



## Looking forward, looking back

Happy New Year and welcome to what appears to be a bumper issue of our newsletter.

The start of a new year provides a time for reflection both on what has been achieved over the past year and what lies in the year ahead. As this newsletter indicates 2010 was a very busy year and 2011 marks the implementation of some significant new initiatives for the profession.

In terms of my role as Council chair and the duty of Councillors as governors to chart the direction of the organisation, I am pleased with the depth and breadth of what we have been able to set out in our strategic plan, which is outlined below. This provides us with a very clear framework to meet our statutory responsibility to protect public safety through safe, effective pharmacy practice.

As you can see in the newsletter, progress is being made on many fronts. What will undoubtedly be the highest profile change for pharmacy is the possible introduction of pharmacist prescribing (page four). While it will not affect many pharmacists directly, it is a significant acknowledgement of our role as the medicines therapy experts.

We all need to ensure that we facilitate access to the best possible medicines therapy for all sectors of our population. Our new cultural competence requirements (page three) should help with that. Globalisation has brought huge changes and it is essential now that we have the ability to relate to diverse cultures and are aware of the cultural perspective that we each carry with us, which may be quite different from that of our patients.

Finally, I would like to draw your attention to our new Code of Ethics (page two). I am proud this is a well-researched, contemporary code in line with best practice internationally.

I wish you all a productive year and look forward to working with you to achieve our common vision.



Carolyn Oakley-Brown (Chair)

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

### IN THIS EDITION

- New cultural competence programmes
- New Code of Ethics
- Pharmacist prescriber progress
- Practice issues
- Competition for scenario material for assessment centre – great prize!

## Strategic Plan 2010-2015

The Pharmacy Council has approved and adopted a new strategic plan to guide Council work and to provide an accountability framework for the next five years.

Under the overarching vision of assuring safe, effective pharmacy practice, Council has set out five clear goals which chart a clear direction but yet also have sufficient flexibility to enable new strategies and initiatives to be developed in response to the rapidly changing health care and medicines environment.

### Five key goals

1. To optimise mechanisms to ensure that pharmacists are competent and fit to practise.
2. To ensure that clinical, cultural and ethical standards meet or exceed the expectations of the public, the profession and other stakeholders.
3. To ensure that quality training and new scopes of practice allow the profession to meet the needs of the evolving health environment.
4. To improve Council's relationship with the public, the profession and stakeholders and ensure the role of Council is understood.
5. To ensure the effective and efficient management of the organisation.

Under each goal there are at least five key objectives which frame the current and future work of Council. The full plan can be viewed at: [www.pharmacycouncil.org.nz/vision\\_and\\_mission](http://www.pharmacycouncil.org.nz/vision_and_mission)

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## New Code of Ethics for pharmacists published

A new Code of Ethics for New Zealand pharmacists, developed to more accurately reflect contemporary patient-centred practice, places its focus firmly on the health, safety and well-being of patients.

The new Code, ratified by the Council at the end of last year, represents a fresh approach and addresses the principles and values that guide ethical behaviour rather than specifying acceptable and unacceptable actions.

This concept of respecting the health professional to make their own judgements within overarching principles, rather than requiring adherence to prescriptive rules, is in line with best practice internationally. The New Zealand Code is closely aligned with similar codes in the UK, Canada and Australia. To ensure its robustness locally, the Code was externally reviewed by a senior tutor in pharmacy law and by lawyers with experience in laying professional disciplinary charges here.

Consultation on the draft Code in the middle of last year showed 88% of respondents in favour of the change to remove the detailed guidance of the 2004 Code, which spelt out professional and practice obligations for both pharmacists and pharmacies. 94% supported the plain English descriptions of the seven new overarching principles of ethical conduct.

