



Message from the Chair

Kia ora and welcome to the latest Pharmacy Council Newsletter.

September Council Meeting

I would like to report on our two-day September meeting at which Council considered several extremely important items:

- What the progress is on a number of key strategic projects that Council has underway and what the workload is meaning for the team and our budget position in 2017/18 and 2018/19.
- We had visitors from The Australian Pharmacy Council (who accredit our university courses) and the Pharmacy Board of Australia (our Australian equivalent regulator). It was extremely valuable to better understand where the National Review of Accreditation Services in Australia is at and what implications that might have for us. We also discussed the understanding the Pharmacy Board of Australia is gaining from better systems around its data and the opportunity to better focus regulation.
- Council's proposed approach to Written Examination Fees and the Annual Practising Fee – extensive consultation documents on each of these will be available shortly.
- The audited annual statutory accounts were approved at this meeting and along with our Annual Report will shortly be available online.

- Council received reports from its Complaints Screening Committee, Professional Standards Committee, Professional Conduct Committees, Health Committee and Finance Audit and Risk Management Committee.

There has also been a considerable media focus on our profession recently, and I refer in particular to the issues raised from the Auckland pilot of unannounced audits by Medicines Control. I would urge all pharmacists to always discharge your professional obligations diligently, especially at a time when there are lots of opportunities to be a real contributor to the provision of more patient centred primary health care services.

Council continues to work closely with all other organisations that have an interface with Pharmacy to ensure there is a coordinated approach to the challenges and opportunities that lie ahead. A major piece of work yet to take its final shape is the review of the legislation we operate under, long overdue in my view, but a large and significant job that we have received no funding for but is of immense importance to Pharmacy. We must ensure that the new Therapeutic Products legislation is fit for purpose.

At the time of writing this newsletter we are still without any clarity of what shape our next Government will be which may of course alter the landscape significantly.

Nga mihi
Mark Bedford
Chair

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

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Message from the Chief Executive

Fakaalofa lahi atu

(warm greetings – its Niue language week)

I'm afraid I am in the camp of not wanting to admit it is only 10 weeks until Christmas – where has the year gone? The last few months have been extremely busy – finalising the end of year accounts, auditors, commencing several new projects (particularly role of the pharmacists), managing several disciplinary cases, preparing for online registration of interns and new pharmacists, preparation for assessment centre, continuing to determine what might be the next steps on returning to our offices at 80 The Terrace, etc.

Included in the list of work over the last few months is the completion of our annual demographic report, for year ended 30 June 2017. It is now available on our website [here](#).

Also, discussed further in this newsletter is the completed work on the Code of Ethics consultation – in the main, there was a lot of positive feedback. We are soon to implement a framework that is much more enabling.

The Council's audited financial report for year ended 30 June 2017 will also be up on our website soon.

We will be releasing consultation documents on the Written Examination Fee and the Annual Practising Fee shortly. We will be keen to get your feedback on the proposed fees, probably by the beginning of December 2017 (not over the Christmas period!). In the Annual Practising Fee consultation document we will be providing you with greater detail on what we have achieved in 2016/17 and what are the specific workload requirements for 2017/18 that we are responding to.

Our most significant capital expenditure project – business capability improvements through technology – will be outlined in the consultation document to provide you a better understanding of where we are at on the project and how it will help further enhance your profession's regulatory framework.

It is great to have approved, along with the Pharmaceutical Society, a training programme for provision of oral contraceptives. The Council has been very diligent to ensure that we have worked on developing evaluation criteria and a process that enables any training provider that can offer an appropriate programme to be considered against the criteria and process. The intent of the Medicines Classification Committee is to help ensure training is provided by the most suitable providers not necessarily just one.

