



Welcome to the first Council newsletter for 2012



2012 has certainly begun as a challenging and exciting one for pharmacy. With the impending new interim Pharmacy Services Agreement there are new opportunities for pharmacists. The new Pharmacist Prescriber scope of practice has taken a big step forward this year with the first students enrolled in the course funded by Health Workforce New Zealand (HWNZ). You can read more about this project later in this newsletter.

At our first meeting of the year we were joined by Australian Pharmacy Council (APC) President John Low and CEO Lyn LeBlanc. This was our first official meeting with our Australian colleagues since we signed a Memorandum of Cooperation last year. The APC is the accrediting organisation for both the New Zealand Council and the Australian Pharmacy Board, and we highly value the relationship that we have with this organisation. In addition to the usual work of accrediting degrees, intern training programmes and administering examinations for us, the APC has started a review of pharmacy degree standards this year. A consultation workshop is to be held in Wellington in May for any interested parties, and you can read more about responding to this consultation later in the newsletter.

Council must be able to assure the public that pharmacists can deliver services and as part of our ongoing guidance for pharmacists we have recently prepared two new best practice guidance statements. One is on Pharmacists as Vaccinators and the other on Complementary and Alternative Medicines, and both of these are available on our website. Council also supports the work of other agencies responsible for ensuring safe practice. Therefore, we have included in this newsletter the Serious and Sentinel Events report from the Health, Quality and Safety Commission and information on dispensing errors from the latest ACC treatment Injury Report.

Last year we reported on Council's concerns regarding a proposal by Health Workforce New Zealand (HWNZ), as part of government's consolidation agenda, to amalgamate New Zealand's health regulatory authorities' secretariat functions to achieve greater efficiencies, provide greater 'value for money' and improve workforce data collection. The Pharmacy Council took a lead and worked with a small group of other Regulatory Authorities (RAs) to prepare an Indicative Business Case for a model of a shared secretariat that we believe is safe, achievable and sustainable. This model will enable more efficient, best practice regulatory and administrative processes across all RAs, allow continual quality improvement, and support the government's 'value for money' principles through cost effective operation. This work was presented to HWNZ just before Christmas. At the beginning of this year the Minister met with all RA Chairs and asked us to work together on a model for all 16 RAs. The Council has continued to work with willing RA partners and has prepared a further report that was submitted to the Minister at the beginning of April.

As the year unfolds Council will continue to work to ensure that the public's confidence and trust in pharmacists is warranted by ensuring pharmacists are fit and safe to practice.

Andrew Bary

Chair

The Pharmacy Council of New Zealand has been established under the Health Practitioners Competence Assurance Act 2003 and has a duty to protect the public and promote good pharmacist practice.

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Exciting developments in the Pharmacist Prescriber scope of practice

Fourteen pharmacists began the post graduate certificate in pharmacist prescribing through the Universities of Auckland and Otago Schools of Pharmacy in February. The Council is very excited about this major milestone for the introduction of prescribing pharmacists in New Zealand.

This course is the approved qualification for these clinical pharmacists to become prescribers under the proposed new Pharmacist Prescriber scope of practice. Health Workforce New Zealand approved this course as a demonstration project for pharmacist prescribing and has funded these students for this purpose.

Legislative changes need to be made so these pharmacists can prescribe medicines unsupervised when they graduate later in the year. The Ministry of Health has confirmed that the required legislation to allow these Pharmacist Prescribers to prescribe is currently being prepared. This legislation will be a regulation under the Medicines Act for designated prescribing rights. Once the regulation is passed, these pharmacists will apply for registration in the new Pharmacist Prescriber scope of practice.

Congratulations to those pharmacists who have taken up this challenge. For more information about the prescribing project, see our website under Pharmacist Prescribers.

Proposed changes to intern assessments for 2013

The Pharmacy Council proposes to introduce a multiple choice exam and a new Objective Structured Clinical Examination (OSCE) Assessment Centre for intern pharmacists from 2013. The Council will consult on this proposal later this year as this will require major changes for entry into the pharmacist scope of practice. Pharmacists, intern pharmacists and other interested stakeholders will have an opportunity to comment on the proposal.

The Pharmacy Council reviewed the assessments for interns and trialed a multiple choice exam and OSCE Assessment Centre in 2011. The results of these trials will be included in the consultation document.

