



## From the Chair and Chief Executive

Tènà koutou

Trust everyone had a safe and enjoyable Labour weekend. It was great to see some signs of summer around the country.

Council has been busy as usual. The September Council meeting had an agenda with some 750 pages of material for it to consider. Some of the key issues we have been working on (many of these are discussed in greater detail throughout the newsletter) include:

- Consideration of an independent review on the Intern Written Examination and consultation. Since the Council meeting and following the consultation, Council has now decided to discontinue the Intern Written Examination. Thank you to all those people who took the time to provide feedback on the proposal.
- Consideration of consultation responses and decision on an increase for the Annual Practising Certificate (APC) fees of a net 0.1 percent for 2019/20 (instead of the original proposal of 1 percent). Again, our sincere thanks to those who responded to our consultation proposal. It is important that we hear your views, as part of informing our decisions.
- Auditors Annual Accounts sign-off and Council's end of year financial statements and report for 2017/18.
- Council's regulatory working relationships and the preparations for the pending consultation on the Therapeutics Product Bill exposure draft.
- Understanding the work of the sector on quality improvement initiatives and the role and help the Council may need to offer.
- Competence and Fitness to Practice Committee – we mentioned that we had collapsed three of our committees into one to achieve a more effective and efficient process to our disciplinary considerations. We would like the membership of this Committee to include a pharmacist and layperson separate from Council members. We have not had a great response to our expression of interest request of possible membership. So if you are interested or you know someone who would be great in the role/s please let us know via [enquiries@pharmacycouncil.org.nz](mailto:enquiries@pharmacycouncil.org.nz).

As part of the APC fee consultation this year, we did include an opportunity for pharmacists to meet with us and discuss your views in an open forum. These forums were held in eight centres around the country. We found the forums to be extremely valuable and beneficial in ensuring our understanding of the views of the sector. We trust those that attended also found it useful to get a better understanding of the work we are doing and the rationale to the work. We are hopeful that we can maintain more regular engagement with the sector, at a minimum once a year.

You may have seen the Ministry of Health has advertised and is seeking nominations for Council membership. The terms for all Council members come to an end in the next few months but six of those members may reapply (as they are legally able to serve up to three terms under our governing legislation). As I have now served Council for a total of nine years (three, three year terms the maximum allowable) I will be ending my time on Council, formally once my successor has been appointed, likely to be in February 2019. I will save my goodbyes for then but I would like to encourage anyone thinking of becoming a Council member. It is most definitely a very challenging role but an extremely rewarding opportunity and a valuable opportunity to contribute significantly to our profession. I refer you to the following link <https://jobs.govt.nz/jobs/MOH-1360211> (nominations close 2 November 2018).

We look forward to updating you on further progress and work of the Council one more time before we soon start celebrating Christmas again.

Ngà mihi

**Mark Bedford and Michael Pead**

[www.pharmacycouncil.org.nz](http://www.pharmacycouncil.org.nz)

*“Promoting enhanced wellbeing through excellence in pharmacy practice”*

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Mark Bedford  
Chair



Michael Pead  
Chief Executive



# APC FEE AND WRITTEN EXAM

## The Pharmacy Council sets 2019-20 Annual Practising Certificate (APC) fee

The Pharmacy Council will increase the APC fee by 0.1% for 2019-20. From 1 April 2019, the APC fee will total \$793.62 including GST. The original fee proposal was \$800.47.

The Pharmacy Council has listened to the feedback and has been able to make some budgetary adjustments to achieve a lower APC fee increase than proposed. This means adjustments between our reserves and the timing of project work.

The Pharmacy Council's Chief Executive, Michael Pead, thanks those who made a submission, of which there were 114.

90% of submissions disagreed with the proposed fee, mostly stating that the APC fee is not in line with pharmacist wages and questioned the need for continual rises in APC fees over recent years.

The full response to the consultation can be found [here](#).

## The Pharmacy Council discontinues the Written Examination

The Pharmacy Council, following its consultation with the sector has now decided to discontinue the Written Examination (WE).

The Pharmacy Council's Chief Executive, Michael Pead, would like to thank individuals and organisations for their submissions which came from a wide range of locations and individuals at various stages of their career.

175 submissions were received and 82% of submissions agreed with the proposal to discontinue the exam.

Commentary from those supporting the proposal echoed the key findings of the WE review stating that the competencies the WE covered were assessed elsewhere.

The Pharmacy Council will now be exploring ways to act on the findings in the report. These include possible initiatives to assure that all intern pharmacists are competent in calculations and oral English.

The full response to the consultation can be found [here](#).



# MĀORI LANGUAGE WEEK

## Pharmacy Council celebrates Māori Language Week

Kia Kaha te Reo Māori was the theme of this year's Māori Language Week, and the Pharmacy Council team certainly helped in making it strong!

The team kicked off the week with a te reo lesson – led by Dr Lincoln Nicholls (Ngāti Raukawa) with his trusted guitar.

