

Six months of operation – what the Council has done

As the Pharmacy Council has now been operating for over six months, I would like to take the opportunity to tell you what we have been working on in this time.

The HPCA Act is quite different to the old Pharmacy Act. This has required the Council to set new policies and procedures for all of the functions of the Council. As pharmacists, you would relate to this as you have to write up all your procedures to meet the Quality in Pharmacy requirements and Audits. As you know this is very important, but is also very time consuming to ensure all the systems are robust and fair.

Preparing for and processing the Annual Practising Certificate renewals has been a major focus of Council in the last three months. The Act required us to gather significantly more information from you, and we have worked hard to process this information and return APC's in a timely fashion. Disclosures of absence from practice, health issues and investigations have also required the Council to work with some individual pharmacists to ensure that they are able to practise competently. Recertification information has been collected as well for future audit requirements.

Council has revisited the Preregistration Assessment Board (PRAB) functions and worked closely with PSNZ (Inc) to ensure that processes for assessing intern pharmacists continue to be fair and transparent.

Competence Review is an entirely new function of the Act, and has been a challenge to the Council to set up systems to ensure fair, valid and reliable assessments of individual pharmacists who come to the attention of the Council as potentially practising below the required level of competence. Setting the audit requirements for Recertification is also well underway and will be made available to pharmacists later in the year. Council has re-visited return to practice requirements and set in place robust assessment for all pharmacists returning to the New Zealand practising register based on the competence standards.

Council has also set up Professional Conduct Committees (PCC), the Health Committee, Complaints Screening Committee, and Competence Review Teams.

Council has also nearly completed the Maori Health Strategy for the Pharmacy Profession, provided advice to pharmacists and members of the public, made submissions to Government and other organisations on issues including reclassification of medicines, workforce, English language requirements, cultural competence and other public safety issues.

Council's strategic work for the next period includes reviewing English Language requirements, preparing and analysing workforce data, setting Recertification audit requirements and working on competence standards for new medicine management services.

Bronwyn Clark, GENERAL MANAGER 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. The Pharmacy Council is responsible for registration of pharmacists, the setting of standards for pharmacists' education, scopes of practice and conduct.

IMPORTANT

Registered Pharmacist Designation -
MAKE SURE YOU HAVE YOUR SAY.
 See separate insert and fax back.



STOP PRESS

The Royal Pharmaceutical Society of Great Britain (RPSGB) has announced that the final day for New Zealand and Australian pharmacists to register in the UK under the reciprocal agreement is 30th June 2006. Pharmacists will need to have commenced their four weeks training in the UK prior to 2nd June 2006 to be eligible for registration under this agreement. The Pharmacy Council is disappointed that this agreement is to be cancelled from the UK end.

The finalised registration requirements for the future are yet to be announced. The RPSGB announcement in the Pharmacy Journal can be viewed on the internet on this page

<http://www.pjonline.com/Editorial/20050416/society/p465reciprocal.html>.

CONTACT US:

Phone: 04 495 0330 **Fax:** 04 495 0331 **Email:** enquiries@pharmacycouncil.org.nz

Address: PO Box 25137, 40 Johnston St, Wellington



Council revises its policy on return to the practising register...

At its April meeting the Council members revisited the return to practice policy for previously and currently registered NZ pharmacists. The revision was as a result of the Council monitoring the effectiveness of the pathways set for returning to practice. Part of the monitoring process includes listening and responding, in a timely manner to the concerns and feedback received from individual and/or groups of pharmacists.

Council revisited the requirements for returning to practice and have resolved to extend the mid term period out of practice from >3 to 6 years to >3 to 8 years. A comprehensive review has identified that this extension is in line with international and national trends. Experience with our own pharmacists has shown that most pharmacists who take time off for family commitments consider returning to practice around the 7 year mark. This revision should enable this group of pharmacists to return to the workforce without the need to enrol in the Preregistration Programme and work for a minimum of six months (full time) under supervision. Council has given consideration to the fact that the majority of pharmacists in this group are unable to commit to full time work and Council staff can set individual requirements within the agreed framework of 3 months supervised practice.