Council will make a final decision before the end of 2012, once the consultation feedback has been received and analysed.

Flu vaccinations by pharmacists are on the rise

A new guidance statement outlining best practice principles has been endorsed by the Pharmacy Council to support pharmacists who are trained influenza vaccinators.

The Ministry of Health believes new approaches to immunisation should encourage clinical integration and collaboration between providers to increase the pool of vaccinators, improve access to vaccination and deliver improved services. Pharmacists have been training as flu vaccinators since 2010, with an increasing number taking up the opportunity.

The Ministry's approach to the requirements for pharmacist vaccinators is in line with the requirements that apply to other health professionals wanting to become authorised vaccinators. It is the same as the requirements that apply to influenza immunisations offered in workplaces. Pharmacists who are vaccinators must have the appropriate knowledge and skills to competently deliver immunisation services. With approved training and proper facilities, pharmacists offering a vaccination service have an opportunity to become more involved in integrated primary health care services. The statement is available at: www.pharmacycouncil.org.nz/whats_new

Do you sell complementary and alternative medicines?

Council has recently endorsed best practice guidance for pharmacists who sell complementary and alternative medicines. Approximately 90% of community pharmacies sell complementary and alternative medicines, which are also known as natural health products. These include herbal and traditional medicines, homeopathic remedies and dietary supplements.

Many patients use complementary and alternative medicines, regardless of the level of evidence supporting their effectiveness. It is important that pharmacists have a basic knowledge of these medicines in order to engage with and advise patients appropriately.

Council believes pharmacists must remain informed of medications their patients are using and requesting to maintain their reputation

for providing accurate, unbiased information. Similarly, pharmacists should be aware of the possibility of patients stopping their prescribed medication if they believe their health is improving due to an alternative therapy. In this case, appropriate advice should be given or the patient should be referred to a health care professional.

The guidance statement also includes a reference to a 2007 article regarding the place of homeopathy in pharmacy practice. This is perhaps the topic that invokes the most strongly held views both for and against its perceived benefits. The statement is available at: www.pharmacycouncil.org.nz/whats_new



Recertification framework consultation results and Council's response

A report on the results of the consultation is available on the Council website: www.pharmacycouncil.org.nz/whats_new

Council released a consultation document on a new recertification framework in late 2011. 104 responses were received over an eight week period. The Council has now carefully considered the feedback and made some amendments to the framework. One component of the new framework, working with a learning peer, will be considered further at the next Council meeting in May. Guidelines to accompany the framework will also be confirmed at the May meeting. Council will be contacting interested parties for early discussions on recognising their recertification programmes.

Council recognises recertification programmes to ensure pharmacists are competent to practise. Council wants all pharmacists to be fully engaged and enthused in their professional development, but recognised that the current recertification programme was not doing this. In order to recognise new recertification programmes a new framework was developed and a recertification working party met to refine the framework in 2011. This new framework provides the basis for programme providers to develop recertification programmes. It includes a number of components, some of which are optional. This greater flexibility should help providers to develop better programmes for pharmacist.

The feedback received was broadly supportive of the proposals. The bar chart below summarises the response to the first question on the requirements. The concerns regarding the requirement to work with a learning peer were noted. A few respondents were concerned with the liability of this role and what level of assurance was acquired before signing a declaration to confirm learning. Others noted the difficulty it might present for pharmacists in rural practice or working in a non-traditional role.

Many of the comments accompanying the responses reflected the need to understand how the recertification programmes would work in practice.

Other respondents needed further detail or reassurance on particular aspects; for example how points would be allocated, significant learning goals, the role of the learning peer or the accredited learning facilitator.

Several respondents noted their dissatisfaction with the current programme and their hope that new programmes would avoid some of these problems.

Council's response to the feedback

Council wants programme providers to develop the support material to accompany their programme and considers that many of the questions raised can be answered by the providers. However, Council accepts further information is required to accompany the framework and guidelines are being developed. Many of the questions and concerns raised in the feedback were discussed as part of the deliberations of the working party, and the recommendations of the working party will be reflected in the guidelines.

Council will consider amending the requirement to work with the learning peer as it does not want this to develop into a 'policing' role. The amendment and the guidelines will be finalised in May.

Minor changes have been made to the terminology of the framework and will be more closely aligned with the terms used for pharmacists' CPD programmes in Australia.