The Council acknowledges that some pharmacists may not be comfortable with the lack of technical guidance in the new code. But the Council will continue to review, update and develop guidelines for pharmacists where there are specific public safety concerns such as with

the Promotion and Supply of Medicines over the Internet. Again the use of guidance statements alongside a simplified code is a common strategy in other professions. The Council would appreciate feedback from the profession on what issues are seen as needing guidance

### The seven principles of the 2011 Code of Ethics

1. Make the health and well-being of the patient your first priority.
2. Promote patient self-determination, respect patients' rights, autonomy and freedom of choice.
3. Use your professional judgement in the interests of patients and the public and promote family, whānau and community health.
4. Show respect for others and exercise your duties with professionalism
5. Actively seek and apply contemporary pharmacy knowledge and skills to ensure a high standard of professional competence.
6. Act in a manner that promotes public trust and confidence in pharmacists and enhances the reputation of the profession.
7. Practise in a manner that does not compromise your professional independence, judgement or integrity, or that of other pharmacists.



## APC renewals

It's Annual Practising Certificate (APC) renewal time again and forms have been posted out to all pharmacists. They are due back to the Council before the end of March.

To help us to process your application quickly, please remember to:

- Ensure your contact details on the form are correct and up to date. It is really important that we have the correct email address for you as we use email for the majority of our communication with pharmacists
- Take care to read and complete all sections of the application
- Sign the declaration that you are actively participating in a Council accredited recertification programme

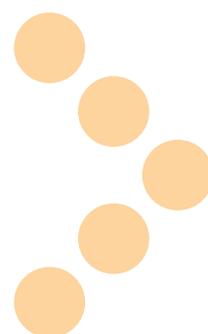
If you need to have the hard copy of your APC on 1 April, you need to get your form to us **no later than Thursday 17th March**.

The APC renewal round is the busiest time of year for the Pharmacy Council, but we can assure you that getting your practising certificate to you in a timely and efficient manner is our priority.

### Going electronic

This year along with your APC forms, you will see a question asking if you would be happy to receive your newsletter electronically via email rather than 'snail mail'. Council is keen to start making this shift to save on paper and costs. If you absolutely prefer paper, we will continue to post a hard copy to you. Please make sure we have your correct email address if you are happy to change.

If you have any questions about your APC renewal, please contact us on (04) 495 0336 or email [enquiries@pharmacycouncil.org.nz](mailto:enquiries@pharmacycouncil.org.nz)





## New cultural competency programmes established

New cultural competence standards, which come into force next year, will help pharmacists contribute to reducing health disparities amongst different groups in New Zealand and improve health outcomes for the country as a whole.

The Council is required, under the Health Practitioners Competence Assurance Act, to set standards for cultural competency for pharmacists. Evidence has clearly established that cultural competence is essential to enable health practitioners to operate effectively in our increasingly diverse world.

Research has also shown that health professionals do not automatically have the attitudes or skills to be effective in culturally diverse health care settings. The new cultural competencies, which have been approved by Council and embedded in the existing Competence Standard 1, provide a framework for pharmacists to up-skill in this area and to integrate cultural competency into their everyday practice.

The new standard is a product of extensive research and consultation with the profession and wider health sector. That consultation has shown that many pharmacists are aware of their knowledge gaps as cultural elements are only now being integrated into under-graduate programmes and many people have not been educated in this area.

As a result Council has decided to delay making the Standard mandatory until 2012 and has organised for a range of learning opportunities and pharmacy-specific education programmes to be available for pharmacists, although these will not be the only learning opportunities pharmacists can benefit from.

The programmes will introduce pharmacists to issues concerning New Zealand health disparities; increase knowledge and awareness of cultural competence and how to apply such skills and ensure pharmacists understand the benefits and gains that a culturally competent workforce can achieve for the New Zealand public in terms of pharmacy delivery.

Most of the programmes have been designed to be delivered in a variety of ways from on-line, face-to-face or a combination of both. Pharmacists can choose an approach that suits them personally.

