JUNE 2007

newsletter

pharmacycouncil
OF NEW ZEALAND

Council sets Strategic Plan – Towards 2010

The Council has been running now for nearly three years and has met most of the strategic planning indicators for the initial period of operation. Therefore, in February the Council met to decide on the strategic direction for the next 3 years and has set a Strategic Plan called **Towards 2010**.

Below is an outline of the plan. Key objectives to meet the goals have also been agreed.

Mission

The Council will protect and promote the public wellbeing by ensuring pharmacists practise competently

Vision

The Pharmacy Council helps ensure that New Zealand pharmacists perform to the highest standards to improve public well-being

Values

Uncompromising commitment to public safety

Consistent fair and transparent processes

Patient and consumer focus

Ensure best practice

Pharmacy Council's Strategic Goals – moving towards 2010

Goal 1	To implement the Act effectively
Goal 2	To continue to develop standards and scopes that reflect the changing health environment
Goal 3	To promote awareness of the Council's role and build effective relationships
Goal 4	To monitor the capacity of the workforce to meet public needs
Goal 5	To operate under effective and best practice governance

Annual Report 2005/6

The Council Annual Report for 2005/2006 has been published and sent to the Minister of Health and key stakeholder organisations. The Annual report outlines the achievements of the Council, details of activities and financial statements.

A copy of the report available as a pdf file on the Council website under New and events
http://www.pharmacycouncil.org.nz/news/documents/06AnnualReport.pdf

If you would like a hard copy of the report, please feel free to contact us on (04) 495 0330 or email enquiries@pharmacycouncil.org.nz.

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

- Designated pharmacist prescribers – have your say
- Recertification audits begin in July – see insert
- Health Practitioners Disciplinary Tribunal decision – Mrs D Young
- Law and Ethics interviews – examples to try for yourself
- Safe Practice tips
- Professional standards advice – telephone skills, dealing with prescribers, pharmacy technicians and error prevention, incident forms

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Designated pharmacist prescribers – have your say

On the Pharmacy Council web site at www.pharmacycouncil.org.nz we have posted an introductory letter to advise you that the Pharmacy Council and the Pharmaceutical Society of New Zealand (Inc) jointly intend to submit to the Minister of Health an application for designated prescribing status for pharmacists working in extended clinical roles. The letter will help you to understand the proposed prescribing project.

The first step in preparing for this application is the setting of an **advanced scope of practice** that identifies the competencies, qualifications and recertification requirements for pharmacists working in extended clinical roles.

The role of the Pharmacy Council is to protect the health and safety of the public by ensuring that pharmacists are competent and fit to practise. This is achieved by setting standards of practice and ensuring that to be registered and hold an annual practising certificate in a defined scope of practice pharmacists must have the qualifications prescribed, be competent to practise within the scope and be fit for registration.

In terms of the Health Practitioners Competence Assurance Act 2003 (HPCA Act) Sections 118 (a), 11, 12 and 14 detail the requirements for the Pharmacy Council to specify scopes of practice, to prescribe the qualifications required for the scopes of practice and to consult with organisations the Pharmacy Council considers will be affected by the proposal. The Pharmacy Council has developed a consultation package designed to satisfy these obligations.

As a result of consultation the Pharmacy Council may amend the scope, competency requirements and qualifications. The agreed scope and qualifications will then be gazetted.

The second stage in preparing the application will be a second round of consultation on designated prescribing authority for pharmacists and will take place later in 2007. The second consultation package will consist of the proposed full application to be submitted to the Ministry of Health for approval by the Minister. It will be prepared jointly by the Pharmacy Council and the Pharmaceutical Society of New Zealand (Inc). Other identified issues impacting on pharmacist prescribing will be traversed in the second consultation round.

Pharmacy Council consultation on proposed advanced scope of practice and qualifications for pharmacists

Only pharmacists already registered in the pharmacists' scope of practice will be able to seek registration in the advanced scope of practice. It is proposed that pharmacists will first need to be registered in the advanced scope of practice as Advanced Pharmacist Practitioners (APPs) before they are able to seek designated prescribing authority. The prescribing authority will not be a separate scope but will be an authorisation on the advanced scope of practice.

