

Code of Ethics Review Consultation Document

1. Purpose

The New Zealand Pharmacy Council (the Council) has reviewed the Code of Ethics 2011 and prepared a draft revised Code of Ethics (revised code).

The Council would now like to hear your views on the revised code. This consultation document provides you with information about the review and how to make a submission, the revised code and an explanation of key changes.

2. Context

The Code of Ethics 2011 is the overarching guide to the behavior of pharmacists. It captures the enduring values of the profession that go over and above legislative compliance. The Code is for pharmacists to gauge their ethical behavior, and for the public to understand the level of ethical behavior expected. As a core guidance document for the profession it should be clear and current.

A partial review of the Code of Ethics 2011 was started in 2015 to address anticipated changes in the regulation of natural healthcare products (mainly the *Natural Health and Supplementary Products Bill*). During the partial review, Council determined that a more comprehensive review of the entire code was timely and appropriate. The Council was concerned that the Code of Ethics 2011 was not keeping up with technological and contextual change in the health sector, and would require further review to align with new legislation when passed.

This full review of the Code of Ethics 2011 was started in late 2016 and the Council are now ready to consult with pharmacists, professional associations and the public on a revised code (Appendix A). The revised code maintains the enduring ethical values reflected in the Code of Ethics 2011 with several enhancements:

- principles are grouped under ethical values of **care** of the patient, professional **integrity** and professional **competence**, this gives each principle and its clauses more context
- a more principal-based approach has been used, for example, detailed instructions on how to handle certain medicines have been removed in favor of a clause on the prevention of harm
- technological change has been addressed and digital health is defined
- the revised code will be published electronically when finalised, so technical changes can be made when new therapeutic products legislation is passed.

This consultation process is to test the revised code with users, to ensure it continues to reflect the enduring values of the pharmacy profession and is clear and current.

3. Acknowledgements

The Council would like to thank Sanya Ram (BPharm, LLB, RegPharm), Senior Tutor, Pharmacy Law and Ethics, School of Pharmacy, the University of Auckland, and colleagues from the Medical Council of New Zealand, the Physiotherapy Board of New Zealand, the Nursing Council and the Royal New Zealand College of General Practitioners for reviewing early drafts of the revised code. An initial consultation group, including 26 pharmacists and academics, provided comments on the Code of Ethics 2011 that have also been addressed in the review.

We acknowledge the assistance and expertise of members of the Māori Pharmacists Association for their work to translate the principles of the Code into relevant and accurate Te Reo Māori. The translation is in progress and will be published when the revised code has been finalised.

The Council would like to acknowledge the Pharmaceutical Society of Australia (PSA) for agreeing to the use of the structure of their newly revised Code of Ethics 2017 (the PSA Code of Ethics 2017). The principles and clauses were already consistent between Australia and New Zealand. Making use of the same structure has improved alignment and provided a valuable starting point for the Councils' review. The review in Australia addressed the same issues the Council wished to address; including, technological change and removing duplication and detailed instructions to achieve a more principle-based approach.

4. Consultation

Your submissions are now sought on the revised code (Appendix A). Consultation is open from Monday 17 July to Friday 18 August 2017.

Consultation questions are provided, but you may also provide your written comments in any format.

Please ensure your submission reaches us by 5 pm on Friday 18 August 2017.

Email: [Consultations](#)

Mail: Consultations
Pharmacy Council of New Zealand
PO Box 25-137
Wellington 6011

The Council will consider submissions, amendments and a final draft for publication at its meeting in late September. The revised code will come into effect on 1 November 2017 to allow time for communications and to ensure all references to the code in Council standards, protocols, statements and guidelines are updated.

5. Attachments

Revised code: *Appendix A: Revised Code of Ethics (revised code) – Page 7*
Supplementary information: *Appendix B: Complementary and Alternative Medicines (CAM) best practice guidance for pharmacists – Page 16*
Appendix C: Code of Ethics 2011 marked-up to show content placement in the revised code – Page 20

6. Formatting and comparison notes

The clause numbering in the revised code is still aligned with the PSA Code of Ethics 2017 to make it easy to compare the Australian and New Zealand documents during drafting, and clearer which version is being discussed (i.e. Code of Ethics 2011 - Clauses 1.1, 1.2, 1.3, etc. or the revised draft - clauses 1a, 1b, 1c, etc.). *Appendix C* is a guide to where Code of Ethics 2011 content and intent is in the revised draft.

The revised code will be re-numbered when the content has been finalised. Double letter numbering, for example, "aa", indicates where content has been added in New Zealand, where there was no clause in the PSA Code 2017. When final, the revised code will be published electronically and subsequent changes or versions notified to the profession.

7. Description of amendments

Some key changes are discussed here to help you consider and compare the revised code and Code of Ethics 2011.

A more principle-based approach and ethical values

The revised code has fewer clauses than the Code of Ethics 2011. Content has been shed by removing repetition of detail covered in regulations and guidance documents. This approach is referred to as a more “principle-based approach”. For example, new clause 1f replaces several detailed clauses in the Code of Ethics 2011 about the handling and display of medicines (including clauses 1.12, 6.11, 6.12, 6.13).

New clause 1f (...) prevents the supply of unnecessary and/or excessive quantities of medicines, or any product which may cause harm

The principle-based approach has also been facilitated by the development of new Council statements, for example, the *Statement on Promotion and Supply of Medicines over the Internet 2015*. Interactions that are not face-to-face are now covered by one new clause updated for all modern scenarios:

New clause 4a (...) demonstrate accepted standards of professional and culturally appropriate personal behaviour regardless of the settings, including in person and by post, courier, and electronic means e.g. social media and digital health.

Principles are associated with three overarching ethical values: care, integrity and competency. This structure is adopted from the PSA Code of Ethics 2017 and provides additional context for each principle and its clauses. The introductory sections at each clause of the Code of Ethics 2011 have been removed to reduce repetition in the document.

New content

Codes of ethics should be sufficiently broad and principles-based so that they remain relevant through changes in government strategies and policies – the ethical values in the code should be fundamental and enduring for the profession. At the same time, a code of ethics should help pharmacists participate in government priorities and initiatives and not impose barriers to this participation. The Council is satisfied that new clauses under Principle 3 will facilitate, and not impede government goals, for example, the wider role a pharmacist is expected to take in the care of the community under the *Pharmacy Action Plan 2016-2020* the *New Zealand Health Strategy* and *Implementing Medicines New Zealand 2015 to 2020*.