The Council's mandate is to protect the health and safety of the public by ensuring that pharmacists returning to practice are competent to practise. Pharmacists who take breaks from practice are encouraged to ensure that they keep up with "things pharmacy" in order to facilitate their return to practice. Details of the revised policy can be found on the Pharmacy Council NZ website www.pharmacycouncil.org.nz. Feedback on the issues around the policy can be sent to Sandy Bhawan, Competence Policy Advisor on e-mail s.bhawan@pharmacycouncil.org.nz, or phone (04) 495 0337.

Competence Review - Call for Reviewers and Mentors

Are you

- A pharmacist with a current APC who is a good role model, clinically competent and has good interpersonal skills?

and/or

- A pharmacist familiar with education and assessment? *This could be Preceptor pharmacists (current or previous) technician assessors, Assessors/Interviewers from the Preregistration Assessment Centre, pharmacy educators*

If so, are you interested in being a reviewer or a mentor for pharmacists?

One of the new mechanisms of the new Act is to undertake Competence Reviews of individual pharmacists.

The Competence Review process is an educative and enabling process, where an independent review of a pharmacist is conducted by a Competence Review Team. This is not a disciplinary process, but aims to enable a pharmacist to improve their practice and remain in the pharmacy workforce. The results of the review enable the Council to determine what "gaps" there may be in a pharmacist's practice, and direct the pharmacist to further education, assessment, counselling or mentoring. These reviews are only set in place if the Council believes a pharmacist may pose a risk of harm to the public by practising below the required standard of competence.

The Council wants to appoint and train a pool of registered practising pharmacists from throughout the country to conduct reviews. The Council also wants to set up a network of mentors for pharmacists who have been reviewed.

Reviewers will be chosen from a pool to match the practice and location of the pharmacist under review, so that they are peers. Reviewers will always be working in pairs, and will need to be available for in-pharmacy visits of up to two days as part of the review. Mentors may be able to provide guidance out-of-hours and by phone. The Council will provide all training, assessment material and office support, and all reviewers will be paid for their time and expenses.

If you are interested in this area and wish to put your name forward, or you would like more information on this, please contact Sandy Bhawan, Competence Policy Advisor email s.bhawan@pharmacycouncil.org.nz, fax 04 495 0331 or phone 04 495 0337.

Annual Practising Certificates - Searching the public register on-line

In order to practise pharmacy all practising pharmacists MUST have an Annual Practising Certificate.

The Council has an on-line public register available for viewing on our website www.pharmacycouncil.org.nz. This register is updated weekly as necessary.

The register shows the name, initial qualification, scope of practice and geographical region of practice of a pharmacist. Employers and members of the public can use this to check the practising status of a pharmacist or intern pharmacist.

Of interest, other Health Councils also have on-line registers, including the Medical Council www.mcnz.org.nz, the Dental Council www.dcnz.org.nz and the Nursing Council www.nursingcouncil.org.nz.

Counselling - the Key to Minimising Dispensing Errors When Working Alone

Best practice dictates that prescriptions should be checked by another pharmacist or technician before being given out to patients.

If you usually work alone in the dispensary or you are required to do so on occasion, it is vital to ensure that you have a comprehensive checking procedure in place, and maintain this standard. This can be difficult when there are a lot of demands on your time and you are being frequently interrupted; however patient safety should never be put at risk by taking short cuts.

The best final check to ensure that all facets of the prescription are correct, especially when working alone, is to physically take the prescription to the patient with the dispensed medicine when counselling. Ask the client: "What has the doctor told you about your medicine?" It is important to make sure that the medicine dispensed is

what the patient is expecting. Any gaps in the patient's understanding and knowledge become readily apparent through the use of this question and it is then a matter of filling in the gaps with relevant information or reinforcing what the doctor may have already told the patient. This is a very good routine to follow, and is especially important when dispensing a new medicine.

Evidence shows that counselling in this way can help identify if there has been a drug selection error by the pharmacist, an incorrectly typed label, missing cautionary and advisory labelling, a prescribing error by the doctor or a case of mistaken identity i.e. wrong patient.