Lincoln helped the team learn the basics of the vowel sounds: A, E, I, O, U with the help of the tip “Are there three or two” to remember the correct pronunciation. All this led to mastering the Pharmacy Council's te reo Māori name: Te Pou Whakamana Kaimatu o Aotearoa, which is a taonga (treasured gift) to Council from Matua Hiwinui Heke (Te Arawa/Ngāi Te Rangi) our first Māori pharmacist.

The team continued exploring te reo, with the help of Pharmacy Today's pepeha guide, to write their own pepeha.

Viv Lowe, Manager Finance & Performance, was top of the class, having researched the waka her third great grandfather arrived on in 1862, from Gravesend, UK. Here is Viv's pepeha:

Ko Aoraki te Maunga (Aoraki/Mount Cook)  
Ko Rakaia te Awa (Rakaia River)  
Ko Kuīni o te Mersey te Waka (Queen of the Mersey)  
Ko Kōtarini te Iwi (Scotland)  
Ko Low te Hāpu (Low – without the 'E' of course!)  
Ko Whakatiki te Marae (Upper Hutt)  
Ko Arana rātou ko Marjorie, ko Nomana, ko Ethel ōku tupuna (my grandparents Allan, Marjorie, Norman and Ethel)  
Ko Peri rāua ko Enid ōku mātua (my parents, Barry and Enid)  
Ko Vivienne tōku ingoa.  
Nō reira, tēnā koutou, tēnā koutou, tēnā tātou katoa

*Some of the Pharmacy Council team with Dr Lincoln Nicholls.*





# COLLABORATION

## Your Views Needed!

Would you like to contribute to Council's work programme?

The Pharmacy Council is interested in exploring how pharmacists are practising now and in the future. This information will help us to understand the proposals on future practice opportunities for pharmacists. From there, we will be able to learn more about what's needed for the future of pharmacy regulation to ensure safe and effective healthcare.

We would like to hear from pharmacists working in a variety of pharmacy practice areas.

We are especially interested in hearing from pharmacists working in:

- industrial pharmacy (in both urban and rural settings),
- manufacturing,
- drug development and;
- quality control.

We will also be happy to hear from others outside these scopes to get a broad range of views.

To register your interest please click [here](#).

## The Intern Assessment Advisory Committee (IAAC) welcomes Sanya Ram

The Intern Assessment Advisory Committee (IAAC) welcomes Sanya Ram as their newest committee member.

The IAAC is a subcommittee that provides the Pharmacy Council with strategic advice on the validity and consistency of the Assessment Centre, which is a summative assessment for intern pharmacists.

The need for a new member was due to Professor Janie Sheridan stepping down from the committee in June this year, after 12 years serving on the Committee.

Our Chief Executive, Michael Peard: "We'd like to thank Janie for her dedication to supporting our summative assessments through the years, and Janie has provided us with valuable insight."

"We now look forward to welcoming Sanya Ram to join this important committee."



# PHARMACY PRACTICE

## Sharing lessons from the competence standards

### Applying the Competence Standards

In our [previous issue](#), we introduced articles that exemplify the [Competence Standards for the Pharmacy Profession 2015](#) and the [Code of Ethics 2018](#) in practice. These articles develop from the information we receive from pharmacists, organisations and the public.

The following scenario highlights competency **O1.4: Deliver Quality and Safe Services**

- O1.4.6** Effectively uses systems to record accurate, complete and timely patient information, maintaining privacy and security of the information.

### Entering the correct prescriber details

In the pharmacy, entering the correct prescriber into the dispensing software programme is a seemingly small and clerical part of the dispensing process. What happens with this information in the background has far-reaching implications.

The Ministry of Health sends dispensing data to regulatory authorities (RAs) with health practitioners who can prescribe. The RAs monitor this data to ensure that their prescribers are complying with the prescribing restrictions on their scope of practice.

Some health practitioners have very narrow prescribing scopes, such as dieticians or optometrists. Other health practitioners have conditions on their prescribing scope, preventing them from prescribing certain classes of medicines.

The Pharmacy Council receives recurrent concerns from RAs regarding inaccurate data input at the pharmacy level, which results in false impressions that their prescribers are practising outside of their scope, including:

- optometrists allegedly prescribing controlled drugs or hypno-sedatives
- medical practitioners allegedly prescribing Class B controlled drugs, breaching the condition on their scope of practice

This issue is primarily due to the pre-population of the prescriber field with the patients' regular prescriber, followed by an insufficient accuracy and clinical checking process by the pharmacist.

The Council recently received formal complaints relating to pharmacists who had entered incorrect prescriber details. Unfortunately this had resulted in Medical Practitioners being falsely accused of prescribing outside restrictions on their scopes. A great deal of unnecessary stress was caused to the prescribers involved.