Hope we start to see some more sun across the country. Until our next newsletter, just before Christmas Kia monuina (go well)

Michael Pead
Chief Executive

2017 Workforce Demographics

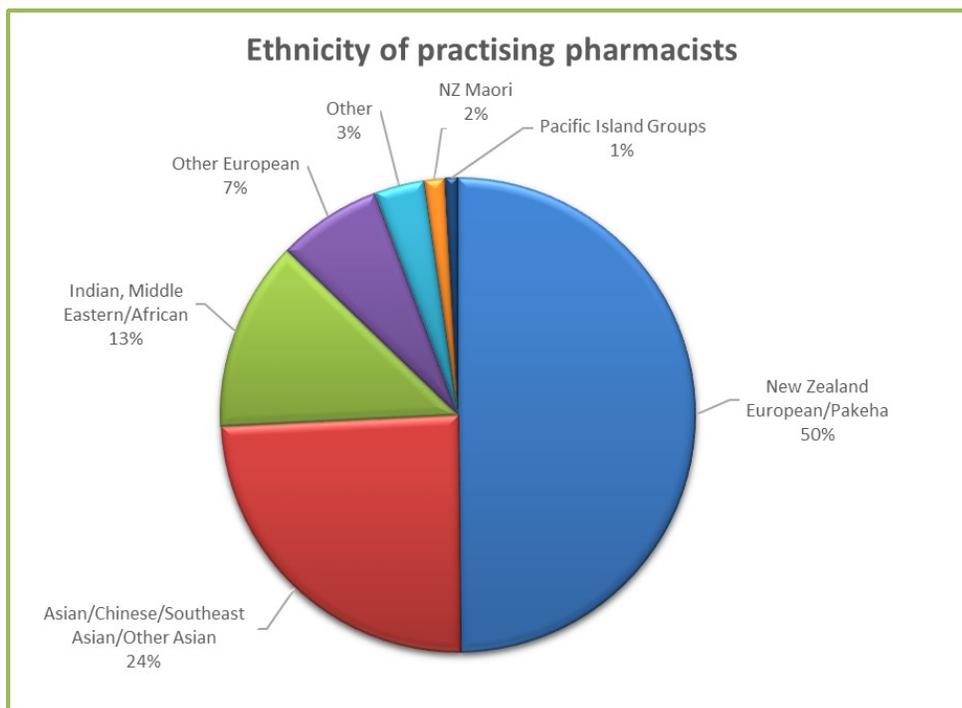
Our latest Workforce Demographic Report as at 30 June 2017 is now available on our website [here](#).

As you are aware, as part of the Annual Practising Certificate (APC) renewal we collect workforce data, which is a requirement under the Health Practitioners Competence Assurance Act 2003. It is required to:

- maintain the Register of Pharmacists
- monitor and report on the demographic and geographic spread of pharmacists across New Zealand.

While the role of Council isn't to advise on workforce composition, some of the key trends we noted from the demographic report are:

- **Type of work:** Community based pharmacists continue to be the largest field of employment (73.4 percent) for the profession, meaning they are likely to remain a key part of future pharmacy models particularly if the profession transitions towards a greater patient care model
- **Gender:** There is an increasing trend towards a female bias in pharmacy (65 percent of practising pharmacists are female)
- **Ethnicity:** Although New Zealand European/Pakeha remains the dominant ethnic group (50 percent) amongst registered pharmacists, Asians represent the fastest growing ethnic group (24 percent) on the register.



Code of Ethics

As you will be aware the Pharmacy Council has been reviewing the Code of Ethics 2011 to take more of a principle based approach, and align with the evolution in pharmacy practice and technological developments. We took the opportunity to align more closely with the recently reviewed Pharmaceutical Society of Australia Code of Ethics.

A comprehensive review process has been undertaken over several months with feedback from working groups, collaboration with other health sector organisations, experts in Law and Ethics, Natural Health and our regulatory authority counterparts.

During public consultation on a draft, the Pharmacy Council was pleased to have received more than 30 submissions from pharmacists, medical organisations and from members of the public. Submitters supported the principle based approach.

Several improvements were proposed by submitters and amendments were made. The Council is grateful to all submitters for helping to lift the quality and clarity of the final Code of Ethics 2017.

The revised Code has retained use of the term “patient”. Submitters supported this term because it highlights the health-related nature of the profession and the primacy of the duty of care relationship which is not as evident when talking about “consumers”

Many submissions addressed the subject of the sale of complementary and alternative medicines in pharmacies (CAM). The final Code of Ethics 2017 reflects that the Pharmacy Council does not oppose the sale of CAM in pharmacies, provided pharmacists ensure:

- people know how to use products safely and correctly
- information is provided to support people making informed decisions
- information provided should be accurate, truthful, clear and independent of any personal commercial considerations
- the benefits of using a product should outweigh the risks, and
- no advertising or promotion contains misleading or unsubstantiated claims that could undermine public trust in the pharmacy profession.

