



## Message from the Chair

Welcome to our first newsletter for 2017. I trust you all had a great Christmas and New Year.

We have a busy year ahead at Council and in particular, we are committed to ensuring we provide our part of the leadership requirements for our profession to leap to the next level. Most of you will be pleased to hear our APC Online initiative and the related refresh of our website is on track and you will soon be feeling the value of that initiative. It is the first major milestone of the Business

Capability Improvement Programme BCIP – further phases and milestones will be achieved over the course of 2017. Thanks to a number of the Young Pharmacists Group (who have been involved in testing the APC Online service) we now feel confident that the launch at the beginning of March should be a success.

I am delighted that Council members have again chosen me to be the Chair for 2017. I am delighted to continue in this role and look forward to serving our profession. I am also pleased to announce the Council has unanimously supported Leanne Te Karu as its Deputy Chair. Leanne brings enormous strengths to the role and we are delighted to have such expertise on the Council. My sincere thanks to the retiring Deputy Chair, Marie Bennett for taking on the Deputy Chair role last year when Viv Gurrey needed to step down given her work commitments. Marie like other Council members is extremely supportive of Leanne taking on the role and believes this is the right approach for ensuring continuity of Council membership and regulatory direction going forward. I was also pleased to accept Council's support for my reappointment to the Australian Pharmacy Council, as my current term expires this month.

Council had a very successful first meeting of the year in early February. We spent time ensuring that our strategic direction is right and confirmed that we are guiding Council in the right direction. It was a great opportunity for us to test and review whether we are helping Council to see the "wood for the trees". The opportunity to strategise also provided an important foundation to setting Council's priorities and helping the team shape and finalise the business plan for the upcoming 2017/18 financial year.

We also spent time considering some of the key requirements for the upcoming APC Online registration, including privacy statements and how the key milestones of the BCIP will be advanced. We are pleased to host two of the Young Pharmacists representatives (Kiri Aikman and Ruchika Tandon) for a brief period and discuss some of the key issues facing the Group. Council also, amongst a number of other items, spent time considering where we are at in reviewing the Code of Ethics; how Council is supporting and contributing to the development of the Ministry of Health's consideration of a revised Therapeutics Regime; and the work progressing on Pharmacy Accuracy Checking Technicians.

In this Newsletter we have provided more information on the Council's consideration in respect to the 2017/18 APC fee increase. We appreciated all the feedback and have taken all the comments seriously. We will be looking at possible ways and approaches to how we can really make the kinds of differences that were effectively suggested going forward. My sincere thanks for your input.

It is a big year and Council will continue to play a proactive role in right touch regulation for the future of our profession and the continued protection of public safety.

*"promoting  
enhanced wellbeing  
through  
excellence in  
pharmacy practice"*

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## Message from the Chief Executive

Gosh time is flying and regrettably the festive holiday period is already feeling a distant memory. Of course that feeling is also not being helped by Wellington's summer or lack of it !!

The year has started off at a sprint, and the team are actively working towards ensuring the APC Online recertification process is far more effective and efficient for you. You will also note from the beginning of March we will have a refreshed website. We have tried to make navigating around the website simpler and more logically grouped around your likely interest. We have not yet had chance to update content, other than some superficial tidy up. Most importantly, you will also note that we have included a separate page on Cultural Competence – this page is intended to help you understand Council's cultural competence mandatory requirements and to provide you with suggested learning opportunities and providers that might fill the learning gaps you feel you need to fill.