The feedback received provides helpful direction for Council to assure the delivery quality of recertification programmes and that the programmes will help pharmacists with professional development. Discussions will now begin with groups who have expressed an interest in providing a recertification programme.

Many thanks to those who took time to respond to the consultation.

SOME OF THE COMMENTS RECEIVED

'This new recertification framework proposal provides wider scope for pharmacists to demonstrate competent to practise'
Community Pharmacist

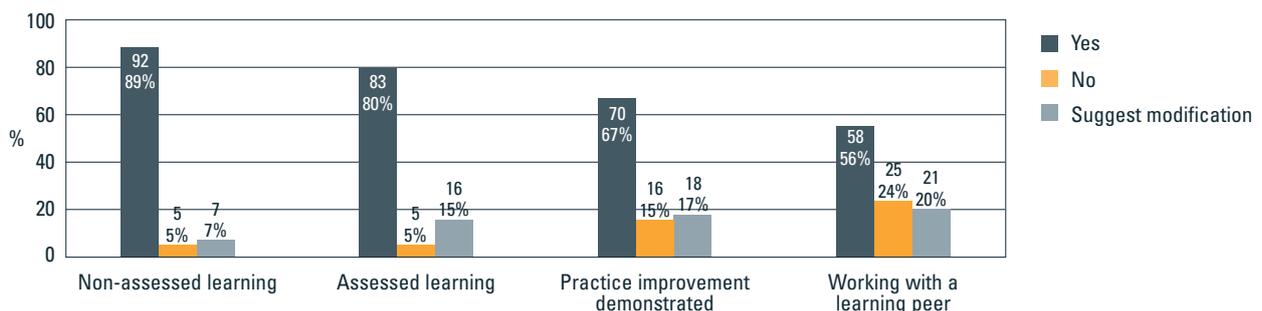
'I think this is an excellent process and I am impressed with the direction the Council is taking on this, I am sure it will improve my adherence and compliance to the programme, and improve my practice'
Community Pharmacist

'I am very pleased that this change is occurring – especially to see that non-assessed or self-directed learning is being recognised'
Hospital Pharmacist

'I wholeheartedly support the proposed change – and see many opportunities for future development which can only enhance the profession'
Other – Defence

Do you agree with the requirements specified in the proposed new recertification framework?

(Requirements are non-assessed learning, assessed learning, practice improvement demonstrated and working with a learning peer)



Serious and sentinel events report 2010/2011 – Making our hospitals safer

This message is from the Chair of the Health Quality & Safety Commission

Dear Colleague

On our website www.hqsc.govt.nz you can find a copy of the Health Quality & Safety Commission's report on DHB-reported serious and sentinel events in 2010/11, a brief fact sheet summarising the report's main findings, a table of DHB events and associated media materials.

We encourage you to circulate the report among your colleagues, read and discuss its findings, and to take note of the individual cases described. These stories involve real patients who have been harmed by the health care intended to help them, and reading them provides powerful motivation to continue striving for the safest possible care at all times.

These incidents occur at considerable personal cost to the patient and their families, and significant financial cost to providers both at the time of the incident, during rehabilitation, and the subsequent post-discharge care. I know this is of concern to all health professionals and the challenge to us all is to learn from the adverse events that have occurred and to actively work to reduce patient harm.

The Commission is working with DHBs and other bodies to develop strategies and projects to improve patient safety. We welcome your feedback on any aspect of the report, and you can email comments to info@hqsc.govt.nz

Sincerely,

Professor Alan Merry

Chair

Health Quality & Safety Commission

www.hqsc.govt.nz

Do you have a current Annual Practising Certificate?

Thank you to the pharmacists who sent their Annual Practising Certificate (APC) renewal forms in promptly. If you sent your form in to the Council on time and there were no problems with the recertification or payment sections, you should now have received APC.

If you are practising as a pharmacist and do not hold an APC you need to apply for one **immediately**. Practising without an APC is illegal and may lead to criminal and/or professional disciplinary charges under the Health Practitioners Competence Assurance Act 2003. Responsible

persons for pharmacy licences and majority shareholders in pharmacies, must also hold an APC in order to meet Ministry of Health, DHB and HealthPAC requirements.

If you are not practising but wish to have your name transferred to the Non-Practising Register or removed, you will still need to complete the form.

