



## From everyone at the Council

Kia ora koutou kātoa

The Pharmacy Council express our deepest sympathies to the whānau and friends of those who tragically lost their lives at Al-Noor and Linwood mosques in the devastating terror attack last Friday.

To the first responders and the people of Christchurch, it is heart-breaking that this happened while the community is still recovering from the earthquake. It is heart-warming that you resolutely led the response against the worst acts with the best acts of humanity. Kia kaha Christchurch, we stand together united with you, with aroha.

To all Muslims, hurting and grieving since the devastating events on Friday, As-Salamu 'Alaikum Warahmatullahi Wabarakatuh. We wish to give respect by sharing a verse from the Quran that is spoken when hearing of someone's passing, Inna lillahi wa inna ilayhi raji'un, we belong to God and to God we shall return.

To the pharmacists and health professionals who have been looking after the injured and will continue to care for those affected by this tragedy, we are immensely grateful and proud of your dedication and commitment to providing care.

We commend the pharmacists, respective colleagues, and organisations including the Pharmaceutical Society and the

Pharmacy Guild for supporting each other and our communities.

To all of us, there is no one way or the right way to process what has happened, but we can grieve and heal together. Continue to reach out and support one another, listen and learn from each other and embrace and celebrate the diversity of humanity.

We New Zealanders are a diverse bunch. We come from different places, speak different languages, practice different religions and cultures, identify with different sexual orientations and genders. We come in all shapes, sizes and abilities. Irrespective of our differences, we have a shared understanding of humanity and have responded with empathy, respect, generosity, dignity and integrity.

Now, more than ever, we must work together to develop a society of inclusion, justice, equity, and open-mindedness. We can each choose the messages we want to hear, nurture and support. We cannot tolerate discrimination, we respectfully challenge it. Each and every one of us is collectively responsible for ensuring Aotearoa is safe for anyone who calls this land home.

Ngā manaakitanga

Wa 'Alaikum As-Salaam  
Warahmatullahi Wabarakatuh

Kia hora te marino

Kia whakapapa pounamu te moana

Hei huarahi mā tātou i te rangi nei

Aroha atu, aroha mai

Tātou i a tātou katoa

Hui ē! Tāiki ē!

May peace be widespread

May the sea be like greenstone

A pathway for us all this day

Give love, receive love

Let us show respect for each other

For one another, bind us all together!

Ensuring public wellbeing through safe pharmacist practice

### In this Issue:

- [From the Chair and CE](#)
- [Quality Improvement — Dispensing Errors](#)
- [Policy and Standards projects](#)
- [Pharmacy's experience of a dispensing error](#)
- [Therapeutic Products Regulatory Scheme](#)
- [New registrations](#)
- [Expressions of interest in IAAC membership](#)



# FROM THE CHAIR AND CHIEF EXECUTIVE

It is incredible that a quarter of the year is almost over. This is our first newsletter for the year, and it is proving to be even busier than last year. A comment we know is shared by pharmacists and pharmacies.

Some of our work has been effectively covered in Pharmacy Today already, including:

- **Councillor Appointments:** Council member appointments process not been finalised. Fortunately, all our Council members are continuing to operate on a “business-as-usual” basis, pending confirmation of either their re-appointment or their successors being appointed.
- **Quality Improvements:** Council has expressed concern and is urging pharmacies / pharmacists to ensure processes and “basic” pharmacist steps are being done to the quality standards expected. We hope it is only a few but we are concerned by some of the complaints we have managed recently, the Medsafe audit results and some of the Health Practitioner Disciplinary Tribunal cases (e.g. Auckland / Waikato case involving 60 issuances of a fraudulent prescription) etc. We cannot afford for public safety reasons, nor for the reputation of the profession for our quality standards to slip. We are encouraging your professional bodies to work with you to help keep the standards of the profession and the levels many of you expect.
- **Memorandum of Understanding (MoU) Signed:** The signing of the MoU with Medsafe is a huge milestone. Council and Medsafe work well together to help assure public safety but at times, we have been concerned that information has not been readily shared as we balance the expectations of legislation like, the Privacy Act, Medicines Act, and Health Practitioners Competence Assurance Act. The MOU helps avoid the ambiguity surrounding the balance, whilst protecting practitioner information in accordance with the respective legislation.