The Pharmacy Council's consultation package will contain the following information:

Advanced Scope – Advanced Pharmacist Practitioner (APP)

- Proposed definition of advanced scope and proposed title, APP;
- Proposed competencies;
- Proposed qualifications (including recognition of prior learning);
- Proposed recertification requirements.

Advanced Scope – Designated Prescriber Pharmacists

- Proposed competencies;
- Proposed qualifications (including recognition of prior learning);
- Proposed recertification requirements for prescribing qualifications.

Flow chart of how it all works

Proposed fee for registration in the advanced scope of practice including as a designated prescriber pharmacist

Other Information

- Medicines Management Competence Framework agreed by the Pharmacy Council – advanced scope and prescribing authority proposal fits into Level D;
- List of groups and individuals receiving this letter inviting them to be involved in the consultation process;
- Formal feedback response form containing a series of questions to make it easier for you to comment on the proposal.

The Pharmacy Council will be grateful if you provide feedback which indicates your views on the advanced scope of practice, the qualifications for the scopes of practice and the regulation of the advanced pharmacist practitioner.

Please keep an eye on the web site www.pharmacycouncil.org.nz in the next few weeks so that you can review the material in the consultation package. Please complete the feedback response form and email your submissions to enquiries@pharmacycouncil.org.nz. **Closing date: 20 July 2007**.

We appreciate and value your views in developing the advanced scope of practice, the qualifications for the scopes of practice and the regulation of the advanced pharmacist practitioner. **We shall look forward to hearing from you.**

Health Practitioners Disciplinary Tribunal decision

On 28 April 2006, a charge laid by a Professional Conduct Committee (PCC) against Ms Deborah Young, registered pharmacist of Dunedin was heard before the Health Practitioners Disciplinary Tribunal (HPDT).

The PCC alleged that Ms Young had been involved in the sale of prescription medicines without a prescription issued by a practitioner or authorised prescriber to clients over the internet. The PCC alleged that those actions amounted to professional misconduct.

The HPDT found Ms Young guilty of professional misconduct and imposed the following penalty:

- That Ms Young be suspended for a period of three months, commencing on 1 September 2006;
- That Ms Young be fined $10,000.
- That Ms Young be censured.
- That Ms Young be ordered to pay $8,125 costs to the PCC and $3,314 by way of contribution to the costs incurred by the Tribunal in conducting the hearing, constituting 35% of the costs incurred;
- That a summary of the Tribunal's findings be published in the Pharmacy Council Newsletter.

Ms Young appealed the decision, arguing that the period of suspension that had been imposed was not permissible given that the conduct had occurred prior to the Health Practitioners Competence Assurance Act 2003 (HPCAA) coming into force and that the suspension had implications under the HPCAA that would not have been available under the Pharmacy Act. Ms Young also argued that the suspension imposed was excessive. The PCC also appealed the decision, arguing that the period of suspension was inadequate in the light of Ms Young's conduct. The appeal was heard before Justice Ronald Young on 25 May 2007 in the High Court in Wellington.

Justice Young's decision was released on Friday 1 June 2007. In his decision Justice Young noted that the obligations of a pharmacist to ensure optimal and safe use of medicines are fundamental to the practice of pharmacy and are in part what it is to be a pharmacist and in part why such a profession exists.

Justice Young also endorsed the premise that it is through the maintenance of high professional standards that the public is protected and noted that protection of the health and safety of members of the public is the principal purpose of the HPCAA.

Justice Young held that "Ms Young's conduct fell seriously below the standard expected. It involved her supplying pharmaceuticals in circumstances where she knew there was no prescription and where she could not possibly have assessed the safety of the supply. Her actions, therefore, went to the heart of the purposes of the Medicines Act being the safety and protection of the public."

In relation to the PCC's cross appeal Justice Young indicated that he had seriously considered increasing the suspension period but ultimately decided not to do so for reasons relating to Ms Young's personal circumstances, penalties already imposed and relativity.

As a result, Justice Young dismissed the appeal against the three month suspension and the cross-appeal for a 12 month suspension. The fine of $10,000 imposed was reduced to $5,000 after consideration of a paragraph in the decision indicating a fine of $5,000 was intended by the majority of the Tribunal.

