JUNE 2009

newsletter

pharmacycouncil
OF NEW ZEALAND

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

Message from the Chair – Pharmacy in the Spotlight

These last months have been a particularly busy time for pharmacists, and a time when our current and new roles have been in the spotlight in the media. While the editorials, letters and blogs show that pharmacists are still somewhat misunderstood, this also presented an opportunity for our profession to showcase some of the services that we ant to provide in the future and to publicly show where we believe pharmacists can help achieve better outcomes for our patients.

The initial news of the H1N1 influenza broke in April, and was an excellent example of how pharmacists can play an essential role within primary health care. I heard about this breaking news in Hong Kong before flying home to New Zealand after a personal trip to the UK and France. As some of the first international travellers to 'don' masks on the plane, we were somewhat shunned by other passengers and crew which was an interesting experience.

While in the UK I managed to catch up with the UK Department of Health Chief Pharmaceutical Officer, Dr Keith Ridge. Some of you will have seen the 2008 "Pharmacy in England White Paper" which signals a change to new pharmacy services in England, and was highlighted in our December 2008 newsletter. Keith gave me examples of how this is now being implemented in England, including screening services from community pharmacies, healthy living centres and further advanced clinical pharmacy services within hospitals and primary care trusts (like our PHOs). This was very encouraging for me, as in Canterbury we are working with our DHB to make more of these services a reality.

I also met with Royal Pharmaceutical Society of Great Britain staff and discussed an issue that is dear to our hearts – reopening pathways for New Zealand pharmacists to practise in the UK. The Deputy Registrar, Wendy Harris, and accreditation staff agreed with us that the current two year route is both unnecessarily long and not necessary from a competence perspective for New Zealand pharmacists. Our initial discussions are that a shorter route for New Zealanders could include a short specific bridging course, a short supervised practice period and a successful pass in a registration examination – all able to be completed within six months. As there are regulation changes afoot in the UK, with the Royal Society about to split into two bodies as we did in 2004, these changes will be back on the priority list for them after 2010. I will keep you informed of any changes as they come to hand.

The Council's mission is to ensure that pharmacists are competent to practise, and it continues to work with the profession to achieve this. Some of our recent work on standard-setting and accreditation is highlighted in this edition of our newsletter, and is aimed at producing a workforce for now and the future.

Carolyn Oakley-Brown, **Chair**

Regional consultation meetings – 'Dispensing with Disparities'

Replies to the regional consultation meeting invitations on cultural competence have now been collated with an agreement that the meetings will be held during August in Auckland, Hamilton, Wellington, Nelson, Blenheim, Christchurch and Dunedin. It is expected that the evening meetings will not be longer than an hour and a half, starting with a brief overview on the development of the revised Competence Standard 1 and an introduction to health disparities in New Zealand. The main focus of the evening will be an open discussion on the new elements (i.e. the "what") in the Standard, rather than on how to implement the activities.

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New quality standard for pharmacy services

The Ministry of Health has commissioned Standards New Zealand to manage a project to develop a pharmacy services Standard which will replace the current Quality Standards for Pharmacy in New Zealand.

A scoping workshop, held in 2008 to assess the need to develop a new Standard, agreed that an updated Standard was required. The Standard will aim to ensure the following outcomes:

- Consumers receive safe services of an appropriate standard that complies with consumer rights legislation;
- Consumers receive timely services which are planned, coordinated, and delivered in an appropriate manner;
- Services are managed in a safe, efficient, and effective manner which complies with legislation; and
- Services are provided in a clean, safe environment which is appropriate for the needs of the consumer.

The Standard will cover both community and hospital-based pharmacy services, and clinical pharmacy services not provided from a pharmacy, and will be based on the New Zealand Standard NZS 8134.1:2008 Health and disability services (Core) Standards.

A committee, consisting of a range of sector representatives, met in April and May to work on the draft Standard and these meetings will be followed by a period of consultation on the new Standard. The Standard is planned for publication in early 2010.

For more information, contact Lee Taylor at Standards New Zealand: lee.taylor@standards.co.nz.

ACC medicine-related notifications

ACC has had a statutory obligation since 2005 to report harm and to prevent and reduce injuries, including treatment injuries. Treatment injury is one that cannot be a necessary (e.g. skin piercing during vaccination) or ordinary (e.g. mild fever following vaccination) part of treatment; rather it covers unexpected events following treatment. ACC periodically advise Council of the medication-related treatment injuries accepted for cover, the majority of which are low-cost claims. Of the high cost (over $100,000) claims covered between July 2005 and March 2009, the medications most commonly involved were **warfarin**, **enoxaparin** and **diclofenac**. The most common injuries in this cost range were CVA (stroke)/cerebral haemorrhage/paraplegia, renal failure, avascular necrosis and deafness/tinnitus/hearing loss.