Other key areas of work over the last quarter include:

- **APC online:** Most of you will have renewed your Annual Practising Certificate online by now. The system we hope is now seamless and taking a lot less time for pharmacists now relative to the old manual systems.
- **Examination and Accreditation Service Contracts:** We are in the midst of finalising a new agreement for examination services with the Australian Pharmacy Council (APC). Plus an agreement for Accreditation Services to maintain the current cycle of accreditation.
- **Recertification requirements review:** We are well underway on a project to consider whether the current method of assuring pharmacists’ competence to practise is fit for purpose.
- **Therapeutics Bill Consultation:** Council is working on its submission to the Ministry of Health’s consultation on the Bill.

In amongst a heavy work programme, Council has moved to a new temporary office (Kordia House). The move has most beneficially enabled us to team up again with the Dental Council. We are now again able to share resources and get the benefits of scale to justify meeting room space, etc.



Mark Bedford  
Chair



Michael Pead  
Chief Executive

### Quality Improvement – Dispensing errors

The Health Quality Safety Commission (HQSC) undertakes initiatives to alert the sector to error trends and offers recommendations for improvements in patient safety.

Each year the Commission conducts a patient experience survey and publishes its findings.

A report relating to key medication related findings from the national survey has been published on the [HQSC website](#). It contains material highly relevant to pharmacy teams engaged in dispensing and supply of medicines. We suggest you review the report with your teams as part of collegial discussion to reflect on your own systems and whether any of the changes suggested in the report could help improve the safety of your practice and that of your patients.



## THANKS FOR YOUR HELP

### Policy and Standards Projects

Over the past few months, the Pharmacy Council has been reaching out to a variety of pharmacists across New Zealand to participate in the following projects:

**Role of the Pharmacist Project:** To ensure Pharmacy Council understands contemporary pharmacist practice so it is able to proactively regulate the profession using right touch principles and assure public safety in those areas.

**Pharmacists' Responsibility Project:** To understand the responsibilities associated with various community pharmacist roles and practice.

**Incident reporting and Quality Improvement Project:** To understand current pharmacist practice around reporting dispensing incidents and improving the quality of the dispensing process.

Pharmacists have been responding to survey questions relating to these projects to help provide the Pharmacy Council with a better understanding of current pharmacist practice in relation to:

- innovative or less common areas of pharmacist practice
- the level and types of responsibilities and accountabilities in the day to day running of the pharmacy
- the views on reporting near misses and dispensing errors in a way that effectively improves the quality of the dispensing processes.

We would like to thank those pharmacists who are participating in our projects for sharing their knowledge and experience in these aspects of pharmacist practice with us.

The Pharmacy Council looks forward to providing further engagement opportunities with the profession on these projects.

## TOPIC FOR TEAM DISCUSSION

### A pharmacy's experience of a dispensing error

A regular patient at a pharmacy was prescribed midazolam nasal spray, a class C5 controlled drug. The prescription included a maximum daily dose, limiting the amount of midazolam that can be dispensed for that prescription.

Over time, the patient's new midazolam prescriptions excluded the maximum daily dose. The pharmacy dispensed greater amounts of midazolam with further repeat dispensings. The patient's midazolam usage increased, leading to an increased frequency of prescriptions obtained from the doctor. The pharmacy queried the increased use with the patient's surgery and was told that it was allowed due to recent changes to the patient's health.

For the next two years, the patient collected a new bottle of midazolam nasal spray a day, although the maximum daily usage was reinstated on the prescription by the prescriber. The pharmacists involved did not clarify the instructions with the patient's doctor over this time, believing the patient's usage was previously explained by the surgery, and that the patient's doctor, surgery and family were aware of the patient's conditions.

The patient started to request two dispensings of midazolam nasal spray a day. The pharmacists were concerned and queried the overuse of the medication with the patient's surgery. The doctor booked to see the patient soon after; however, prior to this appointment, the patient was hospitalised, and it was identified that the patient had developed a dependence to the medication and commenced a lengthy withdrawal process.

The Pharmacy Council was made aware of this situation and engaged with the pharmacists involved. As part of this process, the pharmacy staff reflected on the situation, discussed their learnings and implemented preventative measures.

#### The pharmacy's learning points, and implemented preventative actions

1. Dispensing on compassionate grounds does not override adherence to robust legal, professional and ethical decision making.
2. Working in a large team may increase "diffusion of responsibility" effect. Take responsibility for your own dispensing and checking process.
3. Contact the prescriber to confirm doses and frequencies and eliminate assumptions, especially for controlled substances or items of potential misuse.
4. Take an unbiased check of each prescription or repeat issued.
5. Ensure that "copy script" function is not utilised when dispensing continuation of supply prescription, unless a robust clinical and technical accuracy check is embedded in the process.
6. Have a robust process to ensure you can clearly identify who has dispensed and checked each item on the prescription.