In his decision Justice Young indicated that large scale offending, as per the *Bell* case, would not necessarily be adequately dealt with in the future by a 12 month suspension, nor should it be assumed that offending on a scale similar to that of Ms Young's will, in the future, adequately be dealt with by a three month suspension.

A copy of the HPDT decision is available on the HPDT website: www.hpdt.org.nz under tribunal decisions, pharmacists and the High Court decision is referenced as CIV 2006 485 1002.

Recertification Audits will begin in July

In line with the Council's recertification policy, a random selection of pharmacists will be drawn from the register of practising pharmacists to have their Continuing Professional Development (CPD) records audited.

Enclosed with this newsletter is a pamphlet which contains details about the audit process. If you are selected you will have 15 working days to submit your records to Council. These will be forwarded to an auditor working within a similar practice area. Council is expecting to have the first audit completed by September.

The Council is very keen to promote a learning culture. It will therefore provide pharmacists with guidance on how to address deficits in order that audit requirements can be met. At all times you, as professionals, must assume personal responsibility for meeting recertification requirements.

Remember, if you are a current member of the Pharmaceutical Society of New Zealand, the manager of the Enhance recertification programme, Liz Johnstone, is available to review your CPD records. She can provide specific feedback on the comments you make and your determination of outcome credits. Liz may be contacted at the Society on (04) 381 8357, or email enhance@psnz.org.nz.

Law and Ethics Interview – how would you do?

The Law and Ethics interview is a prerequisite for registration in New Zealand for those pharmacists applying via the new REQR (Recognised Equivalent Qualification Route) process or for NZ-qualified "Return to Practice" pharmacists who last practised in Australia, UK or Ireland. The purpose of the interview is to ensure that the pharmacist can apply their knowledge and understanding of the legal and ethical aspects of New Zealand pharmacy in order to practise competently and safely. Professional attitude and an understanding of cultural requirements in a New Zealand pharmacy environment are also assessed.

Examples of questions and answers are:

How would you check that a prescription from an optometrist could legally be dispensed?

Firstly search the register of the opticians and dispensing opticians' board (www.optometristsboard.org.nz). In order to be allowed to prescribe, the words "Optometrist (TPA endorsement)" should appear under the scope of practice for the optometrist. (TPA stands for Therapeutic Pharmaceutical Agent). Next check that the prescription is for a medicine that an optometrist is permitted to prescribe by looking at the Medicines (Designated Prescriber: Optometrists) Regulations 2005.

When can exemptions be made to the use of child resistant closures/packaging?

- Where, after instruction, the patient has difficulty opening a child resistant closure (pharmacist annotates prescription with reason e.g. infirmity); or
- Where a specific request is made that the preparation must not be dispensed with child resistant packaging (e.g. if prescriber endorses prescription); or
- When transferring the medicine from its original pack to a container with a safety cap would be inadvisable or a retrograde procedure.

You have evidence that one of your methadone patients is also using other drugs of abuse. What will you do?

You can tell the prescribing doctor or the methadone centre, as the patient signs an agreement that they will not take other opioids. The relevant part of the Health Information Privacy Code states that you can share the information without obtaining the individual's authorisation if disclosure is *necessary to prevent/lessen imminent threat to public health/safety or life/health of the individual or another person.*

What are the responsibilities of the Charge Pharmacist?

The Charge Pharmacist is responsible for the overall control of the provision of pharmaceutical services as well as security, advertising and promotions.

Refer Code of Ethics 3.3; 3.6; 3.7; 3.8; 3.9; 3.11; 3.16; 3.17; 3.18; 7.5; 8.5; and 8.7.

What are some of the possible benefits of appreciating and understanding cultural issues in the context of the pharmacist-patient relationship?

- Development of trust
- Improved communication with patients
- Help with negotiating differences.
- Increased compliance with treatment and consequently improved patient outcomes
- Increased patient satisfaction
- Growth for the Pharmacist both on a personal and a professional level
- There is also the potential to improve the efficiency and cost-effectiveness of healthcare delivery

The interview now also includes a short 5-question pharmaceuticals calculations quiz.