### Programme Providers

#### Māori Multimedia Limited

- on-line Te Reo Māori course delivered over 6 months
- contact Dr. Rāpata Wiri [www.maori.ac.nz](http://www.maori.ac.nz) or [info@maori.ac.nz](mailto:info@maori.ac.nz)

#### Ngā Kaitiaki o Te Puna Rongoā o Aotearoa (Māori Pharmacists' Association)

- 1-day workshop (weekday or weekend) introduction to health disparities and cultural competence and its contemporary application for pharmacists
- contact Pauline Te Karu  
[www.mpa.maori.nz](http://www.mpa.maori.nz) or [admin@mpa.maori.nz](mailto:admin@mpa.maori.nz)

#### Whanau.Biz

- 1-day workshop providing practical cultural competence tools for everyday use in the delivery of pharmacy services
- contact Henare Kani [www.whanau.biz](http://www.whanau.biz) or [office@whanau.biz](mailto:office@whanau.biz)

#### Auckland School of Pharmacy

- From 2012 the Auckland School will provide a programme consisting of a mix of on-line and face-to-face modules.

Understanding and awareness is necessary to achieve the overarching objective of a culturally competent pharmacy workforce with the knowledge, attitude and skills to deliver optimal pharmacy services through collaboration with patients from diverse backgrounds.

While there is an obvious emphasis and benefit in New Zealand on reducing health disparities for Māori, the country's population is now very diverse and cultural competence embraces an understanding of diversity in its broadest sense. The idea of culture covers not only ethnicity or race but also age, gender, sexual orientation, religion and socio-economic status. Cultural competence is therefore the ability to interact respectfully and effectively with people from a different background from one's own.

Further details of the programmes are now available on the website at [www.pharmacycouncil.org.nz/cultural\\_competence](http://www.pharmacycouncil.org.nz/cultural_competence)



## Your Health Practitioner Index Common Person Number (HPI-CPN)

This year we will print your HPI-CPN on your Annual Practising Certificate as well as your Pharmacy Council registration number.

The HPI is a national database administered by the Ministry of Health and holds information to identify all registered health practitioners, organisations and facilities. In 2006, after consultation with the profession, the Pharmacy Council and other health registration authorities agreed to provide public register information to the New Zealand Health Information Service (NZHIS) for the purposes of maintaining the HPI.

**The Pharmacy Council will continue to use your registration number as your unique identifier for administration purposes.**

**This is still the number you should quote when dealing with administration matters with the Council.** However, your employer may, from time to time, request your HPI-CPN for the purposes of communicating with other sector agencies.

You can obtain further information on the HPI-CPN, from the NZHIS website: [www.nzhis.govt.nz/moh.nsf/indexns/hpi](http://www.nzhis.govt.nz/moh.nsf/indexns/hpi)

**Please note:** If you are a newly registered intern/pharmacist, your HPI-CPN may not have been allocated yet. The next practising certificate issued to you will show this number.



The largest change ever for pharmacy in New Zealand may take place this year with the possible introduction of legislation allowing suitably qualified and experienced clinical pharmacists working in a collaborative health team environment to prescribe prescription medicines and controlled drugs to patients under their care.

Health Workforce New Zealand (which manages the process) is currently considering Council's application for pharmacists registered in the new Pharmacist Prescriber Scope of Practice to hold designated prescriber status as described in the Medicines Act 1981. The Scope will be published in the Gazette whenever this decision is made.

In line with its statutory role to protect the public, the Council carefully considered the risks associated with the addition of prescribing authority to the scope of a clinical pharmacist. It strongly believes enabling pharmacists to become designated prescribers as defined in the Medicines Act will bring considerable benefits to the public, the government and health professionals.

Consultation on the Scope last year showed proposals were supported by 83% of respondents either as presented (39%) or with modifications (44%). Council has carefully considered all feedback and as a result made several changes to the draft proposals.

### **Defining the Pharmacist Prescriber Scope of Practice**

The Consultation threw up considerable discussion around the definition of the proposed scope. The original proposal required pharmacist prescribers to ensure a separation between prescribing and dispensing but did not prohibit pharmacist prescribers dispensing prescriptions they have written. In response to feedback about this conflict of interest, Council decided to explicitly forbid pharmacist prescribers from dispensing their own prescriptions or having a financial interest in a pharmacy. While this could have an impact in rural areas, Council understands the issue maybe addressed by the planned 2011 Medicines Amendment Bill. This Bill proposes to amend the regulatory framework for extending prescribing rights and could offer alternative prescribing pathways for pharmacists in rural practice.

