

In This Issue

- **Message from the Chair**
 - o Proposal for a shared services organisation
- **Proposed Increase in APC Fee**
- **Approval of Accreditation Standards for BPharm Programmes**
- **Tips for Building Health Literacy Skills regarding Medicines**
- **Practice Issues**

Message from the Chair

Welcome to the May edition of the Pharmacy Council's newsletter. Council had a very full agenda for this month's meeting with our usual regulatory issues as well as discussion on the proposal for a shared services organisation. We were pleased to welcome the Australian Pharmacy Council Chair and CEO to the meeting for discussions on items relevant to standards for pharmacists in both countries. Council also carefully considered the proposal for a shared services organisation for New Zealand's 16 Health Responsible Authorities. Council agreed that:

- They would support the case for change.
- Under the proposed model, there is potential to improve administration of health regulation in NZ, to better protect public safety.
- The proposed model would ensure Council's continued ability to fulfil its obligations under the Health Practitioners Competence Assurance Act 2003.
- We should proceed to a phase of stakeholder engagement and consultation.

If the proposal is agreed to by all RAs following consultation, it is anticipated that implementation will commence after January 2014.

On a final note, I am pleased to advise that Dr Te Kani Kingi (lay member) and Keith Crump have been appointed to Council for a further three year term.

As the shortest day rapidly approaches, I would like to wish all pharmacists and staff well for the winter season.



Andrew Bary, Chair

Congratulations to Gael Donoghue

On behalf of the Pharmacy Council I extend our warmest congratulations to Gael Donoghue who became a Member of the New Zealand Order of Merit in recognition of her services to the pharmacy profession. Gail has had a distinguished career in pharmacy and continues to actively contribute to the profession.

Annual Practising Certificate Fee Increase Proposed for 1 April 2014

After careful consideration, the Council has agreed to consult on an increase in the Annual Practising Certificate fee (APC). It is proposed that the fee will increase from \$506.00 to \$550.00 (GST inclusive) in 2014. The Council has been extremely prudent in its operations over the years, and other than a 2.5% GST increase, we are pleased we have been able to maintain the fee at the same level since 2006.

The possibility of an APC fee increase was signalled in the 2012 Annual Report when the Council reported an operating deficit for three years. Reserves have been used to keep fees at the same level. To ensure the ongoing financial viability of the Council, an increase to the APC fee was recommended by Council at the May 2013 meeting.

A consultation document on the fee increase will be released on the Council's website later in the year.

Approval of Accreditation Standards for BPharm Programmes

Following consultation and review with the profession and stakeholders, the Council is pleased to advise that the Accreditation Standards for Australia and New Zealand BPharm programmes have now been approved and will be implemented on 1 January 2014. The Standards have had significant New Zealand input to ensure they reflect pharmacy practice in this country and the Council is assured that the Accreditation Standards will ensure an enhanced accreditation process. The Standards are available via the link [BPharm Accreditation Standards](#)

Tips for Building health Literacy Skills regarding Medicines

The Health Quality & Safety Commission E-update Issue 25 is available online and as usual, has some interesting articles, including information about a health literacy demonstration project with two community pharmacies. The demonstration project, which runs until the end of July, provides community pharmacists with training and resources to increase their understanding of health literacy. Follow the link to the Medication Safety Watch bulletin to read more on health literacy and tips for building health literacy skills, including:

1. Find out what the patient already knows about their medicines because this will provide useful information about where to start the conversation.
2. When reviewing medicines with patients, use the actual medicines they are taking (rather than a list of medicines).
3. Provide information in logical steps, taking into account what the patient already knows. This involves adjusting technical vocabulary to match patients' language and/or providing explanations for essential technical terms.
4. Reinforce critical information by circling, underlining or highlighting it.

PRACTICE ISSUES

*** Opportunistic dispensing for LTC registered patients**

The LTC service relies on continuity of care. It also relies on good communication between pharmacies and with the patient.

Registration of patients in the LTC service is in full swing, if not almost complete. Most pharmacies have had interviews with their LTC patients, and most patients now have a degree of understanding about the new service. They recognise the need to get their prescriptions dispensed at their regular pharmacy to help keep their medicines synchronised and to ensure continuity of care; however that doesn't mean there won't be occasions when they might get a prescription dispensed from another pharmacy e.g. if they are discharged from hospital at odd times and use a pharmacy nearby.