Here are some practice ones – give them a try! Answers next edition…

1. **How many mL of a 1:1000 solution of adrenaline would you need to administer a dose of 0.8mg of adrenaline?**

2. **How many mL of a 1:10,000 adrenaline solution contains the same dose?**

3. **Rx Calamine and Coal Tar Ointment BP**

Calamine	12.5g
Coal tar solution, strong	2.5g
Zinc oxide	12.5g
Hydrous wool fat	25g
White soft paraffin	47.5g

Calculate the quantities of each ingredient required to prepare 45g of ointment.

4. **Rx Paracetamol suspension 120mg/5ml**

15mg/kg up to 4 times daily for pain or fever

Mitte: 10/7 supply

This Rx is for a child weighing 5.2kg. How much will you dispense?

5. **Rx Cocaine HCl 4%**

Amethocaine HCl soln 2%	0.5ml
Adrenaline soln.	0.05%
Sodium chloride Inj	to 4ml

How many mg of Cocaine HCl are in the final solution?

How much Adrenaline soln. (1:1000) would be needed?

Incident Forms

All pharmacies, as an audit requirement, must have in place procedures for the handling and consideration of complaints about any matter connected with the provision of pharmaceutical services. There should be available, for easy reference, an SOP document that outlines the steps the pharmacy would take to address any complaint along with the associated recording forms. This should ensure that complaints are dealt with speedily and efficiently and that complainants are treated courteously and sympathetically, and as far as possible, are involved in decisions about how their complaints are handled and considered.

The UK Pharmaceutical Services Negotiating Committee's (PSNC) website has a number of templates for recording patient safety incidents which can be found on the following link. http://www.psnc.org.uk/index.php?type=more_news&id=1576&k=3

Although much of the information covering reporting procedures and timelines is specific to the UK, the templates can be used as a guideline to developing incident report forms that are personalised to your own pharmacy.

Tamiflu® for influenza treatment

Tamiflu® (oseltamivir) is a Prescription Medicine for the treatment and prevention of influenza in adults and children, but between May 1 and September 30 can be counter prescribed and sold by a pharmacist without a prescription. This is only for the treatment of influenza for patients 12 years and older, who present in the pharmacy for a face-to-face consultation. Tamiflu® must not be sold without a prescription for:

- prophylaxis of influenza
- in advance of need
- over the internet
- patients less than 12 years of age.

Tamiflu® remains a prescription medicine with a special exemption during the influenza season – it is not a pharmacist-only medicine.

A comprehensive pharmacist training pack has been sent to all pharmacies. The pack includes a training CD and self-assessment quiz, a protocol for supply, consultation record pad and patient information leaflets. If you have not received a training pack, or to obtain further supplies, contact Roche on 0800 493 642.

No change following reclassification of ECP

Following a recommendation by the Medicines Classification Committee (MCC) to harmonise with Australia, a change to the classification of levonorgestrel for emergency contraception was gazetted on 19 April, effective from that date.

Levonorgestrel classification is now restricted medicine (pharmacist-only) when sold for emergency contraception but remains a prescription medicine for all other uses. The current exemptions for ECP accredited nurses will continue.

Although any pharmacist can now legally sell the ECP, the Pharmacy Council continue to require pharmacists to undertake an education programme and be accredited in order to sell ECP.

The Pharmacy Council has prescribed standards for the supply by pharmacists of the ECP, pursuant to the Code of Ethics.

ECP Standard 1 states that the *Emergency Contraceptive Pill must be supplied only by pharmacists who have become accredited providers of emergency hormonal contraception after completing successfully an education programme accredited by the Pharmacy Council of New Zealand.*

This standard will continue to apply, despite the ECP's reclassification.

ECP Standard 7 states that *the pharmacist must label the medicine with it's name, directions for use (dose and frequency), date of supply, the name of the woman for whom the medicine is intended (unless she wishes that information not to be recorded), prescription number and the name and address of the pharmacy.*

Pharmacists must reassure any woman being supplied with the ECP that all information recorded is confidential and, under the Health Information Privacy Code 1994, is treated in the same manner as information supplied on prescription.