Patients who are resistant to counselling can be politely advised that you are following best practice standards for their safety. Make sure that you offer a private area for counselling, and the use of a sign in the pharmacy that explains your policy will promote the counselling service you provide.

Avoiding Dispensing Errors with Look-alike and Sound-alike Medicines

Confusing medicines with look-alike packaging and similar-sounding names is one of the most frequent causes of reported dispensing errors. To help minimise these kinds of errors the following measures are suggested:

- Place a coloured sticker or other highly visible 'alert' on medicines with similar packaging;
- Physically separate on shelves medicines with similar names or packaging;
- Don't guess if you are unsure which brand to dispense;
- Leave stock bottles next to the dispensed items for checking (and look inside the dispensed bottle or packet to make sure it is true to label);
- Make a habit of counselling all patients who receive a medicine for the first time;
- Instigate a 'no-blame' register of near misses with look-alike and sound-alike drugs. Discuss them with your colleagues at staff meetings with a view to solving the confusion.

The Health and Disability Commissioner has recently received complaints involving the following medicines:

Triprim and Trimipramine
 Diamicon and Diamox
 Tiberal and Tramadol
 Monofeme and Femodene
 Seroquel and Serzone



As experienced pharmacists will be aware, there are dozens of medicines that can potentially cause confusion and be inadvertently substituted during the dispensing process. The following list is taken from one compiled by the Pharmacy Board in Victoria, Australia, from reports and complaints received. Have a look and see how many you have already encountered! Generics are in *italics*.

Advantan and Ativan	<i>Ketoprofen and Ketotifen</i>
Aldazine and Amizide	Lamictal and Lamisil
<i>Amantadine and Cimetidine</i>	Lamictal and Largactil
<i>Amiloride and Amlodipine</i>	Lamictal and Lomotil
<i>Aminophylline and Amitriptyline</i>	<i>Lamivudine and Lamotrigine</i>
<i>Amorolfine and Aminophylline</i>	Lanoxin and Lanoxin PG
Aratac and Aropax	<i>Lansoprazole and Omeprazole</i>
Arthrexin and <i>Cephalexin</i>	Lasix and Losec
Atropt 1% and Azopt 1%	Losec and Prozac
<i>Beclomethasone and Betamethasone</i>	Neurontin and Noroxin
<i>Budesonide and Bumetanide</i>	<i>Olanzapine and Omeprazole</i>
Caltrate and Carafate	<i>Prednisolone and Prednisone</i>
Capoten and Gopten	<i>Prednisolone and Risperidone</i>
<i>Carbamazepine and Carbimazole</i>	Progout and Prograf
<i>Carboplatin and Cisplatin</i>	<i>Quinidine and Quinine</i>
Cardizem and Cardiprin	Sandimmun and Sandomigran
<i>Chlorpromazine and Clomipramine</i>	Seretide and Serevent
<i>Clomiphene and Clomipramine</i>	<i>Tamoxifen and Tenoxicam</i>
<i>Clomipramine and Imipramine</i>	<i>Temazepam and Tenoxicam</i>
Cordarone and <i>Cortisone</i>	<i>Thioridazine and Thyroxine</i>
Differin and Difflam	Tramal and Trandate
<i>Digoxin and Diamox</i>	Trimeprazine and Trimipramine
<i>Dothiepin and Doxepin</i>	Xenical and Xeloda
<i>Ergotamine and Ergometrine</i>	Zantac and Zyrtec
<i>Fluoxetine and Paroxetine</i>	Zocor and Zoton
<i>Gliclazide and Glipizide</i>	Zocor and Zolof
<i>Hydralazine and Hydroxyzine</i>	Zyprexa and Zyrtec
<i>Imipramine and Trimipramine</i>	



Orlistat – the first Pharmacist Only Medicine for Chronic Conditions

Orlistat was reclassified as a Pharmacist Only Medicine in March this year. See the Council website for the Pharmacy Council Protocol for the Sale and Supply of Pharmacist Only Medicines for Chronic Conditions: http://www.pharmacycouncil.org.nz/pharmacists/standard/standard_guidelines.asp