The revised code contains two other clauses that can be considered new content:

- clause 3f mentions pharmacovigilance, and
- clause 4b is about maintaining an environment that reflects the health-related nature of the profession.

Definitions and terminology

Some key terms are now defined up front in the revised code (instead of at the end), to improve clarity of the document. Terms defined are: digital health, patient, pharmacists, scope of practice, Te Reo Māori (key terms whānau and whānau ora) and therapeutic products.

Terms used in the revised code are aligned with the terms used in legislation, regulations

and in Council standards, protocols, statements and guidelines. To make the document accessible for non-pharmacists, examples have been used in the text to make the meaning of technical pharmacy terms like pharmacovigilance clear.

The PSA Code of Conduct 2017, which the revised code aligns with, consistently uses the term “patient” with a clear introductory statement that, “other terms with equivalent meaning include, for example, consumer, person, individual and client”. In New Zealand, many government and professional guidance documents use broader terms than “patient” to allow for situations where those receiving healthcare services are not necessarily “receiving treatment” for a health condition and therefore may not consider themselves as patients. The revised code uses the term “patient”, with an upfront discussion of equivalent terms. In some clauses, the equivalent terms are used in place of, or alongside, “patient” to keep the wider range of relationships in view.

Te Reo Māori

The Council sought specialist advice on incorporating Te Reo Māori in the revised code and agreed to develop a version of the principles in Te Reo Māori. This will be published when the revised code has been finalised and is published. The Council has a leadership role to encourage the broader use and knowledge of Te Reo Māori and will continue to consider incorporating the further use of Te Reo Māori and Māori health and wellbeing concepts in Council documents, correspondence and continuing professional development programmes.

Therapeutic products

The revised code addresses the sale of complementary and alternatives medicines (CAM) in three clauses, and CAM is incorporated into the definition of “therapeutic products”. Comparative clause content is provided in Table 1. The revised code aims to reflect that the Council does not oppose the use of CAM when they have demonstrated benefits for patients, have minimal risks, and the patient is making an informed choice.

The Council makes expectations clear in the guidance documents, that pharmacists must discuss efficacy with patients, and actively seek to manage risks when working with CAM products - for example, pharmacists must be aware of, and seek to manage, the risk of patients altering or stopping use of prescription medicines. The guidance is in the *Complementary and Alternative Medicines Statement and Protocol for pharmacists*. A copy is provided (Appendix B). The guidance was first published in 2012 and the attached copy includes draft amendments that will be finalised and published in parallel with the Code. The protocol is based on the patient screening tool in the Medical Council of New Zealand statement on CAM.

Table 1: Comparative clauses: therapeutic products

Code of Ethics 2011	Revised code
	Therapeutic products: <u>for the purposes of this Code</u> the term refers collectively to medicines, as well as the wider range of products that are, or are represented as having been, manufactured for bringing a health benefit to users, including complementary and alternative medicines.
Clause 1.7 Only supply a medicine, complementary therapy, herbal remedy or other healthcare product to a patient when you are satisfied that the patient understands how to use it safely	Clause 1g: before recommending, supplying or promoting a therapeutic product , considers available evidence, supports the patient to make an informed choice and only supplies a product when satisfied that it is appropriate, and the person understands how to use it correctly

and appropriately.	
Clause 6.9 Only purchase, supply or promote any medicine, complementary therapy, herbal remedy or other healthcare product where there is no reason to doubt its quality or safety and when there is credible evidence of efficacy.	<p>Clause 4h: ensures that when providing any therapeutic product or other healthcare product that the health and wellbeing of the patient is the primary consideration and that the benefit of use outweighs the risk</p> <p>New clause 4hh: ensures that the quality and safety of any therapeutic product or healthcare product supplied can be assured</p>

The term “therapeutic products” broadly refers to medicines and all other products commonly supplied in pharmacies. The term is potentially being used in different ways across the health sector:

- the draft interpretation of the term in the *Natural Health Products Bill*¹ indicates that ‘therapeutic products’ cover medicines and all products that are, or are represented as having been, manufactured for bringing a health benefit
- the Ministry of Health is drafting new ‘therapeutic product regulations’, which are expected to apply to medicines.

Given the use of the term “therapeutic products” in the PSA Code of Ethics 2017 and the likely use in the *Natural Health Products Bill*, the Council propose to use the term, as noted in the definition “for the purposes of this code”. As noted, the code will be published electronically, so technical amendments to align with any new legislation can be made as required.

Of note, informed choice of the patient is a principle addressed throughout the revised code in clauses about clear communications and appropriate advertising and promotion (clauses 2c, 2d, 4c, and 4i).

¹ www.legislation.govt.nz, *Supplementary Order Paper 158*, 15 March 2016, <http://www.legislation.govt.nz/sop/government/2016/0158/latest/whole.html#DLM6406301>

8. Consultation questions

These questions provide a guide for anyone responding to the revised code, however you may use any format you wish and comment on any aspect of the revised code.

If you would like a copy of these questions in a Word document, please request a [copy here](#).

1. Can you think of any ethical values for the pharmacy profession that appear to be omitted from the revised code?

2. Considering the explanation of the term “patient” and equivalent terms in the key terms (key terms):
 - a. Do you think the term “patient” is the best word to use, most of the time, to express the relationship that exists between the pharmacist and the person they are directly or indirectly caring for or providing health care information to?
 - b. Are there any specific clauses where you can think of different term that could be more appropriate?

3. Considering the new clauses that relate to the sale of complementary and alternative medicines (CAM, clauses 1g, 4h and 4hh): Do you find it clear that the Council is not opposed to the sale of CAM when they have demonstrated benefits for patients, have minimal risks, and the patient is making an informed choice?

4. Are there any other comments you would like the Council to consider?

Appendix A: Revised Code of Ethics (revised code) July 2017

Pharmacy

Pharmacists are health professionals who ensure safe and quality use of medicines and optimise health outcomes by contributing to patient assessment and to the selection, prescribing, monitoring and evaluation of medicine therapy. Pharmacists may work with varying levels of responsibility and in different settings, including clinical practice, education, research and industry.

The Pharmacy Council of New Zealand

The Pharmacy Council of New Zealand (the Pharmacy Council) is the statutory authority that governs the practice of pharmacists, including professional registration and the setting of professional standards and practice guidelines. The Pharmacy Council's primary concern in discharging its functions under the *Health Practitioners Competence Assurance Act 2003* is the protection of the health and safety of members of the public.