Telephone skills

Good telephone skills are an important component of good communication. In a business environment, the first contact you may have with customers or other health professionals is often over the phone. He or she will be forming an opinion from this first contact and it is very easy to give a poor impression by being unprofessional or disorganised in the way you use the phone. Conversely, by using it effectively, you can appear very sharp and competent.

How to be effective on the phone

Remembering these points will help you be professional in the way you talk on the phone:

- Be prepared - know what you want to discuss and ensure you have available the documentation you will need
- Tailor your style to the person you are talking to – this includes using words appropriate to the profession, age or culture of the person you are talking with. Busy people often prefer a concise, professional approach with a minimum of social chat. Others prefer a more sociable approach.
- Address people by their title (Dr, Mr, Mrs) unless you know them well or they invite you to do otherwise
- Limit social conversation – social chat can be pleasant but it can be extremely frustrating if you have a lot of work to do
- Give concise answers to questions – long, rambling answers are unprofessional and confusing
- If you don't know an answer, say so – if someone relies on you when you are guessing, and you guess wrongly, they will not trust your judgement in future. If you do not know something, say you will get back to them with a firm answer.
- At the end of the call, summarise the points made – this ensures both people agree with what has been said, and know what action will be taken.
- Don't talk to anyone else while on the phone – this is rude; put the other person on hold, then talk.

Taking incoming calls

- Everyone should have responsibility for answering phones – it is impolite to make someone wait for service unless in exceptional circumstances
- The phone should not ring more than 3 times before it is answered – this is the norm in efficient business organisations. You will appear unprofessional if your phone rings endlessly without being answered. If you pick up a phone that has rung many times, apologise to the other person.
- Don't answer the phone when eating – this sounds indistinct and can distort sounds which may be interpreted incorrectly.
- Answer the phone with a smile – it is easy to pick up on the mood of a person on the phone. A smile on your face puts a smile in your voice.

Making phone calls

- Take the initiative in making calls – where a call has to be made, make it. Leaving it builds stress if it is unpleasant or difficult.
- If you get an answering machine, ring off and call again – if you are not prepared for the answer machine, you can sound stilted and off-balance talking into one. It is much better to hang up, prepare a message, and then deliver it smoothly.
- Always ring back – there is nothing more frustrating than waiting for an important call that is not returned for many hours.

Many of these points are simple courtesies. Always bear in mind that the time of the person you are talking with may be limited, and that they are forming an opinion of you and your pharmacy's efficiency while you are on the phone.

Pharmacy Technicians and Medication Error Prevention

Many pharmacies throughout the country employ pharmacy technicians to work alongside pharmacists in the dispensary. These qualified staff members are invaluable in busy dispensaries, where they can relieve the burden of many of the routine tasks, leaving the pharmacist free to ideally spend more time checking prescriptions and counselling patients. However an increased workload for pharmacy technicians can also increase the potential for error in the dispensing process.

An article in an American pharmacy journal published the results of a random nationwide survey of pharmacy technicians' views about their medication errors. Most of the technicians worked in community pharmacy but more than a quarter (27%) were employed in hospitals.

Not unexpectedly, interruptions and inadequate staffing were among the most frequent factors perceived to contribute to technician medication preparation errors. Inadequate staffing was perceived as especially problematic in community pharmacies, while inadequate supervision by pharmacists was cited as a factor more frequently by hospital technicians. When the error was detected during the checking process, only about 17% of the technicians reported the pharmacist using the error as an opportunity to provide instructions on how to avoid the same or similar errors in the future.

Should this occur in your pharmacy it provides a good opportunity to spend time reviewing Dispensing SOPs to ensure that all processes for minimising risk are clearly documented. After an error is corrected, the checking pharmacist should find time that same day (or the next if necessary) to review the error with the technician and suggest ways to avoid it. Later, during pharmacy staff meetings or other forms of intradepartmental communication, errors, their causes, and ways to prevent them should be shared with all staff in a way that does not embarrass those who were possibly involved in the errors.

Emergency supply for prescription medicines

Pharmacists can legally supply a prescription medicine without a prescription at the request of the patient in an emergency. However, pharmacists are reminded that any emergency supply of prescription medicines must be done in accordance with regulation 44(m) of the Medicine Regulations.

