



Supporting Christchurch

It's been a tough nine months for the people of Christchurch and our thoughts and best wishes go to all who live in the city and have been affected by the three big and innumerable smaller quakes.

I am sure I speak for everyone in the profession when I say we can only imagine what a busy, demanding and stressful time it must have been, and still is, for our colleagues. As pharmacists they have been in the front-line serving their communities and meeting the needs of others, whilst dealing with their own trauma and disruption. Their professionalism is noticed and appreciated – not only by their clients but by us, their professional community. We send our thanks, empathy and support to all in Christchurch.

Bronwyn Clark
CE and Registrar

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.

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CONTACT US:



A new Deputy Chair for the Council

Queenstown pharmacist **Dr Andrew Bary** has been elected Deputy Chair of the Pharmacy Council. Andrew has experience in community pharmacy, as a pharmacy proprietor, and in pharmacy research and education. He has been a member of Council since 2006.

Former Deputy Chair **Jo Mickleson** did not seek re-election for that position but Council was pleased that she is continuing in her role as Chair of the Finance, Audit and Risk Management Committee. The Council is very grateful to Jo for her hard work as Deputy Chair last year.

Carolyn Oakley-Brown was re-elected as Chair of Council. Carolyn is a Christchurch-based pharmacist who has been a member of the Council since 2003 and Chair since 2005. She has wide experience as both a community pharmacist and pharmacy proprietor and is the Pharmacy Leader for the Canterbury Clinical Network.

Carolyn's final term on Council expires in early August, and she will be sorely missed when she leave us then after 7½ years of service. We are expecting a new pharmacist appointment to be made by the Minister of Health later in August.



Proposal to amalgamate Health Regulatory Authorities

The Council is not convinced that a Health Workforce New Zealand proposal, that New Zealand's 16 health regulatory authorities be reduced in size and share a common secretariat, will achieve the cost savings and efficiencies sought by government.

This proposal would see the offices of the Pharmacy, Medical, Nursing and other health profession councils disbanded and a reduced staff shared across all 16 professions in one shared office. The proposal also suggested the number of Council members be reduced.

Health Workforce New Zealand (the agency that advises the Minister on health professionals and their training) put out a discussion document on the possible amalgamation in February and Council gave a detailed response.

Efficiency is certainly a good goal and is supported by Council. However, it is hard to see that a broad amalgamation would generate savings in our sector or bring benefits for pharmacists.

Pharmacist practising certificate fees have not increased for five years and pharmacist fees are in the bottom third of professional fees. This is despite the high output and activity of the Council in relation to other professions.

While the Council agrees that there are benefits and efficiencies from greater collaboration between the professions, it believes that the proposal in its current form could have significant unintended consequences for both the public and the profession. These include a slowing down of operations, as has happened recently in Australia as a result of their new shared secretariat.

The Council believes that it is essential that professional autonomy is maintained in the health regulation and standard-setting area.

The Council has also analysed the predicted costs savings of the preferred option given in the document and has concerns with the assumptions made. We have given Health Workforce New Zealand a detailed financial analysis of costs within this submission and have suggested ways in which costs could be managed more effectively in the future.

The Council is very pleased that the Pharmaceutical Society shares its views on this matter.

We expect to hear the outcome in early July. A more comprehensive review of the Act is also scheduled for 2012.



Review of the recertification framework

A working party was set up by Council to review the approach to recertification has agreed that the new recertification framework should be more flexible to encourage the development of programmes that engage pharmacists in learning and professional development.

The working party has met twice and held its final meeting in June.

Agreement has also been reached that the new framework will incorporate four different approaches to recognising learning.

- Self-directed learning, which includes attending presentations and reading journals, will be recognised as a valuable means of keeping up-to-date.
- More formal learning, with assessments to demonstrate knowledge attainment, will also be recognised. This type of learning activity will attract more points than self-directed learning to reflect the greater effort.

- Thirdly, certain professional roles will be recognised, such as being a preceptor or learning facilitator. Such roles may attract set points.
- Finally, some, but not all, learning will need to demonstrate practice outcomes. To enable pharmacists to do this, the framework will encourage pharmacists to learn and participate in peer groups and to seek assistance from recognised learning facilitators.