Pharmacists must also refer to the *Pharmacy Council Complementary and Alternative Medicines – Statement and Protocol for Pharmacists, 2017* (the CAM Statement), which has detailed guidance, for example, on managing the risk that people could stop prescription medicine, or delay seeking medical advice due to using CAM. This will be released at the same time as the finalised Code of Ethics 2017.

There was overwhelming support for Council publishing the Principles of the Code of Ethics 2017 in Te Reo Māori. The translated principles will be released in early 2018.

Thanks again to everyone who has been involved in our review process. Your input has been extremely valuable and is greatly appreciated.

Certificates of Training

We are aware that during Pharmacy Quality and Inspection audits pharmacists have been asked to provide evidence they hold appropriate training to legally supply certain Pharmacist Only Medicines, such as Trimethoprim and Sildenafil.

In accordance with their medicines classification, it is a legal requirement that pharmacists are suitably qualified to supply these medicines. It is the pharmacist's duty to ensure they have undertaken any required training before supplying these medicines and to retain evidence of successful completion of training.

The Pharmacy Council does not retain a register of completed reclassified medicine training and therefore cannot provide information to Medicines Control during audit processes. We recommend that copies of such certificates are retained by the employer or on the premises where the pharmacist is practising.

Another option is to upload any recently completed training certificate into your ENHANCE record and these can then be accessed if needed.

Safe and Legal Supply of Pharmacist Only Medicines

Pharmacists have been enabled by the reclassification of several medicines, to supply medicines such as sildenafil, trimethoprim, the ECP and more recently, selected oral contraceptives in certain circumstances. In order to supply these medicines legally and safely, pharmacists are required to complete specific training and only supply to patients meeting set eligibility criteria and only when certain conditions are fulfilled.

A recent inspection audit pilot of 90 pharmacies in Auckland indicated that many pharmacies were not adhering to the criteria for legal supply of sildenafil. Quantities supplied in excess of the maximum of 12 per dispensing, dispensings not recorded in the patient history and sildenafil supplied to patients with clinical parameters, such as blood pressure, outside of the eligibility criteria are examples of practices identified.

Whilst many examples of great practice were also identified, the number of examples of poor practice were concerning.

Council would like to remind pharmacists that it is imperative for patient safety and the legal classification of sildenafil that the patient criteria and requirements for legal supply are adhered to at all times.

Please utilise the tools and checklists created to assist pharmacists with meeting their ethical, clinical and legal obligations when supplying Pharmacist Only Medicines.

Medication Safety

The Medication Error Reporting Programme (MERP) collects and analyses medication error reports in order to promote quality improvement and enhance patient safety.

MERP's first medication safety bulletin contains a summary of dispensing error trends with similarly named medicines in the table below.

Intended medicine	Confused medicine	MERP Comment
clopidogrel	citalopram	In most cases the prescription was processed correctly with the correct dispensing label, but the incorrect product selected.
citalopram	clopidogrel	
ciclosporin	cyclophosphamide	Contributing factors: look-alike medicine names, both 50mg strength.
cyclophosphamide	ciclosporin	
risperidone	ropinirole	Contributing factors: both 1mg strength and tablet dose form.
ropinirole	risperidone	

Table from MERP SafetyMatters bulletin Sept 17:1
<https://nzphvc.otago.ac.nz/merp/resources/>

It also contains some educational information for prescribers around commonly misinterpreted prescription instructions. We strongly recommend that pharmacists read the bulletin and consider implementing the risk mitigation suggestions included.

MERP also collects and analyses near-miss errors. We encourage all pharmacists to consider forwarding error and near miss data to MERP in order to detect any trends occurring and enable early alerts to be circulated out to the sector in order to reduce the risk of others making the same error.