Please contact us if you have any questions about the renewal process. Telephone 04 495 0336 or email enquiries@pharmacycouncil.org.nz

E-newsletters are the future

E-newsletters will improve our communications with you and, over time, save significantly on print and postage costs. Therefore this will be the last printed newsletter and all future newsletters will be sent electronically.

Please make sure we have your correct email address so you can receive the next one electronically. Log in on our website to update your details: www.pharmacycouncil.org.nz/useradmin/ or email us at: enquiries@pharmacycouncil.org.nz



Change of staff – Education Advisor

We were very sad to see **Sandy Bhawan** leave recently – after six years at Council. Sandy has been involved in the developing of competence assessment tools, competence standards, accreditation guidelines and standards. In particular Sandy has been responsible for the development of the Pharmacist Prescriber scope and associated standards. Sandy has left to take up a Clinical Advisory Pharmacist role with a local Primary Health Organisation.

We are now delighted to introduce **Sue Walbran** to this position. Sue has both a health and education background, having initially trained as a Medical Radiation Technologist and more recently having completed both a Masters and PhD in Education. Sue brings extensive experience from the NZQA and tertiary education sector to this role.



A pharmacist's story – from Scotland to Greymouth

Every year between 30 and 40 overseas trained pharmacists register in New Zealand to practise. Of those, 30% come from countries with qualifications that are recognised as equivalent to New Zealand – these being the United Kingdom, Ireland, Canada and the US. These pharmacists are required to sit a multi-choice competency exam and then practise in a New Zealand pharmacy under supervision before completing a final interview.

Recently a pharmacist from Scotland wrote to Council about his experience in New Zealand. He has given us permission to publish his story, which extols practise in a small community on the West Coast.

Working for Olsen's Pharmacy

I decided I needed a change from Scotland. I always wanted to work abroad, so my mind was made, let's do it. With both Australia and New Zealand having similar working agreements with the UK it seemed a logical place to look for work. There's no doubt that both offer far better standards of living to Britain, and a better way of life. Initially I looked at Australia due to family ties but it became clear New Zealand was the better option for me. That is a decision I will never regret. If you want roasting hot and sandy beaches go to Australia. If you want that, plus so much more, the decision's simple, New Zealand.

When looking for work in New Zealand, you quickly find things are similar to home in terms of where to look etc. However the stumbling block is four weeks supervised practice (compulsory for all overseas trained pharmacists). Initially I looked at it as a pain, but I will be totally honest, it was 100% necessary. No matter how good a pharmacist you are, learning all the different laws and systems does take a few weeks. Also the 'exam' at the end of it is an oral one which anyone will pass, providing they take on board what they need to during their four weeks. It wasn't like I was up all night cramming; I just worked for four weeks then answered the questions asked of me like an informal chat.

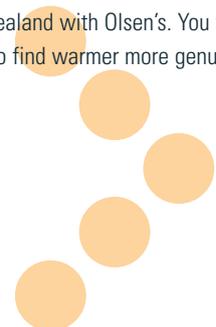
Why Olsen's? I've lived in a city all my life. The beauty of New Zealand isn't its cinema complexes and giant shopping malls, it's the outdoors. You get plenty of that in the South Island. But I chose here [Olsen's] due to a gut feeling that I just had. I was swaying between a couple of jobs but I just got the feeling this one made sense. When you go into the unknown it's reassuring to know you're going somewhere that knows what they're doing. I was their second overseas pharmacist and the fact they had completed the process before gave me confidence I was in safe hands.

The other pharmacies hadn't, that was a big factor for me given how complex these situations can be when you have no idea about them. Also after speaking to Julie and Kerri via Skype, I just had this feeling it was the right place. Okay so the job, how do I put this without seeming totally fake, well it's the best job I've ever had. Virtually every pharmacy in Britain is staffed by one pharmacist unless it's extremely busy. I had locumed in 30+ shops and worked with another pharmacist on only a handful of occasions. Work at Olsen's and you will have two to three pharmacists on all the time. The reason why, pharmacy in New Zealand is about patient care, not how much money can we make on minimal staff. You can do the job you were trained to do, not just head down, checking 500 items per day yourself, stressed and under pressure. And whenever you're unsure, just ask one of the other pharmacists. In this area in particular, getting near a doctor is very tough, so at times you double as one, with patients regularly coming in to ask your advice. And you actually have time to give them it, without the worry of ten prescriptions still waiting for you to check at the same time. Then there's the pharmacist run warfarin testing programme and the likelihood of flu vaccination by pharmacists being approved very soon. Olsen's are again at the forefront of both. And add to that, the working environment is just great. The shop is so well run and everyone gets on. We regularly do things as a staff group and the banter just flows all day long. The shop was voted south island pharmacy of the year in 2011 and I certainly see why.

