

November 2015 Newsletter

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Message from the Chair



Tēnā koutou katoa,

Welcome to our spring newsletter. With the weather improving, I hope you have been encouraged to get outside and enjoy your leisure time with friends and family.

Over the last quarter Council has placed considerable focus on the development of our 2016–2020 strategy. The 2010–2015 strategy successfully guided the development of our strong operational and governance foundations. Now it is time to build on these by adopting a broader approach to regulating pharmacists. The new strategy is an evolution of our vision, mission and goals and recognises that the profession and healthcare environment in which pharmacy operates is changing, meaning we must too. We look forward to sharing it with you in more detail early in the New Year.

We have recently sought your submissions on a variety of topics: proposed fee for overseas qualified pharmacist prescribers, proposed fee for pharmacist prescriber's recency of practice, proposed supplementary wording to clause 6.9 of the Code of Ethics 2011, which relates to alternative and complementary medicines and annual practising certificate fee and disciplinary levy for 2016-17 practising year. I would like to acknowledge all of those individuals and organisations who have made a submission to these consultations. Your feedback is important in ensuring our decisions are well informed. We will publish the outcome of each proposal on our website shortly.

In the coming months, I will be stepping down from Council, having completed three terms. I would like to take this opportunity to personally acknowledge the tremendous contribution of staff, councillors (past and present) and those within the profession who have given their time to help Council promote safe, effective pharmacy practice. On this note, I would also like to say specific thanks to two other councillors, Keith Crump and Te Kani Kingi, who will be stepping down at the same time. Your support and contribution has been significant and I would like to personally recognise you for this.

Dr Andrew Bary
Chair

Message from the Chief Executive/Registrar



In the July 2015 newsletter, I wrote of my experience as a physiotherapist working under the Health Practitioners Competence Assurance Act that applies to all regulated health professions. In particular, I had not appreciated the depth and breadth of the role New Zealand health regulators hold. Over the last nine months in my role as Chief Executive/Registrar, I have gained a much stronger appreciation of the critical role health regulators play in ensuring public safety and would like to share some of what I have learned with you.

I want to start by outlining what we do, in plain English. Council's key role is to administer the Act as it relates to pharmacy, to ensure the safety of members of the public who interact with the profession. To do this, Council undertakes a variety of activities, which I have summarised below, and I will elaborate on in future newsletters.

- Firstly, Council specifies scopes of practice that describe the profession: Intern Pharmacist, Pharmacist, and Pharmacist Prescriber. For each scope, it prescribes pharmacy qualifications. It accredits and monitors New Zealand pharmacy education programmes and their providers; for example, universities and the Intern Training Programme.
- Council has a key role in reviewing and promoting the competence of pharmacists and is responsible for managing notifications about a pharmacist's health from health practitioners, employers, or the Health and Disability Commissioner.
- Council also has an important role in notifying employers, ACC, the Director-General of Health, and the Health and Disability Commissioner where it believes a pharmacist's practice may pose a risk of harm to the public. It also considers cases where a pharmacist may be unable to perform their functions required for the practice of pharmacy.
- Council has had a strong focus over the last 24 months on setting standards of clinical competence, cultural competence, and ethical conduct to be upheld by pharmacists. These standards can be found in the updated *Competence Standards for the Pharmacy Profession*, which became effective earlier this year.
- Council sets programmes to ensure the ongoing competence of pharmacists. Its recertification framework came into effect in April 2013.

- Finally, Council is responsible for registering pharmacists, maintaining the public register of pharmacists, and considering applications for Annual Practising Certificates (APC).

With the responsibilities of Council in mind, and APC renewal fast approaching, it is timely to draw your attention to the importance of ensuring you meet the application requirements and timeframes. APCs help assure the public that pharmacists are competent, fit to practise, and legally able to work in New Zealand. It is also important to check that locums hold an APC and indemnity insurance, including the necessary accreditations or qualifications to provide the services required. Registration status for all pharmacists can be checked on the Council's register which is found on our website. Any conditions attached to a practising certificate will be evident during a register search.