The Council has also moved to strengthen and clarify the definition of the 'collaborative health team environment' in which pharmacist prescribers must operate by specifying the components of this type of environment. This makes it clear that most pharmacists will not be operating in this environment and addresses the concerns of many respondents in the medical profession who appeared to think that the proposed scope would be 'open' to all pharmacists. In fact, current workforce data shows that pharmacists working in these environments make up 16% (474 pharmacists) of the workforce.

The role of the pharmacist in the collaborative health team was a common theme and concerns were expressed, mainly by those in the medical profession, about the level of education and training of pharmacists in diagnosis, physical examination and clinical assessment of patients. Council has now added to the Scope definition a statement that the pharmacist prescriber is not the primary diagnostician. However, pharmacist prescribers will have diagnostic and clinical reasoning and

assessment skills to ensure they can assess whether a patient requires treatment to be modified or continued. Diagnostic skills will be an integral part of the required post-graduate qualification for prescribing pharmacists and, as in the UK, these skills will be taught by appropriate medical and nursing professionals.

### **Medicines and exclusions**

The consultation sought views on what a prescribing pharmacist could prescribe. Feedback supported the concept that, with the exception of identified exclusions, pharmacist prescribers should be able to prescribe any medicine determined by the pharmacist's collaborative health team environment and competence. However, Council accepts that there are some medicines where patient safety could be compromised if pharmacist prescribers were allowed to prescribe them – for example, agents used in general anaesthetics. Respondents agreed with this and directed Council to be more specific, which it has.

A substantial number of submissions asked Council to reconsider the proposal that Pharmacist Prescribers should not be able to prescribe restricted medicines that require specialist initiation, saying that could reduce benefits to patients and continuity of care. Therefore the Council now proposes that these medicines be able to be prescribed for the purpose of modification and continuation of therapy. For similar reasons, the restriction has been loosened on medicines with established historical use, which are not currently licensed due to low use in New Zealand.

### **Education and competency**

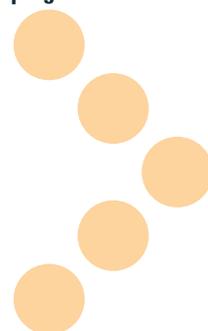
Wide ranging views were expressed about the proposed education and competency requirements for pharmacist prescribers. The proposed education, training and registration pathway, spanning a minimum of eight years, is longer than in some countries. However, Council firmly believes that this is necessary to protect the health and safety of members of the public and for pharmacists to hold an independent prescribing role in the New Zealand healthcare system. A prior learning and recognition pathway will be established for eligible pharmacists.

Registration requirements for a Pharmacist Prescriber require a pharmacist to have evidence to show that their prescribing practice occurs in a collaborative health team. Clarification of this was sought and it is now proposed that part of the evidence must include an agreed 'practice plan' which is endorsed by the clinical leader of the collaborative team.

No significant change was made to proposed recertification requirements as these received strong support.

The full report, which contains a detailed analysis of responses, is available on our website at [www.pharmacycouncil.org.nz/consultations](http://www.pharmacycouncil.org.nz/consultations)

**We will keep you informed of progress in this exciting work as it comes to light.**



## Paracetamol syrup and risk of overdose in children

When selling, dispensing or counselling on the use of paracetamol syrup, pharmacists are requested to highlight to carers/patients that there are two strengths of syrup available and the difference in dosage between the two preparations. Parents/carers should also be reminded not to rely on the flavour as an indicator of strength.

In each of two recent case reports of children requiring liver transplants because of paracetamol overdose, one of the contributing factors was the use of 250mg/5ml strength syrup when the dose given would have been correct had the 120mg/5ml strength been used.

## Child safety with medicines

Pharmacists are reminded to use child resistant packaging for any medicine or poison implicated in childhood poisonings unless otherwise requested, and to remind parents/carers that all medicines should be stored in a place children cannot access, preferably a locked cupboard.