Rhabdomyolysis due to **simvastatin**, particularly when prescribed with CYP3A4 inhibitors (e.g. amiodarone, clarithromycin, ketoconazole, itraconazole) was noted as a recurring subject of claims. Several claims involving elderly patients on both **aspirin** and warfarin have been notified, raising concerns about the appropriateness of concomitant prescriptions. The report also includes an administration error when a rest home client was accidentally overdosed on **warfarin**, which was normally taken from a separate bottle; however it was also included in her most recent blister pack and she was subsequently administered warfarin from both sources for five days, with a resulting INR of 12.6.

Of the dispensing errors listed in the most recent report, the most common injury was burns (four claims), three of which were due to **Aldara** cream dispensed with the wrong dosage instructions. Steroids have also been the subject of a number of pharmacy dispensing errors which has been highlighted in a recent treatment injury case study.

Advertising and promotion of products of potential misuse

To help minimise breaches of the Code of Ethics, advertising and promotion guidelines have been developed for pharmacists and companies to refer to before they begin developing promotional campaigns for products of potential misuse. Although initially developed for use by the Therapeutic Advertising Pre-vetting System (TAPS) adjudicators, pharmacists are reminded that they also relate to internet pharmacy advertising and promotion.

The guidelines were drawn up by the Council in conjunction with Peter Pratt (TAPS) and Euan Galloway, Chief Pharmacist Advisor, PSNZ (Inc). The contents are primarily a collation and reiteration of the responsibilities of pharmacists and advertisers taken from a number of sources e.g. Code of Ethics, SMI Code of Practice and are available to download from the Council website.

Breaches by pharmacists of the Code of Ethics and Council statements may result in the matter being considered by the Council's Complaints Screening committee, in the first instance. Issues of a professional nature are referred to a Professional Conduct Committee for investigation and this may result in disciplinary charges being brought before the Health Practitioners Disciplinary Tribunal.

Have you renewed your Annual Practising Certificate?

This year the vast majority of pharmacists renewed their APCs before 31 March 2009 and now hold an APC that expires on 31 March 2010.

However, a small number of pharmacists have still not renewed and have been informed that if they are continuing to practise without an APC then they are practising illegally. All these pharmacists were sent a letter advising them that if the Council believes that a pharmacist who has not renewed their APC is, or may be, still practising, that their name would be published in the June 2009 Newsletter.

Below is a list of those **pharmacists who had not renewed their APC by 21 May 2009**. If these persons do not respond to Council by 12 June 2009, and the Council believes they are or may be practising, they will be referred to a Professional Conduct Committee for consideration of disciplinary charges. These pharmacists are advised to contact the Council immediately.

Richard Garth Chelley, Gavin Chin, Brendan James Duck, Ian Alexander Edward, Campbell Hal Gradon, Jennifer Valmae Hastings, Frances Elizabeth Malcolm, Srinivasulu Nalamothu, Justine Kate Nicholls, Alison Jane Robertson, Natascha Deann Roughton, Bryce Joseph Sherson, Prenica Somasuntharam, Ravi Vas Vohora

Please note – If a pharmacist has applied for an APC after 23 April 2009, and has not yet received an APC, we suggest they contact the Council immediately.

Accreditation Standards for the Intern Training Programme (ITP) 2011 and beyond

Recent developments in Australia regarding the registration of health professions have delayed the release of the ITP Accreditation Standards for consultation. As the Pharmacy Council of NZ (PCNZ) is a member of the Australian Pharmacy Council (APC), and because of our obligations under the Trans Tasman Mutual Recognition Act, it is in our interests to work together on the development of the accreditation standards and processes. The finalisation of the combined standards and processes will therefore not be concluded before August 2009.

The Council of Australian Governments has signed an agreement for the national accreditation and registration of all health professions in Australia and one outcome of this is that the APC will be appointed as the accreditation body. The APC is able to build on the considerable amount of work already done by us and they have accepted our recommendation to register interns and pharmacists separately. They also acknowledge the need to have one robust intern training programme for all of Australia rather than the current situation of different programmes for each State. The APC has identified that the pathway for accreditation of ITP's would be similar to the common process currently used for accrediting undergraduate B.Pharm degrees in both Australia and New Zealand.

The APC's decisions have provided a good opportunity for us to collaborate and the outcome of this is the production of **a single document with accreditation standards common to both countries**. The document accommodates country specific differences. The Council would like to assure the profession that the high standards of our current ITP will be maintained. Some of the key differences that will be retained by New Zealand are:

- Approval of preceptors and training sites
- Formative assessment of interns by preceptors as they trained to do this
- Face to face small group training day sessions through the intern training year
- Core formative assessments

This outcome of this collaboration means that PCNZ will be able to use the Australian Pharmacy Council Accreditation Committee's processes for accrediting programmes against standards that have had significant input from the Council staff, its subcommittee the Preregistration Assessment Board (PRAB) and the current ITP provider PSNZ (Inc).

For further information regarding this project please contact Sandy Bhawan, Competence Projects Developer on: s.bhawan@pharmacycouncil.org.nz.

Recertification policy and condition of oversight

Participation in the ENHANCE recertification programme is a requirement for all pharmacists who hold an annual practising certificate (APC). Pharmacists must declare their active participation annually when applying for an APC, or if moving to the practising register. The Council made some changes to its recertification policy in 2008 and the policy is now as follows.

