effective and efficient.

This can only occur by working across the wide range of stakeholders, partners and with the governance oversight by the Councillors I am looking forward to working closely with the Council to continue to develop and drive progressive organisational strategy.

Finally, I would like to personally acknowledge the outgoing Chief Executive and Registrar, Claire Paget-Hay. Having only worked with Claire for a short time, her knowledge, passion and dedication to the Pharmacy Council is admirable and I would like to wish her all the very best for the future.

A handwritten signature in black ink that reads "David Simpson". The signature is written in a cursive style with a period at the end.

David Simpson
(Chief Executive & Registrar)

New Competence Standards

You will know from previous newsletters and from the PSNZ ENHANCE team that the revised Competence Standards came into effect on 01 January this year. The key changes are amalgamation of primary care and medicines management into one domain, and the same for dispensing and preparation of pharmaceutical products. Public healthcare has been expanded into a domain, as has leadership and organisational management. Communication and collaboration is also now a single, mandatory domain. The evidence examples have also been removed but, general guidance has been provided for each domain, so you will need to establish your own examples of evidence as part of your review. It is expected that you will complete a Practice Review using these new standards as soon as reasonably possible, and preferably *before* recertification in March 2015. When you have done this, you need to talk the outcomes over with your Learning Partner and plan to undertake any learning that has been identified.

Can I dispense repeats for another pharmacy?

The answer is 'NO'. You cannot legally dispense a repeat to a patient from another pharmacy. You cannot loan the patient the medicine, or forward them medicine in advance of a prescription, or dispense at the request of another pharmacy who offers to send the replacement medicine to you. All these scenarios breach the Medicines regulations – the reason being, you are not the original dispensing pharmacy with the original prescription at your premises.

If you are asked by another pharmacy to dispense a repeat for one of their patients, you have two options:

- a) You can sell the patient a three day emergency supply provided they satisfy all the requirements, or
- b) You can refer the patient to a local prescriber.

Make sure you are aware of your legal and ethical obligations, and don't allow other pharmacies to put undue pressure on you to 'bend the rules'.

Selling Pharmacist Only Medicines

Only an appropriately trained or accredited qualified pharmacist is allowed to sell a Pharmacist-Only medicine. Pharmacist-Only medicines should be regarded as pharmacist-prescribed medicines and accordingly, only a pharmacist should undertake the interview with the patient prior to making the decision to sell the medicine. For example, emergency contraception can **ONLY** be sold by an accredited pharmacist, not by a student under supervision, or a technician or an intern pharmacist. Nor should a pharmacist ask another staff member who is not trained or accredited to go through the questionnaire/assessment tools and convey the information to the pharmacist for a decision. Your expertise is required to ensure the patient gets the right medicine for the right condition and that they know how to use it safely – imagine if the non-trained staff member gets it wrong.

OTC diclofenac sales

Since 15 January 2015, people have no longer been able to buy diclofenac tablets over-the-counter in the UK. This is due to the Medicines and Healthcare products Regulatory Agency (MHRA) assessing the tablets as having a small but increased risk of serious cardiac side effects, particularly at high doses and for long-term treatment. If you have an internet pharmacy website and have diclofenac tablets available for purchase, you should no longer sell these to purchasers from the UK as the legal classification there has now been updated to Prescription Medicine.

Eye drop instructions

There has been some confusion recently over the 'sigs' used on eye preparation prescriptions, particularly in the Auckland area. The more widely used sigs are self-explanatory - LE (left eye), RE (right eye) or BE (both eyes). However some pharmacists are receiving hand-written prescriptions with the following: OD (oculo dexter); OS (oculo sinister) or OU (oculus uterque). The potential for confusion, especially with OD is very high so you need to be aware what the prescriber intends, or find out if it is unclear. And for those of you who don't know – OD = right eye, OS = left eye and OU is both eyes.

Serious adverse events with metoprolol 11.875mg

There has been three major incidents associated with confusing metoprolol doses, two of which have had fatal outcomes. In each incident, the 11.875mg dose (half a 23.75mg tablet) was confused with 118.75mg (95mg plus 23.75mg). The patient received 10 times the intended dose and had a myocardium that couldn't tolerate it.

There is no evidence that supports the 11.875mg dose being prescribed for any purpose, including a cardio-protective benefit in heart failure. If you see a dose that looks like 11.875mg or 118.75mg, confirm with the prescriber what is actually required before dispensing.

New Zealand Intern Written Examination

Intern Pharmacists should ensure they are familiar with the 2015 procedures and exam dates.

The Exam will be held on the following dates in 2015:

- 8 March, 2015 (2014 interns and overseas pharmacists only)
- 5 July, 2015
- 6 September, 2015

Please refer to the following link for further information -
http://www.pharmacycouncil.org.nz/intern_assessment

Or if you have any queries, please email us - enquiries@pharmacycouncil.org.nz.