This reminder follows the death of a young child who swallowed an unknown quantity of methadone tablets prescribed for a parent. The tablets were kept in a high cabinet in the kitchen but had been dispensed in an original pack without a safety cap.

The Coroner's findings were reported to the Pharmacy Council. The report quoted Dr Wayne Temple, Director, National Poisons Centre, who said that 'the mandatory use of a child resistant closure for all solid methadone preparations would most probably have averted the tragic outcome in this case'. The Coroner supported this view, adding that in the absence of such a closure, placing the bottle in a locked cupboard may also have prevented the death.

## The importance of communication with prescribers

A recent incident involving the dispensing of an optometrist's prescription highlights the importance of communication between pharmacists and prescribers.

The Optometrists and Dispensing Opticians Board notified Council of a case where the optometrist had prescribed a combination of a topical steroid plus a topical antibiotic to treat an inflamed eye, which may have had an infective component. The patient could not afford to purchase both drops so was supplied with the steroid only and took the

prescription away to be filled elsewhere at a later date. Unfortunately the anti-inflammatory effect of the steroid is accompanied by a tendency to encourage bacterial infection so there is a potential risk of harm in supplying the steroid alone.

When faced with a patient request that some items not be dispensed e.g. if the patient is unable to pay multiple co-payments, the pharmacist should consult the prescriber to ensure that this would be clinically safe.

## Patient's right to choose provider

Council continues to receive complaints from patients and pharmacists regarding prescriptions being faxed or emailed to a pharmacy which is not the patient's pharmacy of choice.

Collusion between a pharmacist and a medical centre or individual prescriber to have prescriptions sent to the pharmacy without the patient's consent is a breach of a number of Codes, for example the HDC Code of Health and Disability Services Consumers' Rights Regulation (Rule 7 (1)) and the Pharmacy Council Code of Ethics, specifically obligations:

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.

7.12 Only enter into, or engage in, any agreement, arrangement or business association which does not compromise your professional independence or judgement.

These arrangements are also contrary to Principle D3 (h) of the DHBNZ Pharmacy Services Agreement.



## Advertising of non-prescription medicines by pharmacists

Pharmacists must use their professional judgement to make certain non-prescription medicines are promoted appropriately and to ensure all promotions and advertisements they are involved in do not bring the profession into disrepute or impair the public's confidence in the pharmacy profession.

Specific guidelines around advertising have been removed from the new Code of Ethics. During the review of the Code of Ethics Council deliberated carefully on whether or not it should develop specific guidelines for pharmacists on how they should advertise non-prescription medicines. In response to concerns expressed about the removal of guidelines by some stakeholders, Council sought legal advice regarding its role in advertising.

Council has been advised that it is not required to 'vet' or pre-approve or endorse advertisements and has no statutory obligation to give advice on specific advertisements for medicines sales by pharmacists. There is a range of legislation, codes and standards that medicine

advertisements and promotions must comply with which includes standards for health-related advertising set by the Advertising Standards Authority (ASA), the Code of Health and Disability Services Consumers' Rights, the Medicines Act and Regulations and the Therapeutic Products Advertising Code among others. These codes and standards apply to all advertising media, including direct mail, newspaper, magazines, catalogues, shop window or in-store and the internet. Pre-vetting all pharmaceutical advertisements is currently undertaken by the Association of New Zealand Advertisers (ANZA) Therapeutic Advertising Pre-Vetting Systems (TAPS) adjudicators.

Any complaint regarding the practice of a pharmacist with respect to medicine advertising can be made to the Council by a member of the public or by another health practitioner. Each case would be considered on its own merits and such a complaint may in turn result in the Council investigating that matter or referring it to the Health and Disability Commissioner or to a professional conduct committee.



## Health Practitioners Disciplinary Tribunal decisions

### High Court upholds HPDT decision to publish name

At a hearing of the Health Practitioners Disciplinary Tribunal held last February, **Jin Mo Yang, Intern Pharmacist of Auckland**, accepted that a charge of conviction for theft amounted to conduct that reflected adversely on his fitness to practise.