#### Staff discussion on the relevant competence standards and code of ethics principles

##### Competency O1.3: Review and Manage Patient's Medicine Therapy

**O1.3.3:** Uses professional judgement to determine whether changes to the medication treatment regimen are needed to improve safety, efficacy or adherence

**O1.3.4:** Liaises with and provides recommendations to the prescriber and/or other healthcare professionals to ensure optimal use of medicines by patients

##### Code of Ethics Principle 1: A pharmacist makes the health and wellbeing of the patient their first priority.

**1G:** Promotes the safe, judicious and efficacious use of medicines, and prevents the supply of unnecessary and/or excessive quantities of medicines, or any product which may cause harm.

# INPUT SOUGHT

## Therapeutic Products regulatory scheme

### How can you provide input?

You will have heard about the release of the exposure draft of the therapeutic Products Bill before Christmas. It is intended that the Therapeutic Products Bill and its regulations will replace the outdated Medicines Act 1981 and its regulations. As it is such an important piece of legislation the Ministry has realised a draft for the sector to consider and submit feedback by 18 April 2019. There are several ways you can participate in the process, by reading the draft and consultation document on the Ministry website, attending one of the Ministry information sessions outlined on its website, contacting one of your sector membership organisations, such as the Society, Guild, NZHPA, CAPA, accessing organisations' summaries or through contributions to sector submissions.

### Council's process

Council has been working with an expert technical group since the draft was released in December to consider the impact it may have on pharmacist practice and patient safety.

We have also been meeting with other sector organisations to consider any feedback relating to pharmacist practice, patient safety or Council's functions under the new regulatory scheme.

### What are our thoughts so far?

- Our considerations have resulted in us focussing our deliberations on the following principles relating to Council's role in protecting the safety of patients through assurance of fit and competent pharmacists under the HPCA Act 2003. Here is a flavour of our current thinking and likely context of our likely submission to the Ministry, yet to be formally accepted by Council:
  - Fundamental concern that the legislation needs to incorporate a requirement for compliance with professional and ethical standards around therapeutic products for all health professionals, not just pharmacists.

- There needs to be consistent standards for handling of medicines that are applied across the entire supply chain.
- When therapeutic products are supplied by a health practitioner, that practitioner will be responsible for clinical appropriateness of the therapeutic product required by their scope of practice and limitations of access to patient health records.
- The HPCA Act is an existing framework for ensuring the competence of health practitioners and could be utilised for licencing of health practitioner-controlled activities relating to the provision of therapeutic products.
- Any liberalisation of patient access to therapeutic products must be done with patient safety as the primary consideration, holding all health practitioners to the same controls and standards as pharmacists and pharmacy workers.
- A nationally consistent, health practitioner - accessible patient database detailing patient medical conditions and medicines is necessary for the safe provision of therapeutic products
- A robust mechanism for regulators to share information relating to issues of common concern is essential to ensure right touch regulatory principles are applied.
- Council is focussed on a pharmacy licencing model that ensures pharmacists are in effective control of pharmacy practice and understand the level of responsibility associated with the role they are tasked with performing.
- Commercial tension is mitigated by the effective control of licenced activities being conducted.
- Any pharmacy licencing model must afford protection from retaliation for reporting unethical or unprofessional licencing practice to the regulator.

## WE WANT YOUR FEEDBACK

The Pharmacy Council invites pharmacists to let us know via our [enquiries email](#), of any areas relating to its role as the regulator of pharmacist practice, patient safety or concerns around the effect legislation may have on their ability to practise, via the enquiries email.

We can assure the profession that we will be submitting a comprehensive submission to the consultation which will be finalised by Council at its meeting on the 10 and 11 April 2019.

## NEW REGISTRATIONS

Congratulations to the following newly registered pharmacists (both BPharm graduates and previously registered overseas trained pharmacists) who successfully completed the requirements for registration in December 2019.