As Mark has mentioned there is a lot to be done as we continue to help in progressing the Pharmacy Action Plan and advancing the organisational strategies of the Pharmacy Council. The pharmacy profession and the part it is increasingly able to play in an integrated healthcare model is exciting and important that we continue to facilitate this by ensuring the regulatory model is appropriate. We have major policy work underway including:

- Code of Ethics review
- Recertification policy
- Workload of pharmacists
- Implementation requirements of the proposed therapeutic products regime
- Assurance that our assessment processes for entry to the profession are robust
- Pharmacists in Primary Care Clinical Roles

This major policy work is also supported by key organisational enhancements, including:

- The next phases of the Business Capability Improvement Programme (which APC Online was part of)
- Determining and finalising the Business Plan for 2017/18
- Management reporting and gaining better understanding of disciplinary costs and possible trends

Whilst driving the various enhancements through we will continue to deliver a high standard of business as usual on activities like Registrations, and ensuring compliance with professional standards.

My sincere thanks to Cathi Butler (EA/Office Manager) for all her hard work over the last two years. She has a new and exciting career opportunity to move onto. We are in the process of recruiting Cathi's replacement.

I am very proud to be leading the Council team and am extremely appreciative of the hard work being done to ensure a successful APC Online recertification process.

Any comments or thoughts please feel free to email me directly: [m.peard@pharmacycouncil.org.nz](mailto:m.peard@pharmacycouncil.org.nz). I am looking forward to meeting up with more of you throughout 2017.

## APC Online

All APC renewal applications will be submitted online from 1 March 2017. Pharmacists will no longer need to wait on their forms to arrive by post or worry about whether their completed applications have arrived at Council offices by the 31 March deadline. Payment for APCs will be made online, and the CPD compliance of each pharmacist will be checked by the system before an APC is issued.

Take a look at our new web page dedicated to [APC online](#). Frequently Asked Questions (FAQs), copies of newsletter items and other helpful information relating to the new process will be displayed here

We will expand the FAQs as more information comes to hand and in response to your questions. If you have a question that is not answered in the FAQs, please email [APC Online](#).

## Annual Practising Certificate Fee Increase

On 26 November 2016 the Pharmacy Council's consultation document was released with a proposed increase in the Annual Practising Certificate (APC) fee of:

- \$17.25 (3.2%) to \$559.77, and
- no change in the Disciplinary Levy of \$106.38
- proposed total APC fee of \$666.15 (GST inclusive) for the year beginning 1 April 2017.

<b>APC Fee and Disciplinary Levy incl GST</b>	<b>APC \$</b>	<b>Disc Levy \$</b>	<b>Total \$</b>
<b>Interns APC Fee</b>	381.73	106.38	488.11
<b>Pharmacists APC Practising</b>	559.77	106.38	666.15
<b>Pharmacists Prescriber APC Practising</b>	649.77	106.38	756.15
<b>APC Return to Practise (RTP) (full year)</b>	659.78	106.38	766.15
<b>APC Recognised Equivalent Qualification Route (REQR)</b>	904.77	106.38	1,011.15
<b>APC Trans Tasman Mutual Recognition (TTMR) &amp; Applic</b>	904.77	106.38	1,011.15
<b>Pharmacists APC Non Practising</b>	91.34	0.00	91.34

NOTE: All Pharmacy Council fees were published in the New Zealand Gazette, No.8 on 26 January 2017.

Our sincere thanks for considering the proposal and to the 54 individual pharmacists and organisations who responded with feedback. Although there were a few supportive comments, the majority of the submissions opposed the proposed increase. The common opposing themes were:

- the increase was not relative to pharmacists' average income (and less so when including Pharmaceutical Society of NZ fees)
- increasing pressures on the income of some pharmacist because of Government funding
- concessions should be available for part-time pharmacists and rural-based pharmacists; and
- Pharmacy Council should reduce its costs.

Council considered the submissions and whether it could avoid an increase. Unfortunately, it was decided unanimously that it was prudent to proceed with the increase. The demand for the Council to do more and more and our inability to borrow funds or simply increase the revenue from other sources (like a commercial entity), ie. we are set up as a cost recovery entity) gave us no choice. It is critical for us to set an appropriate fee to ensure we breakeven financially and maintain an appropriate reserve so we can cope with an emergency.