I look forward to elaborating further on some of our functions over the coming editions of our newsletter.

Warm regards

David Simpson

Chief Executive/Registrar

Sale of codeine containing analgesics

Council is aware of patients misusing codeine containing analgesics. This has resulted in hospitalisations due to the harmful adverse effects associated with overdoses of the paracetamol or ibuprofen components of the analgesic products. Cases of serious patient harm, including renal impairment and liver damage, have resulted from consumption over a 24-hour period of full packets of 30 ibuprofen 200mg and codeine 12.8mg tablets or packets of paracetamol 500mg with codeine 15mg tablets on numerous occasions.

Pharmacists are reminded to be vigilant about frequent purchasers and use clinical judgement about whether supplying the requested codeine containing analgesic is appropriate.

Pharmacist Only sales of codeine containing analgesics are intended for acute use only. The definition of acute management with Pharmacist Only Medicines is provided in the Council statement *Protocol for the Sale and Supply of Pharmacist Only Medicines for Chronic Conditions*. The statement is on the Council's website under [Pharmacists information/standards, guidelines, and protocols]. The majority of repeat sales within a short time-frame are likely to be inappropriate. An alternative, clinically suitable non-codeine containing analgesic could be offered or the patient could be referred to an appropriate health professional for management.

Codeine seekers have been known to offer false names or addresses when attempting repeat purchases from a pharmacy. It may be advisable to consider requesting photo identification to confirm patient identity when recording purchaser details. Any concerns about frequent purchasers should be reported to Medicines Control.

Pharmacist Only Medicines must not be available for patient self-selection. It is the responsibility of the pharmacist to ensure the patient receives safe clinically appropriate assessment and management.

Insulin errors

There is still concern about the number of insulin dispensing errors occurring. Please be aware of new formulations/presentations of insulin vials, penfills, and pens and be extra vigilant when dispensing insulin.

In a Health and Disciplinary Commissioner (HDC) case a patient received Humulin, instead of Humulin 30/70 Penmix cartridges. His diabetes had previously been difficult to manage and he had recently been stabilised on Humulin 30/70. Fortunately the patient's mother collected the insulin and noticed the change in appearance before delivering it to caregivers who were to administer it to her son in residential care. Potential patient harm was averted in this instance but the multiple numbers of insulin cartridges with similar packaging stored in the well-stocked dispensary fridge was identified as a risk factor.

Several articles have been written about insulin by the Pharmacy Defence Association, Health Quality and Safety Commission, and Council. Ongoing education and awareness of new formulations is essential for patient safety. Please ensure you have standard operating procedures (SOPs) to ensure clear processes for storing and separating the different formulations in the fridge. Ideally they should be in clear plastic containers. Comprehensive and consistent dispensing and patient history checking processes identifying which formulation has been previously dispensed are also essential for patient safety. Any change must be identified, queried, and clarified with the prescriber and the patient counselled appropriately. In cases where a change has been verified, an alert prompt in the patient's notes can help during the clinical checking process.

Pharmacists are advised to familiarise themselves with the many different insulin formulations currently available and complete professional development in Type 1 Diabetes management if they are not up to date with current best practice.

Inappropriate use of patient information

A recent notification to Council raised concerns about inappropriate use of patient information. Patient information must only be used for the purpose that it was intended/collected. The use of patient information to advertise for business is both unethical and a breach of Principle 10 of the Privacy Act. Clause 4.8 of the Pharmacy Council's *Code of Ethics 2011* states

Only collect and use patient information for the purposes it was obtained or in circumstances where it is otherwise lawful to disclose or use that information. Take appropriate steps to prevent unauthorised disclosure of or access to patient's health information.

For example: patient details in the dispensary database, collected from a prescription presented to the pharmacy, cannot be used to email the patient about health promotions or over-the-counter campaigns, as the personal details were not collected for this reason and the patient has not consented to being contacted for these promotions.

