



The Pharmacy Council's first recertification audit started in July 07. Preliminary results appeared in the November 2007 newsletter, and we now present a more comprehensive report here.

#### KEY POINTS FROM THE FIRST RECERTIFICATION AUDIT

- Of the 68 pharmacists audited 94% (64) passed the audit.
- Half passed on their first submission; the balance passed after submitting alternative records or further evidence to support the outcome credit assigned.
- As this was the first audit, pharmacists were given several opportunities to meet the requirements. Future audits will have a tighter time frame, and fewer opportunities for resubmissions.
- A proportion of those in the audit (~10%) would not have reached the required standard within a tighter time frame. This is a timely opportunity to re-assess your understanding of ENHANCE.
- In the Outcome Section, the record must document new learning, how the learning has been used to improve practice and an Outcome Credit rating that matches the description in the Outcome Credit scale guide.
- Pharmacists who struggled with this section:
  - Left too short a period after completing the learning to document the outcomes, and therefore did not have enough evidence of using the learning
  - Didn't clearly identify the new learning
  - The evidence did not back up the outcome credit assigned.
- Documenting the 4 steps of CPD is a crucial part of ENHANCE; which is self directed learning to address competence gaps, and to demonstrate that the learning goal has achieved this aim.
- The more likely you are to use your learning, the easier it is to document evidence of using it in practice. Prioritise your learning according to relevance to your practice. Reflecting against the competence standards, using the practice review will help you examine your practice for gaps.
- Describing your learning and its application to other pharmacists in a peer group, and being open to challenge would help make the ENHANCE process clearer.

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:



#### Raising Concerns with Prescribers

The Pharmacy Council has ratified a statement giving guidance to pharmacists in determining when, why and how concerns should be raised with prescribers. The statement follows consultation with key pharmacy sector stakeholders and organisations representing prescribers.

The Council has fielded calls from pharmacists requesting advice on the process to follow when there are concerns around recurrent, inappropriate prescribing. Pharmacists constantly juggle prescriber's wishes with their duty to the well-being of their patients. We all understand patient communication is essential to ensure greater patient satisfaction, improved clinical outcomes and increased patient compliance. However, occasionally pharmacists are less certain about the need to communicate effectively with prescribers.

Coupled with these queries, an investigation into a complaint to the Health and Disability Commission found that through a combination of errors, both doctor and pharmacist had breached the Code of Health and Disability Services Consumer's Rights. The Commissioner's comments made it clear that pharmacists have a responsibility to raise concerns about a doctor's practice, whether due to a specific prescription or recurrent inappropriate prescribing.

A copy of the statement, which is supported by the Pharmacy Council's Code of Ethics and the HPCA Act, is enclosed with this newsletter and is also available on the Council website.



## Introduction

Each year, pharmacists apply to the Pharmacy Council for a practising certificate to continue to practise. Recertification is not automatic and requires participation in the recertification programme. Regulatory authorities in New Zealand set these programmes to ensure the practitioners' ongoing competence. ENHANCE (run by the Pharmaceutical Society of New Zealand Inc) is currently the only accredited recertification programme for pharmacists. This is a Continuous Professional Development (CPD) programme that assists pharmacists to maintain and develop their practice by guiding self reflection, identification of relevant learning goals, and a self assessment of the application of the learning goal to practice.

The Pharmacy Council has set the framework for the recertification programme:

- A reflection step including assessment against the PCNZ Competence Standards
- Learning that is both relevant to practice and addresses areas of identified need
- Documentation of the CPD undertaken that demonstrates the four steps in the CPD cycle are followed
- Practice-benefit outcomes assessment according to PCNZ Outcome Credit Scale
- Approved CPD record forms setting out the information required so that these can be audited.

CPD has been promoted as a means to demonstrate ongoing competence. The documentation process is primarily a tool to assist practitioners to follow prescribed steps as they learn; i.e. reflection (Step 1), planning (2), action (3) and outcomes (4). The practice review is a self-assessment against the competence standards, and part of the reflection step in ENHANCE. Each competence activity gives an example from practice that demonstrates competence, to be used to identify gaps or limitation of your practice. Addressing these gaps helps maintain competence. Gaps are also identified from unsatisfactory encounters or events, e.g. communicating with patients or prescribers, or when new medications are released.

In general, CPD schemes measure the learning according to number of hours completed, or using a points system, where different points are awarded for completion of accredited courses (input measurement). This does not measure the relevance and application of learning to the individual practitioner. Measuring CPD according to output is a better indicator of the relevance of the learning, and increasingly more professional organisations are considering adopting this methodology. The Outcome Credit Scale is the means used to measure output of learning for ENHANCE, and the guide gives descriptors for the three levels, helping pharmacists to decide the most appropriate credit.

The Pharmacy Council signalled in 2006 that pharmacists would be selected for audit, and would need to submit their CPD records to demonstrate their full participation in ENHANCE. In 2007 further publications outlined the details of the audit process.

As part of the application process for a new practising certificate, pharmacists make a declaration of their participation in ENHANCE

in the previous year. The Pharmacy Council assumes that a pharmacist makes the declaration of outcome credits achieved having completed the learning and documentation process; this is implicit for full participation. If informed of selection for audit the records would be ready for prompt submission.

## First audit

In June 2007, 72 pharmacists were randomly selected for the first recertification audit. Pharmacists eligible for selection for this audit held an Annual Practising Certificate (APC) from April 2006 to March 2007, the year that participation in ENHANCE became mandatory. They were given 15 working days to submit their records.