If your pharmacy receives a prescription for a new patient which suggests the patient could be enrolled in the LTC service, ask if they are registered and who their regular pharmacy is. Use the EAR portal to get information about LTC registrations if the patient is unsure then share information about the service provided with the home pharmacy. Even if your pharmacy has few LTC patients, you should take the time to consider your obligations to the patient and to your role in ensuring continuity of their care.

*** Death of a patient**

A recent coronial report outlined the circumstances regarding the death of a patient with multiple long-term illnesses, compounded by a dispensing error.

Patient 'A' was on multiple medications which were dispensed in a form of blister packing. The error occurred when another patient's medication was packed into Patient 'A's pack, checked incorrectly and subsequently given to a friend collecting the pack for him. The report highlighted that vigilance and care must be taken, not only during the dispensing process but also in ensuring the right patient receives the right medication.

*** Methadone dispensing errors**

Methadone (and opiates in general) are very useful medicines for the treatment of pain and opiate addiction but are associated with a significant risk of overdose.

On occasion, dispensing and/or administration errors involving methadone are brought to Council's attention. Each error may be an isolated case for the pharmacy involved, but taken together suggests similar errors are being reproduced by a number of pharmacies. The most common errors include daily doses being given by different pharmacists on the same day; 5mg/ml liquid being dispensed instead of the 1mg/ml liquid; takeaway doses being dispensed when they shouldn't have been, and wrong doses dispensed.

Community pharmacies must have robust policies and training for all staff involved in methadone dispensing and administration. This should include ensuring the right patient gets the right medicine at the right dose via the right route at the right time. Pharmacies should have mechanisms in place to ensure staff involved in this process can do so without being distracted. It is important that pharmacists follow standard operating procedures and not take short cuts. Reflect on the pharmacy's current practice, review the practice guidelines for Opioid Substitution Treatment, identify any potential safety risks and take steps to rectify them to minimise the potential for future errors.

*** Promotion and sales of medicines via the internet**

Pharmacists have a number of professional and ethical obligations that extend beyond the minimum legal requirements when promoting or selling medicines via the internet.

Regardless of whether your pharmacy has its own website, or whether you are promoting medicines via another website e.g. Grab One or 1-Day, those obligations still apply. The standard of advice and service available via the internet must be of the same level to that which would be received in a face-to-face consultation with you (Code of Ethics obligation 1.6).

Obligation 1.9 asks that you ensure your duty of care to patients is not compromised by commercial interests, while obligation 6.13 requires you take appropriate steps to prevent the supply of unnecessary or excessive quantities of medicines. This is particularly the case where you know or should reasonably be expected to realise the medicine has the potential for misuse, abuse or dependency i.e. promotion should not encourage inappropriate, unsafe or excessive use.

As pharmacists, we have a unique professional opportunity to fulfil our role as the 'gatekeepers' of non-prescription medicines (complementing our role with prescription medicines); however this relies on the sale being supervised by a health professional who identifies the need for the medicine and gives individualised information and advice. This is what differentiates us from supermarkets.

*** First Aid for Pharmacist Vaccinators**

Clarification is needed regarding the on-going first aid requirements for pharmacists who are vaccinators.

IMAC (Immunisation Advisory Centre) advise that their training includes both oxygen and adrenaline use in anaphylaxis and ambubag but the overall requirements are essentially equivalent to NZ Resuscitation Council (NZRC) Level 3. The current Ministry of Health standards for vaccinators includes the following:

3.2 If the venue is a non-clinical setting (eg, in a home, workplace or school) then a minimum of two immunisation team members must be present for vaccination; at least one must be an authorised vaccinator and both must be trained in basic emergency techniques including resuscitation and anaphylaxis.

The standards also specify that an oxygen cylinder, flow meter, tubing and paediatric/adult masks should be available.

Following registration into the pharmacist scope of practice, the minimum on-going requirement to maintain competency for pharmacists who declare Competence Standard 3 as part of their practice is a refresher course in CPR equivalent to New Zealand Resuscitation Council (NZRC) Level 2 or NZQA Unit Standard 26551. However, if you are a pharmacist who vaccinates, your refresher must be equivalent to NZCR Level 3. We also recognise the NZ Red Cross Level 3 Resuscitation course as an appropriate refresher course for pharmacists who are trained vaccinators.

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