The person must have previously been supplied with the medicine on prescription and the pharmacist must be satisfied the person requires an emergency supply for that condition. Additionally, the quantity supplied is to be no more than is sufficient to provide **72 hours' treatment** or a minimum pack size if it is not practicable to dispense a smaller amount. This is despite any request by the patient to dispense quantities greater than 3 days.

Because the legislation does not define what constitutes an emergency, pharmacists must use their discretion to best decide how to handle requests for emergency supply. However no "contract", verbal or otherwise, must be entered into which may cause a pharmacy to contravene the regulations.

Expanding the boundaries of pharmacist responsibility

A recent report from the Health and Disability Commissioner has highlighted the question of a pharmacists' responsibility to act on concerns about a doctor's prescribing.

The case involved the inappropriate prescribing and dispensing of Maxolon to a baby. The GP, a UK trained doctor who had recently moved to New Zealand prescribed Maxolon to relieve vomiting associated with gastroenteritis. This was not in accordance with Medsafe or local guidelines, nor is it accepted practice in New Zealand. In the absence of Maxolon solution in stock, the pharmacist dispensed a higher than prescribed dose of Maxolon in tablet form. The frequency of the dosage was also omitted from the label which went unnoticed while counselling the baby's parents (for whom English was not a first language).

The pharmacist was found to be in breach of Right 4 (2) of the HDC Code of Consumers' Rights for failing to comply with relevant standards in dispensing the medication. The pharmacist, who acknowledged her dispensing was neither adequate nor accurate, was also in breach of the Pharmacy Council's Code of Ethics, where pharmacists must evaluate the prescription and assess its suitability for the patient (Obligations 2.1; 2.6; 3.4). The pharmacist was aware that it was common practice for this GP to prescribe Maxolon for young children but that was not accepted as an excuse for her failure to specifically query this prescription.

At what point should a pharmacist raise concerns directly with a prescriber? This is outlined in the Pharmacy Council's Code of Ethics. *Obligation 3.10 Inappropriate or erroneous prescribing: "Where a pharmacist has 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 patients' health, the pharmacist must confer with the prescriber and document the details and outcome. If the prescriber verifies the prescription but the pharmacist's concerns remain unresolved the pharmacist must consult with their Medicines Control Advisor or the Medical Officer of Health and document this action."*

Raising concerns with either the prescriber or a third party can be fraught with difficulty. However, in this case, the commissioner commented that pharmacists have an ethical duty to act on suspicions, rather than waiting until they are "very certain" there is an issue.

Traditionally, the roles of doctor and pharmacist were clearly defined. Pharmacists knew a lot about drugs. Doctors knew a lot about diagnosis and treatment. There was an intellectual division of labour but today, pharmacists are expanding their professional roles beyond the traditional dispensing function. Although there should be a collegial rather than a subordinate-authoritative relationship between the two professions, some prescribers may feel their professionalism is being questioned when pharmacists call them about discrepancies.

In order to achieve the goals of pharmaceutical care, which includes taking responsibility for patient outcomes, intervening in drug therapy in the event of errors, contraindications, recurrent inappropriate prescribing, and unclear or incorrect prescriptions, it is vital that pharmacists communicate with doctors. Professional judgement is called for, coupled with sensitive communication but ultimately the pharmacist's primary relationship is with the patient; the relationship with the doctor is collegial.

Given the increasing complexity of healthcare delivery and the ideal role of the pharmacist as part of an integrated care team, accurate and timely communication is crucial. This is especially so when there are concerns for a patient's welfare. In this way pharmacists can not only avoid obvious errors and problems, but can also work towards the elusive goal of optimal drug therapy.

"Lost" Pharmacists

Can you help us locate these people? They will be removed from the public register unless we receive their new address. If you know of these pharmacists' whereabouts, please email enquiries@pharmacycouncil.org.nz or phone 04 495 0335. Thank you.