Code of Ethics

The principles and clauses of the *Code of Ethics 2017* (the Code) express the responsibilities and professional values that are fundamental to the pharmacy profession; care of the patient, professional integrity and professional competence. The Code also reflects and addresses the context of healthcare in New Zealand, for example, health disparities, a diverse population, the principles of the *Code of Health and Disability Services Consumers' Rights* and the *Treaty of Waitangi*.

The main purpose of the Code is to articulate the professional and ethical values to which all pharmacists should conform and can expect of their colleagues.

The Code is also:

- a source of education and reflection for those entering the profession
- a guide for the public on the conduct expected of pharmacists, and
- a framework against which breaches of professional conduct can be judged.

The Code is not intended to be exhaustive and does not provide guidance on every situation encountered in professional practice. A pharmacist is professionally accountable for their practice, which means being responsible for their actions or inaction, no matter what advice or direction a manager or another professional gives them. Their professional and ethical principles, embodied in this Code, should be the basis for making decisions, particularly where they may experience a conflict of interest or competing professional responsibilities.

The Code applies to all pharmacists, irrespective of whether they treat, care for or interact directly with patients and the public. Breaches of the Code should be brought to the attention of the Registrar of the Pharmacy Council, and pharmacists have a professional obligation to report breaches.

Relevant legislation

The Code of Ethics 2017 should be read alongside legislative and professional obligations. A list is provided in the Schedule to the Code of Ethics.

Legal authority of the Code of Ethics

The Code of Ethics 2017 is prescribed by the Pharmacy Council of New Zealand pursuant to Section 118(i) of the Health Practitioners Competence Assurance Act 2003 and comes into effect from 1 November 2017.

The Code of Ethics 2017 replaces the Code of Ethics 2011. Content has been revised, to account for changes in technology and legislation, to be more principle-based, and to align with the Pharmaceutical Society of Australia Code of Ethics 2017.

Key Terms

The terms used in this document are generally consistent with terms used in legislation, and in the Pharmacy Council's standards, protocols, statements and guidelines. Some key terms and new terms are defined here to ensure the document is clear.

Digital health: The use of technology in healthcare, for example, electronic health records and referrals, electronic prescribing, real-time technology, and wearable devices.

Patient: The individual receiving healthcare products and services. Other terms that have an equivalent meaning are consumer, person, individual, and client. In many instances those receiving healthcare services are not necessarily "receiving treatment" for a health condition and therefore may not consider themselves as "patients". To keep this wider relationship in view, the equivalent terms "person" or "consumer" are used in some clauses.

Pharmacist: A health practitioner who is registered with the Pharmacy Council of New Zealand in the scope of practice of a pharmacist. In the Code any reference to a pharmacist also refers to an intern pharmacist or other pharmacy role defined in a scope of practice.

Scope of practice: A documented list of professional services that registered pharmacists and intern pharmacists may undertake. An intern pharmacist will be supervised by a registered pharmacist. The scope of practice is outlined in the Competence Standards for the Pharmacy Profession.

Te Reo Māori

- whānau ora: a focus on whānau being self-managing and living healthy lifestyles
- whānau: families and individuals descended from a common ancestor; from a Māori perspective this would extend beyond the nuclear family and to include cousins, grandparents and other relations, as well as non-biological family.

Therapeutic product: For the purposes of this Code the term refers collectively to medicines, as well as the wider range of products that are, or are represented as having been, manufactured for bringing a health benefit to users, including complementary and alternative medicines.

Introduction to the principles and clauses of the Code of Ethics 2017

The principles are all equally important. and the clauses and explanations are to provide additional guidance to support each principle. The principles group in three themes, care, integrity and competence.

Principles	Description of principles and clauses
Principle 1: A pharmacist makes the health and wellbeing of the patient their first priority	Collectively, Principles 1 to 3 place the care of patients first, and recognise that pharmacists also have a role in supporting family, whānau, the wider community and public health.
Principle 2: A pharmacist practises and promotes patient-centred care.	Principle 1 places the health and wellbeing of patients at the centre of all pharmacy practice. Principle 2 articulates that pharmacists must display respect for patients and respect diversity by avoiding discrimination on any grounds. They must also enable and involve the patient in making choices.
Principle 3: A pharmacist exercises professional judgement in the interests of the patient and wider community	Principle 3 supports the pharmacist's role in providing equitable and safe access to resources, recognition of the Te Tiriti O Waitangi and the Treaty of Waitangi, avoidance of discrimination, and participation in public health initiatives.
Principle 4: A pharmacist acts with honesty and integrity to maintain public trust and confidence in the profession	Principles 4 and 5 address professional integrity . Principle 4 requires the transparent management of potential and real conflicts of interest, business practices in the interest of the patient, and maintaining a professional environment. It also sets principles for communicating about medicines, and other therapeutic and healthcare products.
Principle 5: A pharmacist only practises under conditions which uphold the professional independence, judgement and integrity of themselves and others	Principle 5 sets out that the pharmacist is responsible for their professional decisions and delegating work appropriately, compliance with legal obligations and health and safety laws, and for good communications within the pharmacy profession and between all health professionals.
Principle 6: A pharmacist demonstrates a commitment to continual professional and personal development to enhance pharmacy practice	Principles 6 and 7 are about professional competency . Principle 6 requires a pharmacist to commit to ongoing professional development and development of the profession. They must maintain up-to-date knowledge of clinical practice, relevant legislation, regulations, codes and Pharmacy Council standards, protocols, statements and guidelines. They must also support colleagues and refer unethical or harmful behavior to the Pharmacy Council or the relevant authority.
Principle 7: A pharmacist works collaboratively with others to deliver patient centred care and optimise health outcomes	Principle 7 requires a pharmacist to collaborate with other health professionals to deliver improved health outcomes and timely coordinated care.

Principle 1: A pharmacist makes the health and wellbeing of the patient their first priority

A pharmacist:

- a. fulfils their duty of care to the patient first and foremost.
- b. ensures that their duty of care is not compromised by other interests and manages potential conflicts in the interests of the patient.
- c. exercises compassion and care towards patients and the public.
- d. supports people who are vulnerable and tailors provisions of care accordingly
- e. promotes patient health, well-being, and whānau ora and acts to prevent harm to the patient and the public.
- ee. [re-number in final] ensures they use all the relevant, accurate, and independent information available to them to assess a patient's needs and to provide appropriate treatment and services.
- f. upholds 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.
- g. before recommending, supplying or promoting a therapeutic product, considers available evidence, supports the patient to make an informed choice and only supplies a product when satisfied that it is appropriate, and the person understands how to use it correctly.
- h. promotes continuity of care for patients across health sectors and providers, through appropriate referral and sharing of information.
- i. recognises patient's health status, abilities, cultural and social needs and provides or facilitates access to professional services delivered by the pharmacist or other appropriate services.