As I said at the start, I wanted a change. So what's the point moving to New Zealand if you're going to be at work all the time? Julie and Kerri identified that very early on and realised this is an experience, not a job. So they encourage you to take time off to see the country as well. They don't see the new staff member as being at the bottom, having to cover all the 'rubbish' shifts over holiday time so they can live it up. They have often given me long weekends to ensure I see as much of New Zealand as I can.

All up, I have had a great time in New Zealand with Olsen's. You will certainly be in safe hands and struggle to find warmer more genuine people to work for.

Fraser Cord



Capecitabine dose calculations and counselling

The oral chemotherapy, capecitabine (Xeloda®), has been available through community pharmacy for some time, but if you had to, could you calculate and confirm the dose required (as per Competence Standard 6)? The dose is calculated on the patient's body surface area (BSA) and there are a number of formulae you could use. The easiest formula to remember and use is the Mostellar formula and using Mostellar also means you don't need a scientific calculator to work it out. An excellent website to calculate BSA using other formulae is www.halls.md/body-surface-area/refs.htm

In addition to checking the dose, there are a number of important points to remember when dispensing to, and counselling patients prescribed capecitabine:

- Treatment is usually given for two weeks of each three week cycle – however this does vary so you should not dispense more tablets than the patient has been prescribed regardless of how well you think the patient has understood the instructions,
- Understand the significance of any side effects and counsel patients accordingly,
- Remind patients to contact their cancer centre if they experience any problems,
- Contact the consultant caring for the patient if you have any questions or concerns about the prescription.

Mostellar Formula

$$BSA(m^2) = \sqrt{\frac{\text{Height (cm)} \times \text{Weight (kg)}}{3600}}$$

Nicotine patches and 'working out'

A number of reports indicate some people using transdermal patches for NRT get excess doses of nicotine when they are exercising. Regional blood flow regulates the amount of nicotine released by the transdermal patch. Exercising increases heart rate and thereby increases blood flow, which has a direct impact on the amount of nicotine released into the body.

Pharmacists should advise patients using nicotine patches to remove the patch prior to exercise, especially when involved in strenuous activities

such as running, biking, swimming and playing most competitive sports. If the user does take part in regular exercise, they should try coordinating the replacement of the patch with their daily workout.

As a reminder, patients using any transdermal patch should be advised not to expose the patch to sources of heat as the rate of medicine release can be increased. This includes wearing them in the bath or shower, or next to a hot water bottle.

Look-alike tablets

The following warning is from the Health Quality & Safety Commission *Medication Safety Watch* newsletter.

The newly funded paracetamol tablets (Parafast®) are similar in appearance to the funded paracetamol and codeine tablets (Relieve®) when removed from the original packaging. Both tablets are round, flat and white with a single score on one side and no other distinguishing marking.

The only difference is 1mm in the diameter, which is impossible to detect by the naked eye. Always leave the original medicine packaging with the compliance pack for checking.

Cultural Competence courses

Competence Standard One, 'Practise Pharmacy in a Professional and Culturally Competent Manner', has been revised and becomes mandatory this year for all pharmacists. We would like to remind you to review your practice against this Standard during 2012 and do relevant learning to address identified knowledge gaps.

The Cultural Competence programme outlined on our website: www.pharmacycouncil.org.nz/cms_show_download.php?id=267 has information and testimonials for programmes that will assist you in this. This now includes the CALD (Cultural and Linguistic Diversity) online training for health professionals.

ACC treatment Injury Report

The January 2012 report indicates that 11 treatment injury claims were assessed for dispensing errors in 2011, ten of which happened in community pharmacy and one at a public hospital. The claims mostly involved dosage errors, although some included mistakes relating to the medicine, patient or instructions.

Some of these errors have been highlighted in previous newsletters so be sure all dispensary staff are aware of the potential problems particularly with high-risk medicines.