If it is deemed that a practising pharmacist is not participating in ENHANCE, the Council may place a condition on their scope of practice requiring them to **work under the oversight of another pharmacist until they can demonstrate they are participating**. In practice, this means finding another pharmacist with a clear understanding of ENHANCE, and with their assistance, identify, plan and complete relevant learning documentation as required. As this is not supervision, it does not require that the peer works directly with the pharmacist, in their workplace. Reports, signed by both the peer and the pharmacist, must be submitted to demonstrate the plan and progress for meeting recertification requirements. After a practice review and two CPD records (completed to the required standard) are submitted the condition of oversight is removed.

In setting the condition of oversight as the first option, Council hopes that pharmacists will take the opportunity to demonstrate that they are maintaining their competence. If the reports are not submitted or there is little progress towards showing compliance then the Council will consider other options such as supervision.

Advanced scope of practice project – latest progress

Last year the Council put a call out to pharmacists to participate in a survey to 'validate' the proposed competencies for the advanced scope of practice. (See September 2008 Newsletter.)

Survey results

Twenty pharmacists (both primary and secondary care settings) fully completed the three part survey. Most pharmacists in primary care identified themselves as 'generalists' while those from the secondary care identified themselves as 'specialists'. All (100%) of pharmacists had been **registered for at least five years** and 17 (85%) held a **post graduate qualification**, most commonly a PG DipClinPharm.

While the analysis for the APP (Advanced Pharmacist Practitioner) Competence Standards Self Assessment is not quite complete, at this stage it is evident that while all six APP Competence Standards are relevant to practice, these could be further improved. The variety of evidence examples indicates a wide range of practices at this level and illustrates the need to provide a variety of evidence examples for future assessments.

The feedback on the proposed definition of this scope was generally positive although some thought the definition was unable to accurately define the activities of those working in specialist areas. Concerns were also expressed at the reference to 'contributing to diagnosis of medical conditions' in the definition as pharmacists clearly identified that they were not trained to diagnose. The value of being able to order laboratory tests was identified and there was general agreement that the primary focus of an APP was to optimise medicines related health outcomes.

Risks of advanced pharmacy practice

In response to a question on the potential risks to patient safety of pharmacists working in the advanced scope, the majority of the risks identified related to systems inside and outside the practice environment and it was evident that the pharmacist's role was pivotal in mitigating some of these risks. These pharmacists were also acutely aware that an incompetent or inexperienced pharmacist may pose a risk to patient safety but, as might be expected from pharmacists working at this level, they were able to clearly articulate controls that could be in place to mitigate some of these risks. These included working within a collaborative framework; providing and seeking peer support; undertaking continuing professional development; recognising boundaries with respect to recommendations and scope of practice; peer review of recommendations and decisions; building and maintaining effective communication pathways; and employing clear documentation and record keeping processes.

Essential components for public safety

Working in collaboration with other healthcare professionals, having access to full patient medical information and formal documentation systems were identified as some of the essential components at this level of practice across primary and secondary settings. It was also identified that in addition to the relevant competence standards for the Pharmacist scope of practice, the Medicines Use Review (MUR 1-4) competence standards also formed part of their practice.

Prescribing tool as a part of this scope

In response to the usefulness of having the ability to prescribe, there was a clear indication that pharmacists would find prescribing authority a useful clinical tool which would be complementary to their current roles. The scope of prescribing included initiation, cessation, maintaining continuity and modification of existing therapy.

The time taken to complete the survey ranged from two to four hours. While this was a small sample size, the information gained from the responses will assist the Council to make better informed decisions. **The Council would like to acknowledge the valuable contribution made by these pharmacists and is grateful for the sacrifice of their time and professional support received from them.**

Latest Council decision on this scope

The findings of this survey were discussed in February this year by the Council appointed Competence Advisory Group (CAG). Having considered the recommendations of CAG, the Council determined that prescribing as a health service is to be an explicit part of this new scope of practice. In this scope it will be evident that while the pharmacist is deemed legally to hold an independent prescribing authority, they will always be expected to provide prescribing services within a collaborative healthcare framework. In light of the Council decision it is likely that this new scope will now be described as either the Prescribing Pharmacist or the Pharmacist Prescriber scope of practice.

If you have any questions or comments regarding this project please contact Sandy Bhawan, Competence Projects Developer on: s.bhawan@pharmacycouncil.org.nz.

Regional consultation meetings – 'Dispensing with Disparities' (contd)

All pharmacists who replied to the invitation, and who are in a location where meetings will be held, will be sent a copy of the draft Standard prior to the meetings to allow time for them to assess the changes and identify any knowledge gaps. Pharmacists will also be invited to bring along appropriate evidence examples from their own practice they are prepared to share with the group.

Those pharmacists who replied but are not in an area where meetings are scheduled will be sent an electronic copy of the draft Standard with a feedback form for comment. Consultation on the draft Standard will also be available through the Council website from July.

If you would like to attend a meeting in your area and did not receive an invitation, please advise Barbara Moore by 3 July on: b.moore@pharmacycouncil.org.nz.

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