We appreciate that no one wants increased fees and we are mindful of the impact that increasing costs has on pharmacists. However, we are required to:

- continually review standards and scopes of practise with the changes and innovations that the profession is taking on in particular, Therapeutic Products Regime changes, code of ethics review, medicines management framework, etc)
- meeting the growing costs of our accreditation suppliers, as international standards and expectations surrounding educational programmes grow
- ensure our assessment processes are internationally robust and conduct appropriate reviews
- keep up with the level of new registrations, annual recertification requirements to ensure confidence to the public that their safety is not being compromised
- finance new online systems which will enable us to be more efficient in the registration process and record various disciplinary instances. This will provide us with better information to understand trends and where enhancements can be made, in either removing barriers or putting regulation in place to ensure public safety. Some efficiencies in systems help us counter the cost increases we experience in other parts of the organisation.

We believe we are running the organisation as tightly as we possibly can whilst meeting increased demands for our services. Unfortunately, some cost increases from suppliers we have no choice but to accept.

We have taken steps to reduce costs where ever possible, including:

- Office relocation and sharing of services with three other regulatory authorities to achieve economies of scale
- Acquisition of audio-visual facilities with other regulatory authorities to minimise travel costs and “down time” for various personnel whilst travelling;
- Operating our finance team with one less full time person and addressing some of the work peak loads with contractors.

One submission thought we had sufficient reserves to meet the years’ operating costs and therefore no increase was warranted.

It is important to understand that we collect the total Council revenue at the beginning of the APC year (ie. 1 April) but our financial year is 1 July to 30 June. Although the annual report shows a large reserve at 30 June, we have only incurred

three months of the expenditure related to that revenue.

All feedback we received was valuable and although we have to proceed with the fee increase, we have taken on board the need to:

- Better explain Council’s roles and increased demands to be met.
- Provide better opportunity for pharmacists to debate the level of service provided and the commensurate operating budget that is required to deliver those services. We propose to consult on the 2018/19 business plan this year, which will help inform the debate
- Recognise the implications for pharmacists of Council fees alongside Pharmaceutical Society of NZ fees and work with the Society to explain the combined fees.

Again, Council is very grateful for all your feedback and really appreciate the effort taken to make submissions.

## Cultural competence professional learning – don’t wait to get started

Council urges all pharmacists to undertake professional learning to ensure they are competent to provide the best possible pharmacy care to people of all cultures and to ensure the profession plays its part in improving health outcomes for Māori and other priority populations.

New mandatory cultural competence CPD recertification requirements were outlined in Council’s [October](#) 2016, newsletter. From March 2019, pharmacists must have completed some CPD that focuses on cultural competence in order to be issued with an annual practising certificate. Council has introduced this new requirement because pharmacists may be the most accessible healthcare provider. With appropriate skills and knowledge, the profession is in an excellent position to help reduce the unacceptable health

disparities that exist in New Zealand.

To help you get your cultural competence learning underway, we have listed some resources with a Māori or Pacific Island focus [here](#). This list is by no means exhaustive and it will be updated as new information comes to hand. We hope it provides a helpful beginning for your cultural competence learning journey.

If you know of an appropriate course that is not on this list, please tell us so that we can consider including it. Details can be emailed to [enquiries](#) with subject line: Attention: Education Advisor.



## Standardised formulae – safety concerns

The [March 2016](#) newsletter included an article on the use of proprietary products or standardised formulae, as outlined on the [Pharminfotech](#) website to improve patient safety.

Council recognises that pharmacists are only one part of this equation as prescribers often prescribe non-standardised formulae and doses. Education and collaboration with other prescribers writing the prescription is encouraged to facilitate change. Pharmacists are encouraged to query non-standardised formulations with prescribers and suggest alternative proprietary formulations or standardised formulations and adjusted patient appropriate doses. To reiterate the message from our previous article about oral preparations compounded for patients by pharmacists – only standardised formulations have the stability, storage information and expiry data required for patient safety. Whenever a standardised formulation is available this must be utilised to maximise patient safety.