Correct prescriber details

It is very important during the dispensing process to check that the correct prescriber details have been recorded in the dispensary software. Not only is this important to ensure an accurate patient history is maintained but also to ensure that when Ministry of Health dispensing data is checked by regulatory authorities monitoring their prescribers that red flags are not raised unnecessarily about prescriber practice.

The Dietitian Board and Opticians Boards have both raised concerns that analysis of prescription data often suggests their prescribers may be practising outside their scope of practice when in fact, the data inaccuracies are the result of errors in prescription data entry during the dispensing process. Enquiries indicate that this is often the result of omissions in amending prescriber details when multiple prescriptions from different prescribers are processed for one patient or due to default settings pre-populating the prescriber field with details of the patient's usual doctor.

Dispensary software systems have options to prevent pre-population or default settings to previous prescriber or patient's regular doctor. Please contact your software vendor to discuss these options and ensure correct prescriber details are recorded for each dispensing.

Oral Contraceptive training for pharmacist only supply

The Pharmacy Council and the Pharmaceutical Society have recently approved an oral contraceptive training programme for pharmacists. This programme meets the requirements of the reclassification gazette notice for selected oral contraceptives exempted for supply by pharmacists to women meeting certain eligibility criteria.

A set of evaluation criteria has been developed for the oral contraceptive training approval process and this will be used to assess proposals submitted by other organisations wishing to provide oral contraceptive training programmes.

In alignment with the intent of the reclassification of selected oral contraceptives by the Medicines Classification Committee any organisation can provide oral contraceptive training for pharmacists as long as it has been approved against the evaluation criteria that has been set.

The evaluation criteria is available from to the Pharmacy Council and will be posted on the Council website soon.

Cultural Competence

We hope that this item about a late-career pharmacist who is learning te reo Māori will encourage other pharmacists to begin a similar journey.

Paul Vester's community pharmacy is in Morrinsville where just over a quarter of the population is Māori. A warm personality and genuine interest in the people he serves have made a career in patient-facing pharmacy the perfect choice for Paul.

He learned a long time ago – in the time of Comprehensive Pharmaceutical Care trials, he says - that better health outcomes depend on better relationships between pharmacists and their patients, and that relationships take a while to build.

He also knew that Māori in his area did not always have confidence in the health system. He felt dissatisfied with his own knowledge and use of te reo Māori in his practice and welcomed the te reo course that started in his area three years ago as an opportunity to address his concerns.

Paul enjoys the camaraderie and shared humour of te reo lessons and he was delighted when he was first greeted there with a hongi, a greeting he now receives on occasion from some patients in his pharmacy.

Our short conversation was sprinkled with anecdotes that described how his practice has been enriched by his increasing knowledge and confidence in using te reo. Paul insists that te reo has been a gateway to learning about Māori culture, and that his stepwise growth in language confidence has made a real difference to his effectiveness as a pharmacist for Māori patients.

He reflected on the importance of correct pronunciation of names, and of respectful and mindful conversations that recognise differences in world view and motivation. He feels rewarded when sought out by name in the pharmacy, by patients and their whānau.

Paul is committed to continuing te reo learning after his imminent retirement from full time pharmacy work. He recognises that not everyone is motivated to learn te reo but he said many times in our conversation how valuable it had been for him, personally and professionally, that it has made a difference to the service he provides as a community pharmacist and, he hopes, to health outcomes for Māori in his area.



Registration Online

The Pharmacy Council is continuing its Business Capability Improvement Programme. The first phase of this saw the introduction of online registration for an Annual Practising Certificate (APC). Soon we will allow first-time registrants into either the intern pharmacist or pharmacist scopes of practice to make their applications online.

We hope that, like the APC online application, first-time registrations online will make the process as quick and as easy as possible for these people.

Those entering the Intern Pharmacist scope of practice will have until 25 January 2018 to make their application to register.

Those entering the Pharmacist scope of practice for the first time will have until 14 December 2017 before their intern APC expires to register. Current interns must ensure that they have passed the Assessment Centre before making their application to register.

More information about registration online will be on our website soon.

We are excited to welcome the next cohort of Intern Pharmacists and first-time registering Pharmacists and wish current interns who will be preparing for this November's Assessment Centre the best of luck!

Registration Online