- Quinapril 0.5mg dispensed instead of 5mg
- Iodine given instead of carbimazole
- 180mg methadone dispensed instead of 30mg
- 5mg risperidone given in a blister pack instead of 0.5mg
- Atrop eye drops dispensed in place of Azopt eye drops
- 100mg methotrexate taken instead of 25mg due to a dispensing error

Midwives and pharmacists

We have been working closely with the Midwifery Council to address some of the concerns and myths around midwives prescribing, and have written a joint statement about roles and responsibilities. Concerns raised included the lack of contact details on a prescription, no instructions or period of supply, what controlled drugs are allowed and what is or is not within a midwife's scope of practice to prescribe.

Changes to the Medicines Amendment Regulations 2011 now require all prescribers to include a contact phone number which will make it easier to clarify prescriptions where there are legal or clinical concerns. Midwives have been advised of this.

There has been some confusion over the midwife scope of practice which is 'to give women the necessary support, care and advice during

pregnancy, labour and the postpartum period up to **six weeks**...'.

This allows a midwife to prescribe up to six months of an oral contraceptive (subsidised), but the prescription must be written within the six week postpartum time frame. A midwife can only prescribe for the mother and her newborn baby; she cannot prescribe for any other family members, or for her own family.

The only controlled drug a midwife is permitted to prescribe is pethidine (Misuse of Drugs Act section 8(2)(aa)). Midwives are not permitted to prescribe codeine or benzodiazepines.

The joint Pharmacy Council and Midwifery Council statement is available at: www.pharmacycouncil.org.nz/whats_new

Advise and recommend, but don't coerce

Council recently responded to a complaint from a member of the public who described the pressure they felt in being coerced into purchasing probiotics to accompany their antibiotic prescription. They were left with an impression of being 'over-sold' and believed this approach to be very unprofessional.

If you recommend complementary products when patients get prescriptions, it is important to ensure the patient is not given the impression that the prescriber has recommended it, or that it is a

'must-have'. Patients must be given unbiased, relevant and up-to-date information about complementary medicines so they can make an informed choice about taking them. You should not use your position as a trusted health professional to pressure or coerce patients into purchasing a complementary medicine they may not want. Equally you must not make the patient feel the prescriber endorses the use of complementary medicines unless you have had that discussion.





Health Practitioners Disciplinary Tribunal (HPDT)

Think carefully before acting – a breach of the Code of Ethics (Making disparaging comments)

In December 2010 Mrs Ann Tiller, co-director of Community Pharmacy Linwood, authorised a media statement entitled 'Massive mark-ups make medicine difficult for families to afford'. Claims were made that pharmacies were 'price gouging' and 'profiteering' and the article stated that Mr and Mrs Tiller were 'appalled by the price charged by pharmacies'. Also, comparisons were made between prices charged by the Community Pharmacy and other local pharmacies.

A complaint was made to the Council and a Professional Conduct Committee laid a charge with the Health Practitioners Disciplinary Tribunal of professional misconduct for breaching the Code of Ethics 2004.

The Tribunal upheld the charge and found that the article brought the profession into disrepute, undermined the public's confidence in the profession, and threatened the collegial relationship between pharmacists.

The Tribunal found the publication particular concerning as it had resulted in tensions arising between pharmacists and patients. Mrs Tiller submitted that she had not taken sufficient care when approving the article and that she had not intended to belittle other pharmacists. She agreed to publish an apology. The Tribunal censured Mrs Tiller, awarded costs of \$7,000.00 and ordered that its decision be published.

This decision sends a clear message that health practitioners must be cautious when advertising and promoting a business or a service. Comparisons, even in a general way, may breach ethical codes. Therefore particular attention needs to be paid to the relevant ethical and professional obligations.



Review of BPharm degree accreditation standards

The accreditation standards for pharmacy degree (BPharm) programmes are being reviewed this year by the Australian Pharmacy Council (APC). The APC is the accrediting body for New Zealand and Australian degrees and intern training programmes.

Accreditation is carried out on behalf of both the Pharmacy Council of New Zealand and the Pharmacy Board of Australia. The standards for pharmacy degrees were last set in 2009.

The APC is running a series of consultation workshops on these standards, and the New Zealand workshop will be held in Wellington on 9 May 2012. Pharmacists or stakeholders are welcome to attend this session, or alternatively you can make a written submission on the consultation.

Further information about the workshop and how to respond to this consultation is available on the APC website at <http://pharmacycouncil.org.au/content/index.php?id=37>

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Te Pou Whakamana Kaimatu o Aotearoa