It is recommended that pharmacists read and consider the learnings from an anonymised HDC case involving a paediatric baclofen prescription [HDC Case](#).

**The essential element is the clinical check of dose against patient age and weight, in addition to close scrutiny of the way the dose is written - checking whether the dose is expressed in ml or mg."**

Pharmacists are just one part of what is a system-wide health sector issue, requiring collaboration and joint education to find a long-term solution.

The Compounding Advisory Group has produced a guidance document for pharmacists to refer to when compounding oral formulations. This document will be sent out to all pharmacists on Council's register within the next few days and will also be available on our website.

## Insulin errors

Despite multiple alerts and information to the pharmacy sector, errors with insulin formulations are still occurring. We advise all pharmacists to check all insulin prescriptions with great care and double check patient history. Ensure colleagues working on the prescription or counselling the patient are familiar with the patient history for that product and query whenever a new formulation is detected.

Be super-cautious with checking the identity of the product against the prescription to determine the correct product/formulation is being dispensed.

Insulin products of particular concern are NovoRapid FlexPen or NovoMix 30 FlexPen. We advise that you discuss this with your dispensary colleagues and find ways to reduce the risk of any errors in your practice.

Any additional processes that result in more rigorous checking have the potential to enhance patient safety, for example, flags or pop-up alerts in the dispensary system, notes on stock in the fridge or "post – it" notes attached to all insulin prescriptions with reminders to double check the insulin dispensed.

For additional information refer to PDA Practice points – issues [Novo Pens – Reminder December 2016 Vol 29](#) following on from [Practice Points Vol 3 from June 2016](#) and [Pharmacy Council newsletter November 2015](#) Newsletter.

## Midwifery prescriptions

Council fields queries periodically regarding issues with receiving original copies of faxed prescriptions from Midwives within the legal timeframe (7 days for a general prescription or 2 days for a controlled drug prescription). Despite several reminders over periods of weeks the originals sometimes never eventuate!



According to the legislation and the Ministry's Pharmacy Procedures Manual "A fax signature on a prescription is not acceptable as a legal signature. The original

prescription must be obtained or the prescriber can indelibly sign the faxed copy"

There is an accepted process to ensure that pharmacists are not unduly disadvantaged when they have acted in good faith to supply the medicines required to the patient from a faxed prescription.

If the original prescription is not received within the required timeframe, pharmacists can document the attempts to contact and follow up with the midwife on the faxed copy, which can then be submitted for claiming purposes. A valid prescription or Certified True Copy, signed by the prescriber must be submitted with the Claim Period Batch when sent to the Ministry 5 months after the claim date, otherwise the pharmacy must refund the amount claimed.

Electronic prescriptions have additional safeguards and requirements. For full information and detail on faxed or electronic prescriptions please read;

Faxed prescriptions – [Pharmacy Procedures Manual Effective \(14 December 2015\) Version 7.2](#)

## Near miss logs – learnings and Quality Improvement

Maintaining a near miss log is not just something that is required for audit purposes. Instead the use of a near miss log is intended to provide a feedback loop to enable areas of high risk in process or practice to be detected and to make changes to reduce the risk of errors occurring.

Of course, there is more to a near miss log than just recording the details. Regular reflection of the near-misses and peer discussion with the whole dispensary team is likely to provide very valuable information and insight to include in quality improvement processes.

Council is exploring ways to collect anonymised near – miss data in order to detect risks early and alert all pharmacists of any dangers. For example, where a new medicine formulation or similar packaging or tablet appearance have resulted in increased near-miss rates an alert could be published to the profession so we can all be more vigilant or put strategies in place to prevent such errors from reaching the patient.

## Sale of Paracetamol

Medsafe has approached Council with regard to concerns outlined in an article in the New Zealand Medical Journal, Volume 128, number 1424 by Dr Freeman and Dr Quigley. The concerns highlight the use of paracetamol for self-harm.