The proposed recertification framework is expected to go out for consultation later in the year and the feedback from the consultation will inform the final shape of the new



2011 Recertification Audit

The 2011 Recertification Audit has started. If you have been selected for audit, you will be sent notification in the week commencing 20th June and will be asked to send completed CPD record sheets and a summary of your learning.

You will have a maximum of four weeks to submit the required documentation. If you have any queries about the process, please email us: enquiries@pharmacycouncil.org.nz



Remember Cultural Competence Training

A reminder about the cultural competence courses available – visit the website to see information and dates for the courses to be run by **Whanau Biz** www.whanau.biz/pharmacists (the first one is in Palmerston North in July, followed by Hastings, Rotorua, Auckland, Christchurch for later in 2012) and the **Māori Pharmacists Association** www.mpa.maori.nz



Pharmacist Prescribers – one step closer

The Board of Health Workforce New Zealand has given pharmacist prescribing a green light. After detailed consideration of the application submitted by the Pharmacy Council of New Zealand, it has agreed in principle to designated prescribing rights for pharmacists.

Changes to legislation are required for this to happen. While suitably qualified and experienced pharmacists can become designated prescribers under the current legislation, the Board of Health Workforce New Zealand has advised that the Medicines Amendment Bill would be the preferred mechanism to implement pharmacist prescribing. The Medicines Amendment Bill is intended to modernise some parts the Medicines Act 1981 and includes changes to the prescribing provisions. The changes affecting the prescribing provisions are not expected to be introduced until 2012.

Additional qualifications will be required by Pharmacist prescribers before they can register in the Pharmacist Prescriber scope of practice.

The Council is pleased that both Schools of Pharmacy are working together to produce a common qualification for the Pharmacist Prescriber scope. Preliminary work around the development of the qualification has led to a change in the qualification specifications. The Pharmacist Prescriber qualification will be a post graduate certificate level qualification with entry to the programme requiring a Post Graduate Diploma in Clinical Pharmacy or equivalent. The Pharmacy Council of New Zealand will be responsible for accrediting the Pharmacist Prescriber post graduate certificate qualification.

Both the Schools of Pharmacy are aiming to have the post graduate certificate level qualification available at the beginning of 2012.



Can Pharmacist Prescribers have a financial interest in a pharmacy or pharmacies?

In the January 2011 Council newsletter the Pharmacy Council of New Zealand published the following phrase: *'Council decided to explicitly forbid pharmacist prescribers from dispensing their own prescriptions or having a financial interest in a pharmacy.'*

Council would like to clarify that the phrase above was published to communicate the intent of a sentence in the scope definition as these pharmacists would be considered to be authorised prescribers. The sentence is *'Pharmacist prescribers must ensure a separation or prescribing and dispensing and must not dispense prescriptions written by them. In addition, the Council does not support Pharmacist prescribers holding a vested interest in a pharmacy business. The pharmacist prescriber must not have any pecuniary interest associated with the dispensing activity.'*

Members of the profession have queried the legal authority of the Council to forbid a pharmacist prescriber from having a financial interest in a pharmacy. Council can confirm that the Council has no formal authority in legislation that permits it to forbid pharmacist prescribers from having a financial interest in a pharmacy. The Licensing Authority, Medicines Control has sole jurisdiction to consent or not consent prescriber interest in a pharmacy under section 42C of the Medicines Act 1981. Under the provisions of section 42C of the Medicines Act,

authorised prescribers are able to have an interest in a pharmacy with the consent of the Licensing Authority. The Licensing Authority has strategies and policies in place to implement section 42C of the Medicines Act as prescriber interest in a pharmacy is not completely disallowed. The Pharmacy Council of New Zealand proposal for Pharmacist Prescribers to become designated prescribers puts such pharmacist prescribers in the class of authorised prescribers. Therefore the provisions of section 42C of the Medicines Act would also be applied to pharmacist prescribers holding a financial interest in a pharmacy/ies.

The Licensing Authority can address the Council's requirement in the scope definition by imposing conditions on the License to Operate pharmacy where a prescriber interest exists. The Licensing Authority can impose a condition on the licence which prevents the pharmacy from dispensing prescriptions issued by a prescriber holding an interest in the pharmacy. Such conditions are currently imposed on licenses where prescriber interest is found to exist.