Principle 2: A pharmacist practises and promotes patient-centred care

A pharmacist:

- a. respects and protects the autonomy, dignity and privacy of patients.
- b. recognises and respects patients' diversity, cultural knowledge and skills, gender, beliefs, values, characteristics and lived experience, and does not discriminate on any grounds.
- c. encourages patients to participate in shared decision-making through respectful conversations, and assists by providing information and advice relevant to the patient's clinical needs in culturally appropriate language, detail and format.
- d. ensures that patients are provided with adequate, accurate and independent information, effectively communicated, so that an informed choice can be made by the patient.
- e. obtains consent for services and treatment, and consults with an appropriate carer or appointed agent where the patient lacks the capacity to provide consent.
- f. [re-number in final]
- g. safeguards and respects the confidentiality of patients' information with appropriate security and safeguards applied to digital and hard copy information.
- h. refers patients and consumers to alternative providers if personal moral or religious beliefs prevent the pharmacist from providing a professional service, and appropriately facilitates continuity of care.

Principle 3: A pharmacist exercises professional judgement in the interests of the patient, family, whānau and wider community

A pharmacist:

- a. supports the right of all people, to access culturally safe and responsive, high quality professional services.
- aa. [re-number in final] must recognise the status of Māori, Te Tiriti o Waitangi in the New Zealand health sector and take appropriate steps to recognise and respond appropriately to the health needs of Māori including disparities in health and access to healthcare services.
- b. facilitates timely access to, and promotes equitable use of healthcare resources.
- bb. [re-number in final] demonstrates financial stewardship in the use and allocation of healthcare resources.
- c. promotes and participates in public health initiatives.
- d. promotes professional and environmental responsibility and accountability for the control, procurement, preparation, handling, supply, storage and disposal of therapeutic products.
- e. contributes to the achievement of the objectives of New Zealand national healthcare strategies.
- f. contributes to public safety by participating in pharmacovigilance (for example, reporting of adverse events) and risk management activities.

Principle 4: A pharmacist acts with honesty and integrity to maintain public trust and confidence in the profession.

A pharmacist:

- a. demonstrates accepted standards of professional and personal behaviour regardless of the setting, including in person and by post, courier, and electronic means (for example, social media and digital health).
- b. provides services in an environment which reflects the health-related nature of the profession.
- c. provides accurate, truthful, relevant, and independent information in a form that is appropriately communicated for, and not misleading to, patients, the public or other healthcare professionals.
- d. will not abuse their professional position or exploit the vulnerability or lack of knowledge of others.
- e. responds honestly, openly, courteously and promptly to complaints and criticism.
- f. avoids conflicts of interest by; not offering, requesting, or accepting incentives, gifts, hospitality or referrals and by not entering business arrangements that may affect, or be seen to affect, their professional independence or judgement, or limit patients' free choice of who they use to provide health services.
- g. declares any actual, perceived or potential conflicts of interest in a clear, easy to understand, open and timely manner.
- h. ensures that when providing any therapeutic product or other healthcare product or service that the health and wellbeing of the patient or consumer is the primary consideration and that the benefit of use outweighs the risk.
- hh. [re-number in final] ensures that the quality and safety of any therapeutic product or healthcare product supplied can be assured.

- i. does not engage in advertising or promotion and supply of goods or services that could undermine public trust in the profession.
- j. ensures business practices are conducted primarily in the best interests of patient and public health.

Principle 5: A pharmacist only practises under conditions which uphold the professional independence, judgement and integrity of themselves and others

A pharmacist:

- a. exercises professional autonomy, objectivity and independence.
- b. must not override the professional autonomy of another pharmacist or other healthcare professional unless patient safety is compromised.
- c. fulfils all legal obligations, including requirements related to professional indemnity insurance and workplace health and safety laws.
- d. behaves in a manner that clearly demonstrates responsibility and accountability for all decisions made and actions taken in their professional practice.
- e. communicates with team members regarding each person's responsibility and line of reporting, and only delegates tasks to team members with appropriate qualifications, ability and experience.
- f. is responsible for actions of staff under their supervision.
- g. behaves with respect, and demonstrates effective communication and cooperation with all team members and other health professionals.

Principle 6: A pharmacist demonstrates a commitment to continual professional and personal development to enhance pharmacy practice

A pharmacist:

- a. maintains contemporary knowledge of evidence-based practice.
- b. manages personal health and wellbeing to ensure safe professional practice.
- c. must maintain a working knowledge of current acts and regulations, and Pharmacy Council standards, protocols, statements and guidelines for the profession of pharmacy which impact on their area of pharmacy practice and comply with the obligations contained in them.
- d. is accountable for practising safely and providing professional services only within their own scope of practice, and for maintaining professional competence relative to this scope of practice.
- e. commits to lifelong learning and self-development consistent with their role, responsibility and their scope of practice.
- f. commits to the development and enhancement of the profession and participates in activities to that effect, for example: staff training; acting as a preceptor; mentoring students, interns and colleagues; and promoting the roles and responsibilities of pharmacists to patients, the community and other health professionals.
- g. 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

Principle 7: A pharmacist works collaboratively with others to deliver patient-centred care and optimise health outcomes

A pharmacist:

- a. plans and manages professional activities according to the needs of patients and the public.
- b. exercises independence and professional judgement working within their scope of practice when providing support and advice to other health professionals.
- c. respects and acknowledges the expertise of other health professionals.
- d. establishes good working relationships with other health professionals and others to enable consultation, communication and collaboration to optimise health outcomes for the patient.
- e. attains and maintains the highest possible degree of ethical conduct and avoids any conduct that might bring the profession into disrepute or impair the public's confidence in the pharmacy profession, colleagues or other healthcare professionals.
- f. consults with the prescriber, and documents the results, if there are reasonable grounds to consider that a prescription contains any error, omission, irregularity or ambiguity or is not legitimate or could be detrimental to a patient's health, or if there are reasonable grounds to suspect misuse or abuse of a prescribed medicine.
- g. raises concerns and takes appropriate steps if policies, systems, working conditions or the actions of others may compromise patient care or public safety.

Schedule to the Code of Ethics

The Code of Ethics is to be read in conjunction with legislation, regulations, codes and Pharmacy Council standards, protocols, statements and guidelines. This schedule provides a list of key documents – the schedule is not exhaustive and all pharmacists are expected to practise in accordance with all legislation, regulations, codes of practice and standards which impact on the practice of pharmacy and the delivery of health and disability services.