Of the 3,259 episodes of medication poisonings recorded in the Wellington Hospital from 2007 to 2012, paracetamol was the most common agent implicated, responsible for 23 percent of this category of presentations. Analysis<sup>1</sup> of paracetamol overdose presentations to Wellington Emergency Department in 2013 showed deliberate self-harm and attempted suicide, accounting for 86.2 percent of presentations, followed by accidental therapeutic overdose at 8.6 percent and paediatric accidental ingestions at 5.2 percent.

Of the deliberate overdose presentations<sup>1</sup>, 80 percent were female with a median age of 20 years of age. General Sale<sup>1</sup> packs of 20 paracetamol tablets (10g) are readily available in supermarkets and other outlets without access to a health professional, however larger Pharmacy Only pack sizes are only available from pharmacies, where access to higher levels of supervision and health advice are present. Acute ingestion of 10g of paracetamol, or more, within an eight-hour period requires hospitalisation and investigation for toxicity.<sup>2</sup>

The authors highlight that the UK restricts the quantity to 8g per sale in order to prevent potential overdoses. In the New Zealand environment this is a multifactorial problem with patients able to purchase from several different outlets without raising concerns about their level of purchasing. Significant quantities may also be present in the community from legitimate prescriptions for patients requiring continuous analgesia.

Pharmacists are requested to be vigilant with regard to requests for paracetamol and it is recommended that a maximum of one pack of 100 paracetamol be supplied to a single purchaser, both for in-store pharmacy sales and online sales. It is important that online requests for paracetamol are treated with the same manner and degree of health screening and appropriateness as patient facing consultations. Be wary of requests for large quantities or frequent requests for purchase of paracetamol.

Council will be working with other health professional organisations to develop guidelines to assist with management of potential mis-users of both OTC and prescription medicines.

<sup>1</sup> Freeman, N and Quigley, P. New Zealand Medical Journal, 30th October 2015, Volume 128 Number 1424

<sup>2</sup> Daly F, Fountain J, Murray L, et al. Guidelines for the management of paracetamol poisoning in Australia and New Zealand--explanation and elaboration. A consensus statement from clinical toxicologists consulting to the Australasian poisons information centres. Med J Aust. 2008;188:296-301.

## Dosage calculations

When it comes to building the rule of thumb is to measure twice and cut once.

When it comes to dosage calculations the rule of thumb is to check, double check and check again.

There are two simple thoughts to keep front of mind when checking calculations:

1 Is the dose appropriate for the age and weight of the patient

2 Does the dose make sense ( 1 litre of lactulose per hour would raise some red flags)

Pharmacists are responsible for the medication that reaches the patient and it is our responsibility to ensure that the patient is getting safe healthcare.

## Updated Recertification policy

Council's Recertification for Practising Pharmacists policy has been updated to include a new requirement for this issue of an unconditional annual practising certificate, which sets a minimum of 450 hours of practice as a pharmacist in the previous three years.

The updated policy also takes into account that Council's new online application system will check every pharmacist's annual CPD points, rather than just a sample, and, for those completing a three-year learning cycle, it will check three-year totals as well as compliance for each year in the cycle. The updated policy can be viewed [here](#)

## Updated Privacy Statement

The Council's Privacy Statement has been reviewed, taking into account, requirements within the new online application system. The updated Privacy Statement. Can be viewed [here](#).

## Publication of summaries from the Health Practitioners Disciplinary Tribunal

The Health Practitioners Disciplinary Tribunal's precis of proceedings against the following two Pharmacists are on the Pharmacy Council website - with a link to the Tribunal's full decision on the website.

Mr Geoffrey Allen – Phar16/367P - [precis](#) - February 2017

Ms Kitty Samarasinha – Phar16/365P - [precis](#) - February 2017

## New Registrations

Congratulations to the following pharmacists who successfully completed the requirements for registration in December 2016.