The Tribunal imposed a six month suspension on Mr Yang, censured him and placed conditions on his practice following the period of suspension. It also ordered him to pay costs amounting to \$10,000.00.

Mr Yang appealed the Tribunal's decision to publish his name and the names and identifying details of his parents. In October the High Court upheld the Tribunal's decision regarding the publication of Mr Yang's name but ordered that the names and any identifying details of Mr Yang's parents be suppressed.

### Wanaka pharmacist found guilty of professional conduct

The HPDT has found **Wanaka pharmacist Julian Trevor Price** guilty of breaches of the Medicines Act 1981, the Medicines Regulations 1984,

the Pharmacy Council Code of Ethics, and the New Zealand Code of Good Manufacturing Practice for Manufacture and Distribution of Therapeutic Goods, Part 3. It found that these breaches, which related to the preparation of sexual dysfunction medicines for the Advanced Medical Institute, amounted to professional misconduct.

The Tribunal imposed a two year suspension, a censure and conditions on Mr Price's practice following the period of suspension. The Tribunal notified the Council that at the time of the hearing it appeared that Mr Price may have been unable to perform the functions required for the practise of pharmacy because of a mental or physical condition, pursuant to section 45 of the Health Practitioners Competence Assurance Act 2003.

Another charge that Mr Price's conviction in the Queenstown District Court, for driving while his licence was suspended, reflected adversely on his fitness to practise was dismissed.

The full decisions of the Tribunal can be viewed at: [www.hpdt.org.nz](http://www.hpdt.org.nz)



## Convictions – driving with excess blood alcohol (DIC)

When applying for renewal of your APC, you are required to complete the 'Fitness to Practise' section of the form. The second question asks you to declare whether or not you have been convicted of an offence in any court in New Zealand or overseas.

Section 67 of the HPCA Act requires that the notification or the disclosure of a conviction that carries a sentence of three months imprisonment or longer must be referred to a Professional Conduct Committee. This requirement stands regardless of any penalty imposed by the courts and includes convictions in a New Zealand court for DIC.

The Council policy for DIC convictions also requires that the pharmacist be referred for consideration by the Health Committee of any underlying health issue, while concurrently undergoing an investigation by a Professional Conduct Committee.

## Great prize on offer

Submit an actual event for a new Assessment Centre scenario and you will go into a draw for an Air New Zealand two nights 'Great Mystery Break' for two people.

The OSCE (Objective Standardised Clinical Examination) stations are an important part of the final assessment of intern pharmacists. These stations (often called scenarios) reflect situations that occur in the pharmacy and often use actors to simulate 'patients'.

The OSCE are good at testing the application of knowledge in a practice setting and demonstrating communication skills is an important part of OSCE scenarios for pharmacists. For example, one recent scenario involved a patient presenting a prescription for 'Oxycontin® tablets 5mg every 4 hours for pain. The intern was expected to verify with the prescriber that Oxynorm® capsules was the formulation required, annotate the necessary changes to the prescription and counsel the patient on the use of the medicine.

The Council is currently reviewing the assessment process for interns at the final Assessment Centre to ensure that OSCE scenarios represent what happens in New Zealand pharmacies on a day-to-day basis and are as realistic as possible.

To help us do this we are asking practising pharmacists and last year's interns to submit a description of an **actual event** (using

a template) from their everyday practice that could be turned into a potential OSCE scenario.

Consider the significant contacts you've had recently with customers, patients or health professionals that demonstrated the various competencies of pharmacists.

For your scenario to be successful, it needs to be easily repeatable, have one right answer, and be able to be followed and checked off by an observer (e.g. specific and relevant questions about medication, symptoms and/or allergies are asked, a specific piece of advice is given, etc). A newly registered pharmacist should reasonably be expected to complete a scenario within ten minutes and be able to demonstrate the essential skills, knowledge and attributes of a pharmacist.