Evelyn Jane Collins, Deborah Ruth Davis, Sherina Hanif, Tina Louise Hawkins, Lucille Inn Fei Lam, Paul Timothy Reeks, Philip Patrick Scully, Ching-Tang Tsai, Rajesh Vithlani, Megan Tracy Ward

Pharmacists changes since February 2007

Pharmacists registered from UK, Northern Ireland and Australia

Katherine Elizabeth Andrews, Joanne Barnes, Lynn Bell, Andt Boysan, Eimear Bernadette Brennan, Hazel Lesley Brown, Bradley Hamilton Butt, Stephen James Cook, Nicola Jane Cooper, Michael Dale, Simon Rhys Davies, Owen Roger Davies, Melvin Moinesh Deo, Peta Linlee Donnelly, Tracey Donna Evans, Deborah Anne Greenacre, Imran Suleman Hafiz, Michael Simon Haynes, Christopher Jay, Olivia Robyn Johnson, Glynnis Jones, Lindsay Jan McMillan, Natalie Mira Papert, Mark Derek Robinson, Timothy Stewart Seager, Sunil Thakorlal Shah, Naveed Siddiq, Rajendra Umrania, Ruth Edith Whale

Pharmacists who have returned to practice in New Zealand since March 2007

Roger Charles Allison, Jacqueline Antoinette Beavis, Emma Rachael Butler, Catriona Henderson Clareburt, Anna Kaye Dykzeul, Janine Kathleen Hardiman, Clinton Terry Hercock, Karen Jane James, Michael Charles Keys, Jay Kim Khoo, Bryce Hedley Kivell, Sarah Justine Maingay, Bridget Caroline Mark, Annabelle Jean McGowan, Naina Panchia, Lisa Jane Wallace, Rafaellia Liang Yee Yong

Cancellations from the Register since March 2007

David James Allan, Rosemary May Ballantyne, Rodney Francis Birch, John Laurence Boniface, Geoffrey Leslie Bradley, Christine Alice Bradley, Margaret Mary Brownsey, Judith Mary Wilson Carnachan, Diane Ethel Trenchard Church, Joanne Grace Comper, Jeffrey Wayne Dalley, William Oswyn Darby, Elizabeth Finlay Davies, Cristine Marie Della Barca, Barry Dunlevy, Bridget Kathleen Farrar, Michelle Margaret Fitzsimons, Angela Ruth Fouhy, Marian Wylie Gavin, Mary Penelope Gerred, Anthony John Gerred, Edric Montgomery Gilmour, Alan Charlton Graves, Judith Anne Hanna, Pauline Harris, Hilary Margaret Hill, Jacqueline Hollywood, Desmond Edward Horan, Margaret Joan Elizabeth Horowitz, Renton McDowell Hunger, John Allen Muir Hutchison, Marie Imrie, Donald James Imrie, Cyril George Ingham, Peter Selwyn Jackson, Audrey King, Chung Man Kwok, Amy Lei Sing Law, Lyndsay Ruth Lawrence, Donald Banks Laxon, Jie Li, Joanne Denise Lieshout, Geoffrey Francis Lindberg, Patrick MacMahon, Stephanie Mary May, Nicola Alison May, Leonard John May, Jennifer Anne McArthur, Angus Burns McCabe, Peter Bradford McInnes, Maria Christine McIntyre, Gordon David Melhuish, Margaret Nan Miller, Morris Mardon Miller, Roger David Mills, Noel Isherwood Mills, Elaine Carol Mitchell, Margaret Patricia Morrin, John Gibb Morris, Maureen Savina Lata Narayan-Ram, John Derek Neutze, Eva Ng, Diane McManemin O'Connor, John Francis Paltridge, Ross Parker, Bryan Carroll Pearson, Donald George Rattray, Norman Alan Richardson, Simone Jaine Robinson, Fraser Bell Ross, Rhoda Mary Saunders, Ian Peter Saxby, Donald Leslie Scorgie, Richard John Allan Searle, Victoria Ann Seymour, Evan Anthony Shaw, John Barnett Middleton Simpson, Maria Carol Sinnott, Walter Raymond Clark Smith, James Linton Tattersfield, Lawrence Wyllie Tee, Peter Jack Thomas, Bridgette Jean Thomas, Raymond Joseph Tooman, Gillian Mary Ward, Gail Jocelyn Ware Joy, Lavinia Warrington, Heather Janet Williams, John Cornwell Williams, Mark Edward Wilson, Noel Frank Woodhall

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