Legislation

Commerce Act 1986
Consumer Guarantees Act 1993
Crimes Act 1961
Fair Trading Act 1986
Health Act 1956
Health and Disability Commissioner Act 1994
Health and Disability Services (Safety) Act 2001
Health and Safety in Employment Act 1992
Health Practitioners Competence Assurance Act 2003
Human Rights Act 1993
Injury Prevention, Rehabilitation and Compensation Act 2001
Medicines Act 1981
Medicines Amendment Act 2013
Misuse of Drugs Act 1975
New Zealand Bill of Rights Act 1990
New Zealand Public Health & Disability Act 2000
Official Information Act 1982
Privacy Act 1993
Vulnerable Children Act 2014

Regulations

Dietary Supplement Regulations 1985
Health and Disability Commissioner (Code of Health and Disability Consumers' Rights) Regulations 1996
Health and Safety in Employment Regulations 1995
Health (Needles and Syringes) Regulations 1998
Health Practitioners Competence Assurance (Restricted Activities Order 2005)
Health (Retention of Health Information) Regulations 1996
Medicines (Designated Pharmacist Prescribers) Regulations 2013
Medicines (Designated Prescriber: Nurse Practitioners) Regulations 2005
Medicines (Designated Prescriber: Optometrists) Regulations 2005
Medicines (Designated Prescriber – Registered Nurses Practising in Diabetes Health) Regulations 2011
Medicines Regulations 1984
Medicines (Standing Order) Regulations 2002
Misuse of Drugs (Changes to Controlled Drugs) Order 2003
Misuse of Drugs Regulations 1977

Codes

Advertising Standards Authority Inc. Therapeutic and Health Advertising Code 2016
Health Information Privacy Code 1994
Ministry of Health, Code of Practice for Child Resistant Packaging of Toxic Substances, 1998

Standards

Health and Disability Services – Pharmacy Services Standard NZS 8134.7:2010

Government Strategies

Pharmacy Action Plan 2016-2020
New Zealand Health Strategy 2016
Implementing Medicines New Zealand 2015-2020
He Korowai Oranga: Māori Health Strategy 2014
New Zealand Disability Strategy 2001

Pharmacy Council and joint statements, guidelines and protocols²

Advertising Guidelines 2014 (Pharmacy Council & Pharmaceutical Society Inc.)
Complementary and Alternative Medicines Best Practice Guidance for Pharmacists 2016
Competence Referral to the Pharmacy Council Guidance 2013
Health Equity Statement 2013 (Pharmacy Reference Group for the Implementation of the Strategy for Māori Health - PRISM)
Māori Health Strategy for the Pharmacy Profession 2007
Protocol for the Sale and Supply of Pharmacist Only Medicines for Chronic Conditions 2004
Social Media and the Pharmacy Profession 2012
Sale of Codeine Containing Analgesics 2016 (Pharmacy Council & Pharmaceutical Society Inc.)
Statement on Cultural Competence 2011
Statement on Promotion and Supply of Medicines over the Internet 2015
Statement on Raising Concerns with Prescribers 2015
Statement on Supply of Pharmacist Only Medicines for Acute Conditions Statement
Workplace Pressures in Pharmacy – Practical advice for New Zealand pharmacists 2012

International

United Nations Convention on the Rights of Persons (ratified by New Zealand in 2008).

² Several Pharmacy Council documents and joint statements noted in this Schedule will be updated with new references to the revised code when it has been finalised.

Appendix B: Pharmacy Council Complementary and Alternative Medicines – Statement and Protocol for Pharmacists (revised July 2017)

Background information

1. Complementary and alternative medicine (CAM) generally refers to a broad set of health care and medical practices (e.g. acupuncture, herbal medicine) that are not currently an integral part of conventional medicine. CAM is also increasingly referred to as 'integrative medicine' or 'integrative health'. CAM treatments are typically used by patients in addition to conventional medical treatments, but in some instances, people use them instead of standard medical treatments.
2. CAM also includes 'complementary medicines' (CMs) or 'natural health products' (NHPs). These are pharmaceutical-type products that typically originate from natural sources, such as herbal medicines, homoeopathic remedies, and dietary supplements, as well as preparations used in traditional medical systems, such as traditional Chinese medicine (TCM).
3. CMs/NHPs are available in a range of forms, including as manufactured, processed, formulated products, and as crude fresh or dried material, often supplied to patients following a consultation with a natural-health practitioner.
4. It is also important to recognise that Rongoā Māori (traditional Māori healing) is categorised within these products. However, it is important to recognise that there are associated rights for Māori with these materials that will need to be considered, that extend beyond other CMs or NHPs.
5. In New Zealand, CMs/NHPs currently are subject to only weak regulations. For the most part, herbal and homoeopathic medicines are exempt from the requirements of the Medicines Act, and most CMs/NHPs fall under the Dietary Supplement regulations (under the Food Act), which provides some restrictions on ingredients, does not allow therapeutic claims, and does not require products to meet pharmaceutical quality standards.
6. The proposed Natural Health and Supplementary Products Bill seeks to regulate low-risk NHPs in New Zealand; it defines a natural health product according to how the product is consumed, its ingredients, and the type of health claim made for the product. The proposed Bill will not regulate natural-health practitioners.
7. Draft proposals state that the Bill will require several steps to be completed before marketing CMs or NHPs, which is likely to enable both retailers and patients to confirm product quality and provide access to acceptable scientific or traditional use evidence to support health claims.

8. As medicines experts, pharmacists are expected to provide accurate, unbiased information to patients on the quality, use, safety and effectiveness of all medicines, including CMs/NHPs.
9. Few therapies have attracted more debate and controversy than hom(o)eopathy.¹ Homoeopathy has caused much debate in scientific literature with respect to its plausibility and practice, and lack of definitive evidence of efficacy for homoeopathic remedies. Even so, many people, including some healthcare professionals, continue to use or practise homoeopathic medicine and advocate its safety and efficacy.²

