

March Newsletter

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Message from the Chair



It's hard to believe we are already into March and of course, it's that time of year when your annual practising certificate renewal is due. If you haven't already done so, you should send your application to Council as soon as possible to ensure you can practise legally from 1 April 2014. As advised in our last newsletter, the recertification audit process this year is being conducted at the time of annual practising renewal. The Council has an overarching responsibility to make certain there are mechanisms in place to ensure pharmacists are fit to practise. The new framework is firmly in place and we expect that all pharmacists are now fully participating in recertification. We are pleased that, to date, there has been a good response and the majority of pharmacists are meeting their professional obligations with respect to continuing professional development. While the Council has set a minimum number of points for meeting the requirements, we anticipate that pharmacists will exceed the minimum as they strive for best practice in their profession. We look forward to reporting the audit outcome to you later in the year.

February Council meeting

The Council held its regular meeting in February. The format of Council meetings includes decisions on strategy, work in progress, policies, individual pharmacist applications, special considerations, and stakeholder engagement. As part of our stakeholder engagement plan we were pleased to welcome Steve Marty and Joe Brizzi (Chair and Executive Officer of the Pharmacy Board of Australia) to the meeting. Because of similar practice and the free flow of the pharmacist workforce between the two countries, our processes are similar and this was an excellent opportunity to re-affirm the Trans-Tasman relationship and Memorandum of Understanding.

The next meeting for Council is in May and we look forward to providing further up-dates following this.

A handwritten signature in black ink, appearing to read 'Andrew Bary'. The signature is fluid and cursive, with a long horizontal stroke at the end.

Andrew Bary, Chair

Annual Practising Certificate (APC) renewal

Current practising certificates expire on Monday 31 March 2014. Your complete application (ie a fully completed form and payment) must be received by the Pharmacy Council office by this date. Remember that if you practise on 1 April without a practising certificate you will be practising illegally.

It is important that you make sure the information on your application form is correct before you sign the declaration. Providing false or misleading information may result in Council taking further action, including a proposal to decline a practising certificate.

Points to note:

- All late applicants will be audited. This means that all applications received after 1 April will be processed when the audit has confirmed the recertification declaration is correct.
- Responses to the recertification questions must be correct at the point of signing the application form.
- Faxed or scanned application forms are not accepted – please use the free post envelope supplied.
- If you require another copy of the APC application it can be downloaded from the Pharmacy Council website: www.pharmacycouncil.org.nz/pharmacist_forms
- Please allow a minimum of 10 working days for your application to be processed. If you need to have a hard copy of your APC by 1 April 2014 then the deadline for receipt of your application is Monday 17 March.

You can confirm your registration renewal from 1 April by checking our website at www.pharmacycouncil.org.nz/register_search

Competence Standards review

The review of the Competence Standards is in full swing, and a series of regional meetings is the next stage of the project. The 2012 workshops gathered feedback from you and your colleagues about possible additions to the scope of practice. It also looked at competencies that are not covered in the current standards. In late 2013 a series of focus group meetings around the country gathered more feedback, giving the project team clear direction on some of the proposed changes. A considerable amount of work has also been put in by the Competence Review Reference Group - a group of pharmacists from a variety of practice backgrounds who have over-seen and guided the review.

It is important to Council that as many pharmacists as possible are familiar with the draft revised standards during these regional meetings so everyone has a chance to ask questions, and clarify any concerns they might have about the changes. Meetings will be held on the dates below and we strongly encourage your involvement and input. **Save the date** and watch out for the confirmation flyer. Alternatively, contact Barbara on b.moore@pharmacycouncil.org.nz

11 March – Palmerston North
13 March – Whangarei
2 April – Dunedin
15 April – Hamilton
29 April – New Plymouth
5 May – Wellington/Hutt
8 May – Blenheim

12 March – Auckland
31 March – Nelson
3 April – Christchurch
16 April – Tauranga
30 April – Invercargill
6 May – Napier

Assessment Centre for intern pharmacists 2014 – update on progress

Development of the new OSCE Assessment Centre is well underway with the first Assessment Centre in its new format to be delivered in May of this year. For information on preparing or applying for the new Assessment Centre please contact our Assessment and Examinations Manager Peter Lourié, p.lourie@pharmacycouncil.org.nz

Intern pharmacists 2014 Written Examination (multi-choice questions)

The Written Exam is fast approaching with the first Exam scheduled for Sunday 23rd of March. Council has held two teleconferences with the March cohort and is currently discussing the Written Exam at the Intern Training Days. Focus on the format of the Exam, exam technique and time management are paramount in this communication. All applications for the March exam have been received and we wish those who are sitting the March exam all the very best. Please visit our website OR feel free to contact our Assessment and Examinations Manager Peter Lourié, p.lourie@pharmacycouncil.org.nz if you have any questions or require further information.

Practice issues

What questions should your retail staff ask?

We often field calls from members of the public concerned that they can purchase medicines or natural health products in pharmacies with no questions asked. Recently a young woman was able to purchase 300 paracetamol tablets in a single sale from a pharmacy. Fortunately she had only taken 90 tablets before being found by police and taken to hospital.

More often than not, retail staff ‘consult’ with the customer and make the sale without necessarily understanding the misuse or abuse potential of some medicines, or of possible interactions with prescribed medicines.