To submit your scenarios, please follow the link to the scenario template by going to [www.pharmacycouncil.org.nz](http://www.pharmacycouncil.org.nz) and selecting 'What's new?'

If your scenario is developed further, we may contact you for more information to assist us with this.

For every different and complete scenario you enter before 28 February 2011 your name will be entered into a draw for an Air New Zealand two nights 'Great Mystery Break' for two people.

## Recertification working party

The working party set up to develop a new recertification framework for pharmacists has started on the project.

A first meeting was held in November and more meetings are scheduled for March and June. A draft recertification framework should be ready to go out for consultation with pharmacists and the wider health sector in the second half of the year. Feedback from the consultation will inform the final shape of the new framework.

Recertification is the primary mechanism by which the Council provides assurance to the public that a pharmacist is involved in some form of continuing professional development and has maintained his or her competence and fitness to practice. Currently only one recertification

programme (ENHANCE) is available for pharmacists and Council is keen to develop a framework which enables other providers to develop programmes.

The working party is chaired by Professor John Shaw (Head of Auckland University School of Pharmacy and Council member). Members include: Bob Buckham (NZ College of Pharmacists), Ramy Burjony (a recently registered pharmacist), Karen Crisp (Pharmacy Guild of NZ), Alison Gallagher (a rural pharmacist), Sue Ineson (Karo Consulting and lay member), Elizabeth Johnstone (Pharmaceutical Society of NZ) and Dianne Wright (NZ Hospital Pharmacists Association).

## Clarification notice to pharmacists, from Medicines Control, Ministry of Health

Recently Medicines Control wrote to pharmacist licence holders regarding the requirement for a majority shareholder to hold an APC from 2011. This notice is from Medicines Control to clarify the requirement.

### **B. Eligibility for pharmacists with conditions on their APC to be majority shareholder pharmacists**

Pharmacists who are **newly registered** (or recently reinstated/ returned to practise pharmacy) in New Zealand and who hold practising certificates with conditions that require them to work under supervision

will be treated by the authority as **not holding a current APC**. This is because these pharmacists are yet to meet all the requirements for practise in New Zealand.

Pharmacists who have conditions imposed by the Council for other reasons (competence, health or recertification) may be eligible to be majority shareholder pharmacists provided they do not breach their conditions. Applications for a Licence to Operate Pharmacy from such pharmacists will be considered by the Licensing Authority on a case by case basis.

## New registrations

Congratulations to the following intern pharmacists (both BPharm graduates and previously registered overseas trained pharmacists) who successfully completed the EVOLVE intern programme in December 2010.

Victoria Louise Abbott, Anas Abdul-Wadood, Atinuke Olanrewaju Margaret Abraham, Ayman Al Ibousi, Mahdi Salman A Algargoosh, Zahra Ali, Moiza Buksh Ali, Kylie Paula Allison, Pranit Satya Kumar Anand, Sorgni Devi Anand, Samuel Robert Appleford, Lauren Grace Assink, Sang Myung Bae, Ji Hye Bag, Sae Hee Baik, Jung Ju Bang, Fiona Maree Bradley, Geoffrey Michael Brown, Kasey Kathleen Maini Brown, Nicholas Christopher Budd, Jason Reece Burgess, Belinda Jane Caroline Castles, Joanna Lut Yan Chan, Guan Yi Chan, Isabella Ka Yan Chan, Tzu-Hong Chang, Sandy Yu-Hsuan Chang, Melody Wen-Hsuan Chen, Debby Chia Ying Chen, Chelsea Chen, Sze Oi Cheng, Yue Hun Chew, Kyung Won Cho, Evan Choie, Man Ho Calvin Chong, Doris Hui Ching Chong, Tzu-Ching Chou, Gemma Grace Claridge, Karen Peyra Co Hai Pin, Amanda May Crawford, Michaela Louise Creighton, Ashika Devi-Chaudhary, Sasha Reremoana Dobie, Jasmin Johanna Dodge, Benjamin John Dyer, Jessica Ann Ensor, Eddie Junior Etuati, Cole Alexander Evans, Claire Alexandra Fraser, Casey Yean Fu Fung, Sarah Jan Gempton, Anam Ghazali, Sonalee Ghosal, Kivasha Govender, Piyush Grover, Rui Gu, Sarah Gadalla Saleh Hanna, Janelle Brianna Hannam, Daniel Patrick Harris, Teresa Po-Yu Hawke, Xianzhi Daniel Heng, Young A Heo, Michele Amanda Hogg, William Wei-Jen Hsieh, Sarah Elizabeth Hutchinson, Jonathan Hwang, Andrew William Irvine, Jitika Kumar Jakhu, Katarina Jeftic, Zhichao Jin, Darren Gee Joe, Marian Gaia Kelly, Vitna Kim, Sung-Ah Kim, Meghana Krishna, Hayley Michelle Kristensen-Misa, Vicki Ming-Yi Kuo, Chin Tung Marcella Kwok, Sajida Kaker Lafraie, Ee Ho Law, Kyu A Lee, Seung Mi Lee, Lanny Yuxiang Lin, Jessica Luu, Alan Ma, Aniceta Magpantay,