Best Practice Expectations for Pharmacists supplying CMs or NHPs

10. It is not the Pharmacy Council's (Council) purpose to endorse any particular CMs/NHPs or CAM treatment or practice; however, Council believes it is necessary that pharmacists have a basic knowledge of CAM and CMs/NHPs in order to engage with and advise patients appropriately. This also ensures pharmacists can meet their duty of care to patients and the profession.
11. Pharmacists should be able to counsel patients about the quality, general use, the current state of the evidence and any safety issues regarding CMs/NHPs, including their use and potential interactions with other medications. Where CMs/NHPs have demonstrated benefits for the patient and have minimal risk of harm, and where patients have made an informed choice and given their informed consent, Council does not oppose their considered use.³
12. The Pharmacy Council Code of Ethics requires that pharmacists maintain competence relative to their sphere of activity or scope of practice, which may include offering advice on treatments or medicines, including CMs/NHPs. Pharmacists selling or supplying CMs/NHPs must only recommend a product where they are satisfied of its safety, quality and effectiveness. They must explain the options available, including the risks and benefits, and assist patients in making informed decisions by providing relevant and independent information.
13. When supplying products or information about treatments/products that have no current evidence of proven efficacy pharmacists are expected to:
 - 13.1 ensure that patients are informed about the degree to which treatments or products have been evaluated, and the degree of certainty and predictability that exists about their efficacy and safety
14. Pharmacists must advise patients when scientific support for treatment is lacking.
15. Pharmacists should be aware that some patients may stop using, or change their use of, prescription medicines if they think their health is improving due to their use of CMs/NHPs or CAM treatments. Patients should be encouraged to continue taking their prescribed medication, and to inform the prescriber of their use of CMs/NHPs. Where pharmacists encounter patients who are inappropriately self-treating with CMs/NHPs, they should provide appropriate advice and/or refer them to another health professional.

Steps that must be followed by pharmacists during consultations regarding complementary medicines/natural health products where a patient actively seeks advice or a CM/NHP is recommended.

16. You must obtain a patient medical history that meets the standard of competence required for the profession and that collects information regarding the patient's current symptoms, medical conditions, previous and current therapies, particularly conventional prescription and non-prescription medicines, and CMs/NHPs. You must advise patients of the evidence-based conventional treatment options, as reflected by current knowledge.
17. During a patient consultation for CMs/NHPs, in order to assess whether supply is safe and appropriate for a patient you must:
 - 17.1 ensure that the proposed product is sourced from a reputable supplier and that the patient is not likely to experience harm from its use
 - 17.2 ensure that the use of a CM or NHP will not cause patient harm by delaying or refusing access to accepted conventional medical treatment
 - 17.3 have current knowledge about the therapeutic risks and benefits of the CM/NHP and discuss these in an appropriate manner with the patient
 - 17.4 make the health and well-being of your patient the first priority
 - 17.5 provide sufficient information regarding the CM/NHP to allow patients to make informed choices
 - 17.6 not misrepresent information or opinion. Patients must be made aware of the likely effectiveness of a given therapy according to recognised peer-reviewed medical publications, in spite of your personal beliefs
 - 17.7 provide the patient with a timeframe for accessing conventional medicine if their condition is unresolved or there is no improvement

When patients actively request supplies of CMs/NHPs from a pharmacist or self-selects product from the pharmacy:

18. The pharmacist, as a health professional has a duty of care to engage and attempt to initiate conversation around safe use of the CM/NHP or referral for conventional treatment when risk of patient harm is perceived. It is appreciated that not all patients will wish to engage in conversation when purchasing a familiar self-selected CM/NHP
 - 18.1 Pharmacists should make efforts to monitor patients' self-selected use of CMs/NHPs from the pharmacy and engage in discussion with the patient whenever supply may not be in the patients' best interests.

References

1. Ersnt E. A systematic review of systematic reviews of homeopathy. Br J Clin Pharmacol. 2002 Dec; 54(6): 577–582.
2. Johnson T, Boon H. Where does homeopathy fit in pharmacy practice? Am J Pharmaceutical Education 2007 Feb 15; 71(1): 07.
3. Medical Council NZ Statement on complementary and alternative medicine. March 2011.

Acknowledgements

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Barnes J, McLachlan AJ, Sherwin CMT, Enioutina EY. Herbal medicines: challenges in the modern world. Part 1. Australia and New Zealand. Expert Review of Clinical Pharmacology 2016; 9(7):905-915,

Pharmacy Council acknowledges the patient assessment tool included in the Medical Council “Statement on complementary and alternative medicine”³

Appendix C: Code of Ethics 2011 marked-up to show placement content in the revised code

Revised code	Code of Ethics 2011
Principle 1: A pharmacist makes the health and wellbeing of the patient their first priority.	Principle 1: Make the health and well-being of the patient your first priority.
Principle 2: A pharmacist practices and promotes patient-centred care.	Principle 2: Promote patient self-determination, respect patients' rights, autonomy and freedom of choice. Principle 4: Show respect for others and exercise your duties with professionalism
Principle 3: A pharmacist exercises professional judgement in the interests of the patient and wider community	Principle 3: Use your professional judgement in the interests of patients and the public and promote family, whānau and community health. Principle 4: Show respect for others and exercise your duties with professionalism
Principle 4: A pharmacist acts with honesty and integrity to maintain public trust and confidence in the profession	Principle 6: Act in a manner that promotes public trust and confidence in pharmacists and enhances the reputation of the profession. Principle 4: Show respect for others and exercise your duties with professionalism
Principle 5: A pharmacist only practises under conditions which uphold the professional independence, judgement and integrity of themselves and others	Principle 7: Practise in a manner that does not compromise your professional independence, judgement or integrity, or that of other pharmacists. Principle 4: Show respect for others and exercise your duties with professionalism
Principle 6: A pharmacist demonstrates a commitment to continual professional and personal development to enhance pharmacy practice.	Principle 5: Actively seek and apply contemporary pharmacy knowledge and skills to ensure a high standard of professional competence.
Principle 7: A pharmacist works collaboratively with others to deliver patient-centred care and optimise health outcomes.	Principle 4: Show respect for others and exercise your duties with professionalism.