Imaduddin Ahmed		Seungmin Lim	Sze Ting Seah
Seo-Young Ahn	Rashida Fok	Seulji Lim	Lucy Sheed
Annie Akepogu	Shou Wei Fu	Shao-Wei Lin	Tara Sholji
Murad Al Gailani	Nalini Ganaeswaren	Johnson Ling	Courtney Skinner
Jolyene Alphonso	Julia Gee	Leanne Liu	Ryan Smith
Mena Alsaffar	Monica Geris	Laurelle Lock	Joshua Smith
Philip Arnold	Christopher Gilman	Marissa Lockhart	Beom-Sik So
Marina Awadalla	Jia Gu	Rebecca Lovelock	Seung Son
Eun Bae	Gina Guindy	Martin Lewis	Georgina Soo
Yoon Bae	Tae Han	Samuel Lum	Julia Stuart
Laura Baker	Casie Hanrahan	Sophie Ma	Nancy Su
Francoise Barriball	Laura Harris	Shabnam Mahbub	Tessa Sutton
Chek Beh	Robert Haua	Catherine Maritz	Nicholas Tan
Claire Bell	Ashlee Healy	Stephanie McAllister	Kevin Tan
Kaitlyn Booth	Zhinan Hu	Amena Motawaze	Gregory Tay
Helen Brown	Ryan Huang	Ryan Moxham-Smith	Reuben Teo
Brent Brownbridge	Georgia Hughson	Mohamed Muse	Holly Thomson
Nathaniel Buckley	Joshua Hürlimann	Wilston Mutagubya	Samantha Tibshraeny
Giulia Butler	Emma Jeffrey	Charika Muthumala	Peter Tizard
Sul Byun	Dharshiya Jejendranath	James Nethercott	Mitchell Trezise
Andy Chan	Ha-Lam Jeong	Natasha Nevis	Marleen Van Oeveren
Ping Chang	Janeille Jeram	Takunda Ngara	Christine Vo
Ling-Yu Chang	Irshard Kamaldeen	Esther Oh	Iraani Vos
Li-Sha Chen	Shalini Ketheeswaran	Corbin O'Neill	Gurleen Wadhwa
Lily Chen	Roseanna Keys	Jerome Pacquing	Ziqi Wang
Pink Cheok	Shreenath Khambete	Neelam Patel	Aodesho Wardi
Charlotte Child	Yongjae Kim	Shrikant Patel	Aleisha Whyte
Simon Chittock	Yong Jin Kim	Divya Patel	Sovia Wijaya
Ming Choi	Dohun Kim	Sarah Pirie	Chelsea Williams
Patricia Chong	Won Kim	Riddhi Ramakrishna	Xi Wong
Nikki Chou	Isabelle Kuan	Preena Ramji	Sai Wong
Joyce Chow	Hemisha Kumar	Sita Ranchod	Bo Wong
Patrick Clark	Andrew Lankshear	Pooja Rathod	Seung Yeo
Umang Contractor	Kunal Laxman	Yasmin Razoki	Chun Hong Yiu
Jennefa Dai	Ginal Laxmidas	Nafisa Riamee	Brittney Young
Logan Deadman	Da Kyung Lee	Emma Robinson	Taekyung Yu
Ghazaleh Dousti	Naomi Lee	Catherine Ross	Betty Zam
Kelsi Fastier	Selina Lee	Belinda Ross	Nevin Zhong
Sanmarie Firestone	Lauren Leigh	Puneet Saini	Simon Zhou
Ana Flood	Benjamin Levins	Annie Sangaroonthong	

Welcome also to these newly registered pharmacists who were previously registered in Ireland, the UK, Canada or the USA.

Anna Aaron	Gemma Connor	Anne McGuigan	Bethany Shelbourne
Yolinda Bullians	Rhian Daniel	Ellen Pedler	Lauren Smith
Jeong Won Choi	Elizabeth Elton-Walters		