The Council will be working closely with the Licensing Authority to work through the practical aspects of registering pharmacist prescribers who hold an interest in pharmacies and provide guidance to pharmacists dispensing prescriptions written by pharmacist prescribers.



Check your practising status on the Public Register

Remember you can check your Annual Practising Certificate details or your non practising status on our website – go to www.pharmacycouncil.org.nz and select Register Search.

To search for your listing, type in your surname, then press enter. There are other searches you can do too – for example, if you want to find all pharmacists listed in Auckland, select the Auckland district, then press enter.

If you are not able to find your public register listing, please email us at enquiries@pharmacycouncil.org.nz

Here's a Frequently Asked Question:

A pharmacist I want to employ has the condition of 'oversight' on his practising certificate. What does this mean?

Quick answer: 'Oversight' is not supervision.

Many will equate the word 'oversight' with supervision and the Concise Oxford Dictionary supports the assumption. It is therefore no surprise that the condition of oversight on the scope of practice has caused confusion to pharmacists. However, the Health Practitioner Competence Assurance Act 2003 defines oversight as 'professional support and assistance provided to a health practitioner by a professional peer for the purposes of professional development'. In the context of this Act and the Pharmacy Council, a pharmacist with the condition of 'oversight' on his/her scope of practice is not under supervision of another pharmacist in his/her day-to-day practice.

The Pharmacy Council has imposed this condition on a small number of pharmacists who are not meeting the recertification requirements. They have either made an incomplete recertification declaration on the APC renewal form or have failed to meet the recertification audit standard.

In order to meet the recertification requirements, pharmacists with the condition of oversight must seek the professional support and assistance from a pharmacist peer who is clear on the requirements. This can be done, for example, by email, telephone or Skype® conversation. Although it might often be helpful, a face to face meeting is not a requirement.

Reports, signed by the pharmacist and the peer, must be sent to the Council to demonstrate progress to meet the requirements. Once the pharmacist has demonstrated that they are meeting the recertification requirements and no longer needs ongoing assistance, the condition can be lifted. Further details on the recertification policy are available on the Council's website (Pharmacists > Recertification).



Health Practitioners Disciplinary Tribunal decisions

Conviction for supply of pseudoephedrine reflects adversely on the pharmacy profession

Samuel Ross Pulman is currently serving a prison sentence for being a party to manufacturing methamphetamine by supplying substantial quantities of pseudoephedrine-based drugs while employed as a pharmacist at Pukekohe Pharmacy 2005 Limited. He was convicted in the Auckland High Court in May 2009 for offences under the Misuse of Drugs Act 1975 and sentenced in August 2010.

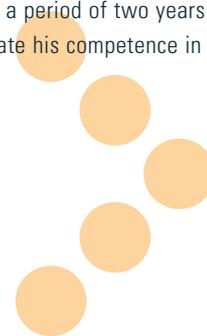
The Tribunal commented that Mr Pulman's actions were deliberative and repetitive and that he had breached his position of trust. It censured him and stated that it wished to send a very strong message to Mr Pulman and to the profession that conduct of the kind he was found guilty of is simply unacceptable, and will be dealt with firmly.

The Tribunal cancelled Mr Pulman's registration. He was ordered to pay \$9,300, being 33% of the costs of the Professional Conduct Committee investigation and prosecution and the Tribunal hearing.

Conviction for fraud reflects adversely on Masterton pharmacist's fitness to practice

The Tribunal found that Ithiel Satya's conviction for using a document for pecuniary advantage on 73 counts reflected adversely on the pharmacy profession. Mr Satya was convicted in the District Court in Wellington in June 2009 of charges related to the making of twice monthly claims for government subsidies in respect of repeat prescriptions. He appealed the conviction but it was upheld by the Court of Appeal in 2010.

The Tribunal imposed a six month suspension, a censure, awarded costs of \$5,000 to be shared equally between the Tribunal and the Professional Conduct Committee. Following this period of suspension conditions restricting ownership and management of a pharmacy by Mr Satya will be imposed for a period of two years. Mr Satya will also be required to demonstrate his competence in law and ethics.