Content of 2011 Code of Ethics	Content placement in the revised code
Principle 1: Make the health and well-being of the patient your first priority.	Principle 1
<i>The care, well-being and safety of patients are at the centre of everyday professional pharmacy practice. Irrespective of your field of work, your decisions or behaviour can still affect their care or safety.</i>	<i>Introduction</i>
You must:	"A pharmacist"
1.1. Take appropriate steps to optimise medicines-related health outcomes for the patient as a fundamental principle of pharmacy practice.	1a, 1f
1.2. Take appropriate steps to prevent harm to the patient and the public.	1e
1.3. Exercise compassion and care towards patients.	1c
1.4. Take appropriate steps to provide professional patient focused care in all matters and take action to protect the well-being of patients, particularly children and other vulnerable individuals.	1d, 1i and schedule, Vulnerable Children Act 2014.
1.5. Ensure you have all the relevant, accurate, and independent information required to assess a patient's needs and to provide appropriate treatment and services.	1ee
1.6. When medicines are provided by any other means (for example, by post, courier, internet or by an agent on behalf of residential care patients) ensure you provide the same standard of information, advice and services to that which would have been received by a patient present in a pharmacy and in direct face to face consultation with a pharmacist.	4a, Statement on Promotion and Supply of Medicines over the Internet 2015.
1.7. Only supply a medicine, complementary therapy, herbal remedy or other healthcare product to a patient when you are satisfied that the patient understands how to use it safely and appropriately.	1g, Complementary and Alternative Medicines best practice guidance for pharmacists.
1.8. Refer a patient in your care to other team members or to other services when appropriate or consult with colleagues or other healthcare providers when additional knowledge or expertise is required, at all times being aware of the patient's right to confidentiality and informed consent.	1h, 2e
1.9. Ensure that your duty of care to a patient (or patients) is not compromised by a commercial interest or interest of any other kind, including any loyalty to or interests of an employer or other healthcare provider.	1b, 4f, 4g
1.10. Where you have reasonable grounds to consider that a prescription contains any error, omission, irregularity or ambiguity or is not legitimate, or that a prescribed medicine could be detrimental to a patient's health, consult with the prescriber and document the details and outcome.	7f
1.11. Where you have reasonable grounds to suspect the misuse or abuse of prescribed medicines consult with the prescriber.	
1.12. Take appropriate steps to ensure that any medicine or poison implicated in childhood poisonings is dispensed with child resistant packaging unless otherwise requested or if no suitable child resistant packaging exists for that medicine or poison.	1f, 3d, more principle-based, prevention of harm, accountability.
Principle 2: Promote patient self-determination, respect patients' rights, autonomy and freedom of choice.	Principle 2
<i>Patients and the public have a right to be involved in decisions about their treatment and care. This needs effective communication. They should be encouraged to work in collaboration with you and others to manage their healthcare needs</i>	<i>Introduction</i>
You must:	
2.1. Respect the rights of individual patients to participate in decisions about their treatment and encourage them to do so.	2c
2.2. Take appropriate steps to communicate effectively with patients and the public, tailoring your communication to meet their needs.	2d
2.3. Work in collaboration with patients, their carers and other professionals to manage their treatment and care.	1h, 2e, and principle 7

Content of 2011 Code of Ethics	Content placement in the revised code
2.4. Explain the options available to patients and the public, including the risks and benefits, to help them make informed decisions. Make sure the information you give them is impartial, relevant, up-to-date and independent of personal commercial considerations.	2c, 2d
2.5. Respect a patient's right to refuse to receive a professional service.	2a, "autonomy"
2.6. Only enter into, or engage in, any arrangement, agreement or business association which does not limit or significantly influence a patient's free choice of who they use to provide health services.	4f
2.7. Safeguard and respect the confidentiality of all information regarding the patient.	2a, 2g
2.8. Obtain consent, where required, for the services and treatment you provide.	2e
2.9. Only undertake research involving any individual or their health information when all requirements of the appropriate regulatory authorities have been met, including obtaining informed consent to participate if required.	2e, more principle based – "obtain consent".
2.10. Only request a prescription from a prescriber when the patient or their carer has given informed consent for you to do so and the prescription is for the continuation of existing therapy.	2e, more principle based – "obtain consent".
Principle 3: Use your professional judgement in the interests of patients and the public and promote family, whanau and community health.	Principles 3
<i>Balancing the needs of individual patients with those of the community as a whole is essential to professional practice. Guidelines, targets and financial constraints need to be taken into account, but they must not compromise your ability to make an informed professional judgement on what is appropriate for patients within the health resources available.</i>	<i>Introduction.</i>
You must:	
3.1. Endeavour to collaborate with other health professionals to achieve optimal medicines related health outcomes for patients and the community.	1h, 7d
3.2. Provide high standards of service and patient focused care within the resources available.	3a, 3b, 3bb
3.3. Ensure that all information provided to healthcare providers, patients and the community is accurate and objective and is given in a manner designed to ensure it is understood.	2c, 2d, 4c
3.4. Take appropriate steps to advocate for patients to access services and resources appropriate to their needs.	1h, 1i
3.5. Be fair and equitable when responsible for the allocation of health resources, balancing the needs of patients and society and make best use of the resources available.	3a, 3b, 3bb Schedule, Pharmacy Reference Group for the Implementation of the Strategy for Māori Health (PRISM), Health Equity Statement, 2013
3.6. Practise in a manner that demonstrates financial stewardship of both public funding and payments contributed by patients.	
3.7. Provide all services within the context that public funds are made available and provide only those services that the patient requires.	
3.8. Only claim appropriate benefits or reasonable remuneration for services provided and at all times use your professional judgement.	
Principle 4: Show respect for others and exercise your duties with professionalism	Principles 2, 3, 4, 5 and 7
<i>Showing respect for the dignity, views and rights of others is essential in forming and maintaining professionally appropriate relationships. This includes patients, their carers, pharmacy colleagues and other healthcare providers you come into contact with.</i>	<i>Introduction</i>
You must:	
4.1. Maintain proper professional boundaries in your relationships with patients, their carers and any other person during the course of your professional practice, and ensure that such a relationship will neither	4a, 4d, 5g