One of the pharmacies involved in the recent example above has since taken the following steps to address this matter which provides a great opportunity for other pharmacies to review their processes. We recommend that you include the following actions in your next dispensary team meeting:

- Review the article in our [October 2017](#) newsletter which further highlights the significance of entering the correct prescriber in the dispensing software programme.
- Contact the dispensing software provider to **remove the option of pre-populating the prescriber's details**.
- **Review accuracy and clinical checking procedures** to ensure they are robust.
- Review processes for clinical and accuracy checking and to highlight the importance of inputting the correct prescriber.



# PHARMACY PRACTICE

## Joint statements with the Nursing and Midwifery Councils

The Pharmacy Council has been working closely with the Nursing and Midwifery Councils to address questions from pharmacists who have been presented with prescriptions from health practitioners registered with these Councils.

A [new joint statement](#) developed collaboratively by the Pharmacy Council and the **Nursing Council** provides pharmacists and nurses with guidance to differentiate between the scopes of practice for the two respective health professions.

The 2011 joint statement with the **Midwifery Council** has been revisited to update the information around pharmacists' and midwives' scopes of practice. The [updated joint statement](#) also clarifies situations when a midwife may provide care for their Whānau and/or friends.

## Update on Code of Practice for General Practice based Clinical Pharmacists

We have previously advised the sector about an exciting project Council has been working on with pharmacists and their General Practice colleagues practising collaboratively in the General Practice environment.

The Code aims to set out minimum requirements and risk mitigators for clinical pharmacists practising in this area to maximise patient safety and optimise health outcomes through effective interprofessional patient care.

Council had hoped to socialise the draft document with the sector this month, however we believe the Code can be enhanced further through feedback from key stakeholders prior to a formal consultation.

We are now aiming to release the Code of Practice in February and will inform the sector when the consultation period is scheduled.



# PHARMACY PRACTICE

## Handling complaints from the public about pharmacist colleagues

Council sometimes receives concerns about other pharmacists that have been relayed to them by members of the public. Would you know the best way to handle a complaint about a pharmacist colleague from one of your patients?

As part of our Code of Ethics we have obligations to both the public and our profession. This may sometimes create internal conflict as we may wish to both protect our colleagues, refrain from criticising members of our profession and, at the same time ensure that the public is receiving appropriate and safe care from our profession as a whole.

We recommend that you consider how you would respond if such an instance was to occur in your practice. The following Pharmacy Council Code of Ethics 2018 clauses are likely to apply:

A pharmacist:

**3A.** Supports the right of all people, to access culturally safe and responsive, high quality professional services.

**5B.** Must not override the professional autonomy of another pharmacist or other healthcare professional unless patient safety is compromised.

**5H.** Raises concerns and takes appropriate steps if policies, systems, working conditions or the actions of others may compromise patient care or public safety.

**6F.** Recognises behaviour in themselves or colleagues which indicates a need for referral, advice or support, and exercises their statutory obligations to limit their own practice accordingly, or to make a health referral of a colleague.



# COMPLIANCE

## Raising concerns about health professionals self-prescribing

Previous Council newsletters have highlighted concerns about prescribing and the obligations of pharmacists to prevent misuse or overuse of medications by others, whether a member of the public or a fellow health professional colleague. See our [October 2016](#) newsletter.

Pharmacy Council has published a statement on its website "[Raising Concerns with Prescribers](#)" which sets out the process and expectations for pharmacists raising concerns about prescribing practice. This includes:

*Pharmacists are reminded the HPCA Act 2003 s34(1) requires, that when a pharmacist has reason to believe that another health practitioner may pose a risk of harm to the public by practising below the required standard of competence, the pharmacist may give the Registrar of the Authority that health practitioner is registered with written notice of the reasons on which that belief is based.*

*A pharmacist's failure to act on their concerns could constitute a breach of the Pharmacy Council's Code of Ethics.*

*Pharmacists are reminded they have the right to not dispense a prescription if the concerns raised have not been resolved, all procedures followed have been fully documented, and both the prescriber and the patient have been advised of the reasons for taking this action.*

When you have concerns about prescribing practice, you should raise these with the prescriber first, to determine whether the concerns can be substantiated, before contacting the relevant Regulatory Authority or Medical Officer of Health for advice or to lodge a concern.

Where self-prescribing is a concern this should be raised with the prescriber before contacting the Responsible Authority.

Statements relating to obligations for prescribers can be accessed from the Responsible Authority website. For example, the Medical Council's *Statement on providing care to yourself and those close to you* (Nov 2016) outlines situations where self-prescribing or prescribing for friends or family is inappropriate:

*"You must not treat yourself, family members, or those close to you in the following situations:*

- Prescribing or administering medication with a risk of addiction or misuse.*
- Prescribing psychotropic medication.*
- Prescribing controlled drugs as specified and described under the Misuse of Drugs Act 1975*
- Issuing repeat prescriptions where you do not have appropriate information available to review the suitability of the repeat prescription.*

The statement provides more instances where such prescribing practice is inappropriate.