The Council has been asked to clarify several points since the reclassification:

- Orlistat should only be supplied in the manufacturer's original pack.
- Orlistat may be provided after an electronic or telephone consultation *in New Zealand* but only if the patient cannot visit a pharmacy regularly due to disability or because they live in an isolated area.
- The protocol does not allow for internet sales to patients residing overseas. Overseas visitors who purchase orlistat while in New Zealand

may not continue to receive supplies after they have returned home, since ongoing supply is only permissible after face-to-face consultations.

Another consideration is that in some countries the patient may not be legally entitled to obtain orlistat without a prescription. Pharmacists have an obligation to advise such overseas visitors that for ongoing treatment they will need to see their doctor.

- Patients whose BMI was less than 30 at the time of the initial consultation with their doctor may only be provided with orlistat pursuant to a prescription.

Amendment to the February Newsletter: Obligation 1.12 (not 1.2 as printed) of the Code of Ethics requires pharmacists to comply with a protocol for the sale or supply of a medicine or a group of medicines, where the Council has prescribed such a protocol.



The Provision of Prescription Medicines over the Internet

The Council advises pharmacists that internet schemes such as those operated by PharmaWeb Canada Network may be illegal. This organisation has recently approached some New Zealand pharmacies to join their organisation.

PharmaWeb Canada Network and similar organisations fill prescription orders globally and offer a commission/profit-sharing scheme to remunerate affiliated pharmacies. Under the scheme, the overseas client or client's doctor provides a prescription which is unlawfully co-signed by a local (New Zealand) doctor, the incentive being discounted prescription medicine costs for the client.

The Medicines Regulations require doctors to only prescribe for patients under their care and also prohibit the export of prescription medicines for retail sale unless the medicines are prescribed by a NZ registered doctor.

The reasons for the restrictions are to ensure that patients receive the appropriate level of care, protection and advice from health professionals.

Pharmacists who breach the legislation by participating in such prescription medicine internet schemes may compromise patient wellbeing and risk investigation and prosecution.

Convictions against pharmacists

The Pharmacy Council will be informed of convictions relating to individual pharmacists, including any against the Medicines Act and the Misuse of Drugs Act, and the matter is then referred to a Professional Conduct Committee (PCC). The PCC also deal with complaints about the professional conduct of pharmacists.

A PCC is appointed by the Council and consists of two pharmacists and a layperson. After completing an investigation a PCC can make recommendations to Council or a determination, which could include laying a charge against the pharmacist to the Health Practitioners Disciplinary Tribunal (HPDT).



Disciplinary Actions

Pharmacist Guilty of Professional Misconduct – Disciplinary Decision

In December 2004 a hearing was held before the Disciplinary Committee of the Pharmaceutical Society of New Zealand. Although the Pharmacy Act 1970 was repealed on 18 September 2004 disciplinary proceedings commenced under the Pharmacy Act that were not completed before the 18 September 2004 were required to be completed as if the former Act had not been repealed (HPCAA s.216).

The decision was accepted and is reported by the Pharmacy Council as if it were the Council of the Pharmaceutical Society of New Zealand.

The charges laid against Mr Michael Gould, pharmacist of Auckland were:

- that he had committed acts of professional misconduct when on three separate occasions he allowed his pharmacy's American Express facilities to be used to complete sales of prescription medicines to persons overseas by way of 'internet sales' in circumstances that constituted a breach of Mr Gould's ethical obligations;
- that as a director of I-Chemist Limited Mr Gould's acts and omissions in relation to the company's offending constituted professional misconduct. (I-Chemist was convicted in the Auckland District Court in April 2003 on 55 charges laid under the Medicines Act 1981).

The Disciplinary Committee found Mr Gould guilty of four charges of professional misconduct. He was fined \$10,000 in relation to the charges and required to pay \$9,399.75 in costs. No order was made to prohibit publication of his identity.