Jonathan Jee Hong Mah, Vincent Weng Seng Mak, Robynne Tracy Leigh Matthews, Toni Jayne Morgan-Taylor, Shabana Musa, Rebecca Louise Musgrave, Neha Narkhede, Peter Neale, Judy Yiing Yiing Ngu, Stephanie Michaela Faith Noble, Hannah Rose O'Malley, Archana Padmakumar, Hwijiu Park, Dhairesh Patel, Ashna Patel, Sneha Patel, Xiao Jie Peng, Kevin Rahiri Tutaawa Pewhairangi, Dain Phone, Stacey Lillian May Pigou, Omita Nandani Prakash, Renee Monique Richardson, George Said Zaki Ibrahim Saad, Raman Saini, Hee-Gyung Seo, Jae-Heung Seol, Farah Zuhair Shehadeh, Ali Shikara, Leanne Marie Short, Niranjana Hirendrakumar Singh, Mark Allan Smith, Hannah Lorraine Soper, Fetje Eva Maria Speerstra, Lisa Stephanie Sue, Chin Hoe Tan, Christine Ann Hwei Tan, Michael Faheen Thalari, Reinaldo Tjandrawidjaja, Jobie Yan Ling Tong, Thuc Yen Trinh, Coran Frederick Turner, Michelle Marie van Eyk, Timothy Howard Vincent, Cathy Szu-Tin Wang, Hilary Laura White, Nicola Anne Williams, Bronwyn Rachel Mary Williams, Chantal Marrie Williams, David Raeburn Wilson, Ching Ying Lisa Wong, Diana Jill Wong, Park Ung Wong, Alan Alfred San Dai Wong, Lillian Lin Wei-Lih Woung, Nathan Nai-Chen Wu, Lisa Yih-Chieh Wu, Jiangkai Wu, Rachel Shu-Han Yang, Rui Kang Yeu, Jae Gon Yoo, Wing Wan Yu, Athena Tengzi Yuan, Kurt Yun, Minhao Zhan, Bo Hai Zhang, Kristen Shenghui Zhao, Jenny Jia-Qi Zhao

### PHARMACISTS REGISTERED FROM AUSTRALIA, IRELAND, NORTHERN IRELAND, THE UK AND THE USA FROM 17 AUGUST 2010 TO 10 JANUARY 2011

Violet Awad, Natalie Maria Egan, Melanie Rachel Gamble, Emer Camilla Gibbons, Peter Linton Hackland, Catherine Louise Langdon, Nicola Anne Lochrin, Yashmeeta Ben Mistry, Fiona Mary Nash

## Annual Report 2010

The Pharmacy Council Annual Report for 2010 has been published and is available on the website [www.pharmacycouncil.org.nz/annual\\_reports](http://www.pharmacycouncil.org.nz/annual_reports)

Any pharmacist who would like a hard copy of the report can request one from the Council offices – see below.

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