Kauthar Al-Bahar	Priyanki Gandhi	Sarah Kwon	Yeseul Park	Rebecca Urquhart
Zahraa Al-Samarrai	Abby Gardner	Kayla Lam	Crystal Paul	Quimby Vicar
Caroline Arulambalam	Cassidy Garrett	Ara Layco	Jessica Peng	Laura Wallen
Hannah Ashmore-Price	Julian Gee	Jeremy Lee	Chelsea Peters	Alice Weil
Mita Basu	Kate Gerrard-Brown	Chloe Lee	Sam Peters	Kirsten Wong
Amer Behayaa	Emma Gilbertson	Karen Lee	Annelise Pfahlert	Bonita Wong
Nicole Besley	Erin Goh	Sophia Lee	Prenisha Pillay	Benny Wu
Polina Bespalova	Sebastian Goldsmith	Annie Lee Lee	Laura Pinn	Ajay Yeleswaram
Sonja Bimler	Marj Golestaneh	Sally Lee	Hannah Poole	Alistair Young
Polly Browne	Jessica Guo	Catherine Lee	Lai Yan Pow	Timothy Young
Shannon Burroughs	Jessica Harrington-Knapton	Hayley Lee	Amanda Quach	Ting Yuan
Jessica Chan	Niall Harvey	Stacey Lewin	Serafim Rahadi	Sandy Zhang
Alycia Chapman	Tom Hassan	Jessica Li	Pranto Rahman	Elena Zhao
William Chea	Olivia Hayman	Sonai Lim	Mohanrao Ramarao	
Ernest Cheah	Siobhan Hodson	Jennie Liu	Kyung Su Rim	
Vanessa Cheong	Laura Holland	Jessica Lu	Nadia Rim	
Angel Cheung	Vanessa Hon	Ursula Lukaszewicz	Stefan Romic	
Haylee Child-McInnes	Eliza Hooper	Charlotte Lummus	Nandita Sami	
William Chong	Jasmine Horsfall	Yatesh Maisuria	Irem Sari	
Rachel Chua	Natalia Hunt	Hemi Mckechnie	Casey Seto	
Alana Close	Mandy Hurlie	Elliot Mckenzie	Hashim Shaaban	
Jess Clyma	Iqbal Iqbal	Linda McLay	Dhruvi Shah	
Connor Columbus	Jawon Jang	Ellen McLean	Lilian Shih	
Eva Crossan	Taskeen Janjua	Charlie Mercer	Kate Shilston	
Sara Crowe	Cindy Ji	Olivia Minasian	Lucy Shingleton	
Rachel Davy	Divya Jogia	Chhaya Mistry	Praneeta Singh	
Olivia Dodds	Chas Joy	Sophie Molloy	Chelsea Smith	
Laura Dowd	Thomas Kam	Rina Morar	Georgia Snell	
Brenna Downes	Amy Khun	Anja Mulder	Sandy So	
Nina Edwardes	Tiffany Kim	John Murti	Abi Stuart	
Hoda Fahmy	Katie Kim	Ruby Neutze	Paula Sutton	
Sarah Farmer	Kate Kim	Tim O'Brien	Farah Syed	
Conrad Fleischmann	Lenisha Kumar	Mei Yinn Ong	Erica Ting	
SJ French	Jillian Kuo	Hongrak Park	Sou-Mieng Tran	

We also welcome these newly registered pharmacists who were previously registered in Australia, Ireland, the UK, Canada or the USA.

William Berry  
Ishfaq Ebrahim  
Min Kim  
Chan Lee  
Philip Lee  
Winsome Ly  
Ronali Mody  
Andrew Mothershaw  
Nigel Noronha  
Aimal Pashtoonmal  
Tanya Patel  
Nirvana Selagan  
Rebecca Sutherland  
Katharine Wakefield

## INTERESTED IN CONTRIBUTING?

### Expressions of interest for membership of IAAC

The Intern Assessment Advisory Committee (IAAC) provides assurance to Council of the quality of each Assessment Centre. It meets twice a year in Wellington.

We are looking for someone who has had extensive experience as a practising community pharmacist in New Zealand and has been involved in the development of assessment stations and/or the delivery of the Pharmacy Council Assessment Centre.

Committee members are remunerated at the Council's daily rate for the meeting and an hourly rate for agreed pre-meeting preparation work. Travel costs are paid by Council.

Please request a role description from [m.burt@pharmacycouncil.org.nz](mailto:m.burt@pharmacycouncil.org.nz) if you are interested in contributing to the work of this important Council committee. After viewing the role description, please submit an expression of interest with a recent copy of your CV and a cover letter explaining why you are interested in the role and how you meet the role requirements.

The deadline for expressions of interest is Tuesday 2 April 2019.

Please email expressions of interest to: Marianne Burt [m.burt@pharmacycouncil.org.nz](mailto:m.burt@pharmacycouncil.org.nz)