OTC Chloramphenicol eye drops and contact lenses

Pharmacists are reminded that any patient who presents with 'red eye' and who wears contact lenses should not be sold chloramphenicol but should be referred to an optometrist or doctor. If contact lens wearers present with a prescription from a doctor or optometrist for chloramphenicol eye drops or ointment, they should be reminded to not wear their contact lenses for the duration of, and for 24 hours after, finishing treatment.

Council has recently been notified by the NZ Association of Optometrists that a number of pharmacists appear to be asking the 'contact lens' question but then not acting on a positive response from the patient. Pharmacists need to consider that every patient who wears contact lenses will have higher levels of gram negative bacteria present in the eye and that the prescribing of antibiotics should include gram negative cover.

Before recommending the classification change for chloramphenicol, the Medicines Classification Committee imposed conditions that pharmacists first be trained in the diagnosis and management of conjunctivitis. They also recommended that appropriate written material on the self-management of eye conditions is given to all patients purchasing these medicines.

Pharmacists who have not done any training may wish to do the College of Pharmacists 'Chloramphenicol for Bacterial Conjunctivitis' course. To assist pharmacists with the appropriate sale of chloramphenicol the Pharmaceutical Society and College of Pharmacists prepared a protocol (algorithm) for the differential diagnosis and treatment of conjunctivitis. They have also made available a pad of Self Care-style eye care and conjunctivitis tear-off leaflets for patients.

Updated Council statements and guidelines

Following publication of the new Code of Ethics 2011, we have now updated all Council guidelines and statements that relate to the Code and these can be found on our website. The statements and guidelines are:

- Promotion and Supply of Medicines over the Internet
- Advertising to the Consumer and Promotion of Products of Potential Misuse
- Raising Concerns with Prescribers
- Emergency Contraception Pill (ECP) Protocol
- Protocol for the Sale and Supply of Pharmacist Only Medicines for Chronic Conditions (POMCC Protocol)

In some cases, obligations from the 2004 Code have been combined and re-numbered and will be now found only under one principle. In other cases, obligations may have been removed if no longer included in the new code.

CAM recommendations on prescription labels

Council was recently made aware of pharmacists adding recommendations for complementary and alternative medicines (CAM) to prescription labels. Unfortunately this may give the patient the impression that the prescriber agrees with, and supports, the recommendation, when in fact they may have no knowledge of it.

If the use of a CAM is both supported by evidence and is appropriate, you can make a verbal recommendation to a patient and support this with information or a leaflet if available. You may also wish to discuss the use of CAMs with your local GPs which may allow you to find common ground and gain agreement with what they are happy to support.





Professional Conduct Committees – call for community pharmacists

If you are looking for a challenge and wanting to give back to the profession then here is your chance. The Council is looking for pharmacists with community pharmacy experience, who are interested in ethics and issues around professional conduct, and who may be interested in serving on Professional Conduct Committees.

Professional Conduct Committees are independent committees appointed by Council to investigate complaints about a pharmacist's conduct and to examine if convictions for criminal offences committed by a pharmacist impact on the pharmacist's fitness to practise.

Membership of these committees comprises two pharmacists and a layperson. For each investigation the Council endeavours to appoint pharmacists that reflect the practice of the pharmacist being investigated. Community pharmacists are sought for this role as in all cases to date pharmacists investigated have been practising in community pharmacy – both at proprietor and intern pharmacist level.

The investigations and subsequent decisions made by committees need to be conducted fairly and confidentially, remembering that such decisions effect the lives and livelihood of colleagues.

To be on a PCC, you need to hold a current APC, have no complaints or discipline against you, and have no conditions on your practice. We also ask that you forward us a copy of your CV and a reference from a member of the profession.

If you are interested, please contact Jenny Ragg on: j.ragg@pharmacycouncil.org.nz or phone 04 495 0334.



Going electronic

Please note that this will be the last hard copy newsletter for those that indicated they were happy to receive their newsletter electronically.

Some 40% of pharmacists indicated that they would make the shift to save paper. We think that is a great start. Anyone else wanting to

shift can drop us an email anytime and we will amend our records accordingly. The move will also allow us to create better links with the Council website and to have more flexibility in the way we communicate with you.

Key Office Contacts

Registrations enquiries

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Practice issues

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Complaints/public safety issues

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