The pharmacy involved has since taken steps to prevent a recurrence, and staff are now required to treat any request for an unusual or excessive quantity of any medicine as they would a pharmacist-only medicine, and refer the sale to a pharmacist. Now is a good time to make sure all your staff (both retail and dispensary) are aware of your procedure for selling multiple packs of products, and you might consider adding ‘pop-up’ warning notes to any medicines you sell which could be a safety issue. This includes natural health products with the potential to interact with prescribed medicines. Some common examples include:

- Anticoagulants and garlic or ginkgo biloba
- Oral contraceptives and St John’s wort (*Hypericum perforatum*)
- Digoxin and digoxin-like herbal medicines (black cohosh, valerian, hops flower, cayenne pepper fruit)
- Milk thistle (often found in multivitamins) and CYP2C9 substrates e.g. amitriptyline, glipizide/gliclazide, phenytoin

Providing a ‘gate-keeping’ role and ensuring customers understand how to use medicines, complementary therapies, herbal remedies or other healthcare products safely and appropriately is an obligation that extends to all pharmacy staff, and is what differentiates our profession from others.

Tamoxifen or tenoxicam?

The Health Quality & Safety Commission commented in their recent safety bulletin that there has been an increase in reports of tenoxicam being dispensed when tamoxifen was prescribed, and vice versa. In many cases reported, the label was correct but the contents were wrong, so best practice

checking processes were not followed. An accuracy check means checking the dispensed medicine against the stock supply which has been used to dispense the medicine. This includes

- Formulation and strength and quantity of medicine
- Opening each dispensed bottle or skilnet to compare with the contents of the stock supply
- Making sure that if more than one stock bottle or skilnet has been used, the dispensed medicine is inspected against all sources of supply.

Pharmacist Prescriber registration numbers

The Ministry of Health provides Council with quarterly prescribing reports for pharmacist prescribers. The reports confirm that pharmacists are prescribing appropriately and according to the practice plans they submitted as part of their registration requirements.

The pharmacist prescriber number will be on each prescription and is their Council registration number preceded by 'PC'. In TONIQ the number should be configured as PC00-xxxx; Healthsoft (LOTS) only requires PCxxxx. Because the reports are only as good as the data input where the prescriptions are dispensed, it is important to get this right. Can you please advise all dispensary staff that when adding a pharmacist as a new prescriber in the dispensary software, the professional group assigned is 'Pharmacist' with the correct configuration of their registration number.

Health Practitioners Disciplinary Tribunal cases

1) Lack of professional judgment results in a finding of professional misconduct - Shyong Foo, Auckland

Mr Foo was instrumental in setting up a complex arrangement with a Canadian online pharmacy. Prescriptions were shared with Mr Foo and a New Zealand registered doctor through an online portal. Mr Foo then generated New Zealand prescriptions which were signed by the New Zealand doctor. The medicines were sent to the patients in North America and Mr Foo was paid by the Canadian online pharmacy.

The Tribunal found that the prescriptions were not genuinely created by the New Zealand doctor, and that Mr Foo did not have sufficient information to assess the appropriateness of some, if not all, of the medicines he dispensed. The Tribunal held that Mr Foo had an obligation to independently assess the validity of all prescriptions (even repeats for chronic conditions) and was wrong to have relied on the New Zealand doctor in these circumstances. The Tribunal also pointed out that some of the medications were for large doses for the treatment of serious conditions such as schizophrenia, and others were for the treatment of dogs and cats. The Tribunal held that these should have prompted either a significant enquiry or a refusal to dispense from Mr Foo.

The Tribunal found that the North American patients did not receive the care that New Zealand standards require, a public safety issue; and that professional standards need to be maintained. The charge brought by a professional conduct committee resulted in Mr Foo being censured, fined and ordered to pay a contribution towards the costs of the investigation and the hearing of the charge.

The Tribunal's decision sends a strong message to the profession that all pharmacists are under an obligation to make independent enquiries into the appropriateness of the medicines they dispense.

2) Excessive focus on commercial interests leads to a finding of professional misconduct – El-Fadil Kardaman and Saif Ismail, Auckland

The Tribunal found that Mr Kardaman and Mr Ismail had let their commercial interests override their independent professional judgment by positively encouraging the use of close control prescribing

and failing to ensure proper systems were maintained. The Tribunal found multiple other breaches at their pharmacy, including:

- A failure to ensure compliance with the relevant requirements of the New Zealand Pharmaceutical Schedule and the Pharmacy Procedures Manual.
- A failure to ensure there was proper entitlement to claim government subsidies for the medicines dispensed.
- A failure to complete prescription forms correctly.
- A failure to ensure that medicine was safely delivered to patients. In many cases medicine was left outside when the patient was not home.

The pharmacy had since made several changes to its processes and had repaid a significant amount to the DHB. The Tribunal commented: "However, the breaches were prolonged, and in respect of many aspects of the dispensing process. ... the pharmacy systems were not operating properly, particularly as regards checking and monitoring. This was because commercial interests took priority and because the pharmacists were too busy to ensure their systems were operating properly."

The Tribunal found that the established particulars of the professional conduct committee's charge constituted negligence, malpractice and had brought the profession into disrepute. Mr Kardaman and Mr Ismail were censured, individually fined, and ordered to pay a contribution towards the costs of the investigation and the hearing of the charge.

The Tribunal ordered that its decision be sent to other entities. This demonstrates how seriously the Tribunal will treat health professionals who let their professional obligations be side-lined by other interests, commercial or otherwise.

Acknowledgements to Kensington Swan for excerpts from its Health law update

Consultation on feasibility study – Integrated BPharm and Intern training

The National School of Pharmacy is conducting a feasibility study to evaluate a change from the current BPharm and intern programme to a fully integrated programme.

The deadline for submissions is 11 April 2014. Please see the Otago University website for further details on how you can submit your feedback - www.pharmacy.otago.ac.nz/ipp/have-your-say.

How to Contact Us at the Council

Phone: 04-495-0330 Email: enquiries@pharmacycouncil.org.nz
Website: www.pharmacycouncil.org.nz