Content of 2011 Code of Ethics	Content placement in the revised code
exploit nor harm nor have the potential to exploit or harm the patient, carer or the family/whānau of the patient.	
4.2. Take appropriate steps to foster, develop and maintain effective, professional relationships with colleagues and other healthcare providers.	5g, 7d
4.3. Take appropriate steps to maintain the confidence and trust placed in colleagues and other healthcare providers by patients. Do not make any statements that could detract from their reputation or harm the relationship they have with patients.	5b, 7e
4.4. Recognise the status of Māori, Te Tiriti o Waitangi and the Treaty of Waitangi in the New Zealand health sector and take appropriate steps to ensure Māori receive services appropriate to their needs, and in a way that respects and acknowledges their individual and cultural values and beliefs.	3a, 3aa
4.5. Recognise and respect the cultural differences, beliefs and values of others and ensure those individuals receive services appropriate to their needs and which optimise the health outcomes of all cultural, religious, social and ethnic groups.	2b, 3a
4.6. Take appropriate steps to ensure people with disabilities receive services appropriate to their needs and in a way that respects and acknowledges their cultural values and beliefs.	1i, 2b, 2e
4.7. Refer patients and the public to alternative providers if your moral or religious beliefs prevent you from providing a particular professional service and advise the relevant people or authorities.	2h
4.8. 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 unauthorized disclosure of or access to a patient's health information.	2a, 2g
4.9. Take all reasonable steps to respect and protect the dignity and privacy of patients at all times.	2a, 2g
4.10. Respect the special competencies and responsibilities of your own and other professions, and of the institutions, statutory and voluntary agencies that make up your working environment.	7c, 7e
4.11. Demonstrate concern and compassion for colleagues in need.	5g, 6g, 7g
Principle 5: Actively seek and apply contemporary pharmacy knowledge and skills to ensure a high standard of professional competence.	Principle 6
<i>Up-to-date and relevant professional knowledge and skills are essential for safe and effective pharmacy practice. At all stages of your professional working life you must ensure that your knowledge, skills and performance are of a high standard, up-to-date and relevant to your field of practice.</i>	<i>Introduction</i>
You must:	
5.1. Be accountable for practising safely and maintain and demonstrate professional competence relative to your sphere of activity and scope of practice.	6a, 6d
5.2. Only practise within your scope of practice and in accordance with any conditions entered on the Pharmacy Council register.	6d
5.3. Only provide professional services in those areas in which you are competent to do so.	6d
5.4. At all times practise in accordance with accepted best practice guidance and the current version of the Health and Disability Services - Pharmacy Services Standard or equivalent.	Introduction
5.5. Maintain a working knowledge of current Acts, Regulations, Rules, Codes, and Council statements which impact on your area of pharmacy practice and comply with the obligations contained in them at all times.	6c

Content of 2011 Code of Ethics	Content placement in the revised code
5.6. Take appropriate steps to contribute to the development, education and training of colleagues and students, sharing relevant knowledge, skills and expertise.	6f
5.7. Undertake continuing education and professional development relevant to your field of practice.	6a 6e
Principle 6 Act in a manner that promotes public trust and confidence in pharmacists and enhances the reputation of the profession	New principle 4
<i>Patients, colleagues and the public place their trust in you as a pharmacy professional. You must behave in a way that justifies this trust and maintains the reputation of your profession.</i>	<i>Introduction</i>
You must:	
6.1. Act with honesty and integrity to maintain public trust and confidence in your profession.	Principle 4
6.2. Attain and maintain the highest possible degree of ethical conduct and accept responsibility and accountability for membership in the profession. Avoid any conduct that might bring the profession into disrepute or impair the public's confidence in the pharmacy profession.	6d, 7e
6.3. Practise only if you are fit and competent to do so. Report to the Registrar of the Pharmacy Council any concerns where your own or another pharmacist's professional performance or health may compromise patient care or public safety.	6b, 6g
6.4. Co-operate with investigations into your or another healthcare professional's fitness to practise and abide by commitments you give or any restrictions placed on your practice.	Implicit - introduction and key terms - "pharmacist" and "scope of practice".
6.5. Ensure you do not abuse your professional position or exploit the vulnerability or lack of knowledge of others.	4d
6.6. Take appropriate steps to be accurate and impartial when teaching others and when providing or publishing information to ensure that you do not mislead others or make claims that cannot be justified.	4c, 4g
6.7. Respond honestly, openly, courteously and promptly to complaints and criticism.	4e
6.8. Avoid conflicts of interest and declare any personal or professional interests you have. Do not offer, ask for or accept incentives, gifts, hospitality or referrals that may affect or be seen to affect, your professional independence or judgement.	1b, 4f, 4g, 5a
6.9. Only purchase, supply or promote any medicine, complementary therapy, herbal remedy or other healthcare product where there is no reason to doubt its quality or safety and when there is credible evidence of efficacy.	4h, 4hh & schedule, Complementary and Alternative Medicines Best Practice Guidance for Pharmacists
6.10. Ensure you do not purchase or sell from a pharmacy any product or service which may be detrimental to the good standing of the profession or bring the profession into disrepute.	4i
6.11. Ensure that medicines restricted to sale from pharmacies are stored or displayed in such a way that you can supervise their sale.	1f, 3d, more principle based - avoidance of harm and accountability for storage and control.
6.12. Make certain the public cannot self-select medicines you know or should reasonably be expected to realise are likely to cause or have a potential for misuse, abuse or dependency.	
6.13. Take appropriate steps to prevent the supply, by any means, of unnecessary or excessive quantities of any medicine or healthcare product which you know or should reasonably be expected to realise is likely to cause or have a potential for misuse, abuse or dependency.	

Principle 7: Practise in a manner that does not compromise your professional independence, judgement or integrity, or that of other professionals.	Principle 5 Principle 7
<i>Working in a team is an important part of professional practice and relies on respect, co-operation and communication between colleagues from your own and other professions. When working as part of a team you are accountable for your own decisions and behaviour and any work you supervise.</i>	<i>Introduction</i>
You must:	
7.1. Be responsible and accountable for the work you do and for all services provided under your direct supervision. This includes all dispensing activities undertaken or directly supervised by you regardless of the packaging, manufacturing or compounding process involved.	5e, 5f, 6d
7.2. Ensure that you only delegate tasks to people appropriate to their qualifications, ability and experience.	5e, 5f
7.3. Ensure that all professional activities that you undertake or are responsible for are covered by appropriate professional indemnity arrangements.	5c
7.4. Ensure that at all times there is a pharmacist in the pharmacy who has agreed to perform the role of Charge Pharmacist.	Key terms, "scope of practice", content on roles removed.
7.5. Ensure that if you are the Charge Pharmacist that all dispensing is under the supervision of a pharmacist who must be available and willing to intervene, advise or check the dispensing and issuing of any prescription.	Key terms, "scope of practice", content on roles removed.
7.6. Ensure that you are able to comply with your legal and professional obligations and that your workload or working conditions do not compromise patient care or public safety.	6b, 6d
7.7. Make sure your actions do not prevent others from complying with their ethical, legal and professional obligations, or present a risk to patient care or public safety.	5b
7.8. Ensure that appropriate standard operating procedures are in place, maintained and followed.	4j
7.9. Raise concerns and take appropriate steps if policies, systems, working conditions or the actions of others may compromise patient care or public safety.	7g
7.10. Take appropriate steps to foster, develop and maintain the role of the pharmacist as a member of the healthcare team with expertise in optimising medicines related health outcomes.	Principle 7
7.11. Take appropriate steps to promote collegial relationships by assisting colleagues and other healthcare providers when asked for advice or support to enable them to carry out their professional duties and in order to maintain standards in the interests of patient care and public safety.	7d
7.12. Only enter into, or engage in, any agreement, arrangement or business association which does not compromise your professional independence or judgement.	5a, 7b