Pharmacists working as pharmacy technicians in New Zealand

The only people in New Zealand (NZ) who are able to legally work in the dispensary are:

1. pharmacy interns (a pharmacy graduate, registered with the Pharmacy Council and enrolled in the Evolve Intern Programme)
2. NZ registered pharmacists
3. pharmacy technicians (persons holding a National Certificate in Pharmacy)
4. pharmacy technician students (persons undertaking a National Certificate in Pharmacy)
5. pharmacy students undertaking a pharmacy undergraduate programme in NZ
6. a pharmacy graduate, actively taking steps towards registration as a pharmacist in NZ (overseas pharmacists who are registered in countries other than Australia, Canada, Ireland, the United Kingdom or the USA must have completed step ONE of the Council's registration process and be preparing for the registration exam); for further information, please contact the Council.

If you hold a pharmacy degree or have worked overseas or in NZ previously as a pharmacist but are not currently registered with the Pharmacy Council of NZ you are **NOT** automatically permitted to work in NZ as a pharmacy technician. To work as a technician in NZ you must either hold the National Certificate in Pharmacy (Technician) or be enrolled in the Technician Training Programme through the Open Polytechnic of New Zealand (contact the Pharmaceutical Society on p.society@psnz.org.nz for more details).

IT IS ILLEGAL to work as a technician unless you hold the National Certificate in Pharmacy (Technician) or are currently enrolled in a NZ recognised pharmacy technician training programme. **Having been employed as a pharmacist overseas or previously having been registered as a pharmacist in NZ does not automatically permit you to dispense medicines or to work in the dispensary as a technician.**

If you intend to return to work as a pharmacist we strongly advise that you discuss your situation with a member of Council's registrations team, who will let you know the steps you need to take to apply to be returned to the Pharmacy Register. You must be registered with the Pharmacy Council and hold a current APC to be able to work under the supervision of a pharmacist. Although it is feasible to elect to retrain as a pharmacy technician in situations where overseas pharmacist qualifications are not recognised in NZ, in practice it is often difficult for pharmacists to adapt to the requirements of being a pharmacy technician.

Closed consultation – supplementary clause 6.9 Code of Ethics 2011

Council's consultation on the proposed wording for the Code of Ethics supplementary clause 6.9, initially scheduled to run from 1 to 30 September 2015 was extended at stakeholders' request until 9 October 2015. This consultation has now closed, with a number of submissions received. Media interest in this important topic has been significant and Council is currently analysing the submission documents before a decision is made. A statement related to this consultation will be available in December 2015 via the Council website.

Open consultation – submission due – 10 November 2015

The Council is inviting submissions on its proposed “Annual Practising Certificate (APC) Fee and Disciplinary Levy for the 2016–17 Practising Year”.

The purpose of this consultation is to seek your views on the proposed APC fee and disciplinary levy for the 2016–17 practising year. Responses will be considered by Council before a final decision is made.

The consultation documents can be found using the following link:

http://www.pharmacycouncil.org.nz/cms_show_download.php?id=593

Please note – responses to this consultation close on Tuesday, 10 November 2015 at 5pm.

Health Practitioners Disciplinary Tribunal Decisions

Summary of decision of the Health Practitioners Disciplinary Tribunal for publication – Mr Fadi Iskander – Phar 14/277P

Charge

A Professional Conduct Committee laid three charges against Mr Fadi Iskander (the Pharmacist) with the Health Practitioners Disciplinary Tribunal (the Tribunal).

The charges were as follows:

1. The Pharmacist was convicted in the Auckland District Court of 47 offences against the Medicines Act 1981, which reflected adversely on the Pharmacist’s fitness to practise.
2. The Pharmacist completed an APC application on 6 March 2011 and certified it was correct when it contained incorrect information. He certified he had not been the subject of investigation, disciplinary proceedings or order when he knew or ought to know he was the subject of an investigation. The charge alleged this misconduct amounted to professional misconduct.
3. The Pharmacist supplied to his father, between September 2007 and June 2010, a prescription medicine without a lawful prescription from an authorised prescriber and this misconduct amounted to professional misconduct.

Finding

The Tribunal found all three charges established.

Background

The convictions of the Pharmacist against the Medicines Acts were for:

- selling new medicines without appropriate consent;
- manufacturing, and/or packaging and/or labelling medicine otherwise than in accordance with a licence;
- storing prescription medicines without reasonable excuse;

- advertising a new medicine without the appropriate consent;
- selling medicine with a misleading label; and
- having medicines in his charge or possession in containers otherwise than as required.

The second charge was of misconduct in respect of an application for renewal of his APC by the Pharmacist. The Pharmacist certified that since his last application for an APC, he had not been the subject of an investigation, disciplinary proceedings or order; when in fact he knew or ought to have known he was being investigated by Medsafe.

The third charge referred to the period of September 2007 to 15 June 2010 when the Pharmacist supplied his father with Tramal 100, without a lawful prescription from an authorised prescriber.

Reason for Finding

Charge 1

The Tribunal had no hesitation in finding that the convictions against the Pharmacist reflected adversely on his fitness to practise.

The Tribunal considered it a fundamental part of a pharmacist's role to uphold the requirements set out in the Medicines Act. The Tribunal was satisfied the actions by the Pharmacist were unsafe and posed a risk to the health and safety of the public and the convictions for breaches of the provisions of that Act reflected adversely on the Pharmacist's fitness to practise.

Charge 2

The Tribunal found this Charge was of sufficient severity in itself to warrant disciplinary sanction. The Tribunal considered that in order to protect the public and to maintain standards it is important to ensure that an APC is issued on the basis of accurate and reliable information.

Charge 3

The Tribunal was satisfied this was a matter which clearly warranted disciplinary sanction.

The Tribunal was satisfied no assessment had been made of the Pharmacist's father as to whether Tramal 100 was the right medicine for him in his condition; and indeed it appeared his father's GP had not prescribed Tramal 100 for him, but rather, other tablets. No assessment was made as to the quantity of Tramal 100 that was appropriate or whether injection of Tramal 100 was the appropriate course. Tramal 100 is known to be habit-forming and no assessment was made as to whether there was a risk of this for this patient.

The Pharmacist ran a significant risk with his own father's health by supplying him with this prescription medicine without the necessary assessments having been made by a medical practitioner.

Penalty

The Tribunal cancelled the registration of the Pharmacist and he was ordered to pay \$20,000.00 towards the costs of the prosecution and the hearing.

The Tribunal directed publication of the decision and a summary.

The full decision of the Tribunal can be viewed at www.hpdt.org.nz – reference Phar14/277P

Practising without a Practising Certificate – Summary of decision of the Health Practitioners Disciplinary Tribunal for publication – Mr Yu-Po Lin – Phar 15/391P

Charge

A Professional Conduct Committee charged that Mr Yu-Po Lin, of Auckland (the Pharmacist) practised the profession of pharmacy from around 1 April 2014 to 27 September 2014 without a current practising certificate.

Finding

The Tribunal found the Pharmacist guilty of practising without a practising certificate and the charge was established. The hearing proceeded on the basis of an agreed summary of facts and the Pharmacist did not attend the hearing.

Reason for Finding

The Tribunal considered that the three elements that were required to be proven by the PCC were all established as follows:

1. the Pharmacist was at the time registered as a pharmacist
2. the Pharmacist practised as a pharmacist in the period 1 April 2014 to 27 September 2014
3. the Pharmacist did not have a practising certificate for the relevant period.

Penalty

The Tribunal ordered that the Pharmacist:

- be censured;
- pay a fine of \$2,000.00; and
- pay costs of \$12,500.00 (50 percent).