The Policy on Recertification for Practising Pharmacists stipulates that a practising pharmacist is required to:

Undertake CPD to accumulate a minimum of twelve (12) Outcome Credits in a three (3) year period and achieve a minimum of four (4) Outcome Credits in the first year of participating in an accredited recertification programme.

To pass the audit, a pharmacist had to submit CPD records sufficient for a minimum of 4 outcome credits and documentation demonstrating that the pharmacist had identified relevant goals, actual new learning and application in practice.

## Pre audit check

Once submitted the records were checked by Council staff for completion. This pre audit check was to ensure that only suitable records were sent to the auditors – ie complete, legible and relating to the audit period. Where more records than the minimum requirement were submitted, these were held on file after selecting a further one or two records to take the total to 6 outcome credits.

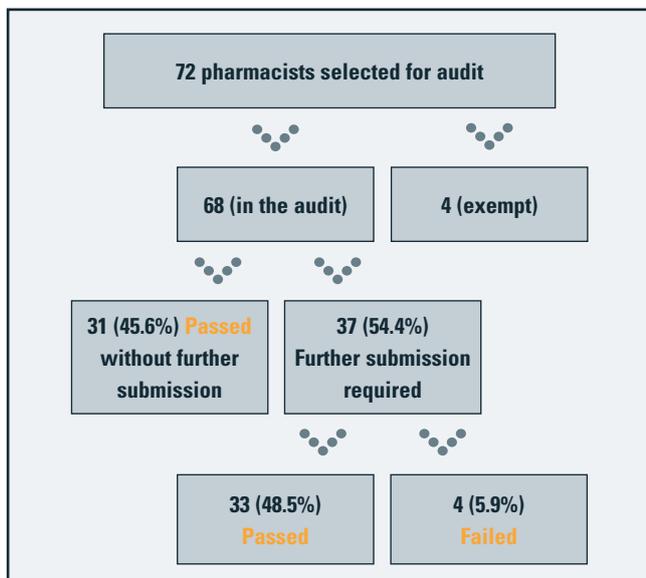
31 pharmacists (45.6%) did not submit completed documents on first submission and these required amending before they were sent on to the auditor.

It was evident from the quality of the submission that many of these pharmacists completed their records after receiving the audit notice. The date for step 1 (Reflection) indicates the date learning was identified and step 4 (Outcome) date is the date the learning is concluded, having gathered sufficient evidence of application to practice and assigned an outcome credit. It takes some time to gather this evidence and therefore both dates will be different. The fact that many forms had both dates the same suggested that the documenting is done retrospectively and that outcomes are being defined as expected not actual outcomes.

## Auditors

Six pharmacists from various pharmacy backgrounds were selected as auditors. In order to match the pharmacy population, where the majority are community pharmacists, 3 of the auditors currently work in community pharmacy and the others had previous experience of community pharmacy but currently worked in a range of different pharmacy areas.

During the training they considered a range of records, how to assess against the criteria and give meaningful feedback.



### Results:

It is encouraging to note that the majority of pharmacists were able to meet the audit criteria. The records of nearly half of those that passed were acceptable on first submission.

When the auditor could not pass a record, the pharmacist was asked to send further records, or to rewrite the outcome section.

Reason for a record not being up to standard	Action for pharmacist
No documented evidence of application to practice	Rewrite record to include evidence of how learning was applied to practice.
Documented evidence not sufficient to justify the nominated outcome credit	Provide more evidence or downgrade the outcome credit.
Not a learning goal e.g. reviewed and streamlined dispensing process but no learning involved.	Submit an alternative goal.
New learning not clearly identified. Where the new learning was not well described it was difficult for the auditor to decide whether outcome statements related to new learning or to previous knowledge.	Rewrite the new knowledge/skills section.
CPD template from conference e.g. OMRO, not personalised These are provided as guides only; if they have not been modified there is no evidence of relevance to own practice.	Rewrite as applicable for own practice.

### Examples of CPD records

The Pharmacy Council is grateful to the two pharmacists who agreed to their records being included in this feedback.

Please see Pharmacy Council website to view the full records.  
([http://www.pharmacycouncil.org.nz/pharmacists/recertification\\_index.asp](http://www.pharmacycouncil.org.nz/pharmacists/recertification_index.asp))

## Hospital Pharmacist

### Record 1: Herbal medicines and chemotherapy

This is a well researched goal addressing a knowledge gap that is relevant to this pharmacist. The new knowledge gained is clearly set out and the examples of learning demonstrate that this knowledge is being used extensively, and therefore has improved the pharmacist's practice. There is clear evidence of good ongoing reflection; for example the effectiveness of the learning strategy and related (future) goals (Outcomes- step 4) have been considered and noted.

### Record 2: Management of patients with febrile neutropenia.

Again, this is a specialised goal, but is relevant to this pharmacist's practice. Of note is the thorough reflection, description of learning and application to practice.

The relevant competence standards or elements should also be listed, as the practice review section should be consulted as part of the reflection.

## Community Pharmacist

### Record 1: Touch typing

The pharmacist has identified this record as a relevant goal, listing element 6.7 (Package medicines to optimise safety and compliance). Standard 4 (Apply Management and Organisation Skills) and specifically 4.1.1. (Organises own work) would also be applicable. The learning goal is directly related to improving pharmacy practice, speeding up the labelling process, and freeing up time to focus on thorough prescription checking, documenting interventions and patient counselling.

The pharmacist has assigned an outcome credit of 3, as it had a significant impact on practice and the auditor has accepted this.

If a learning goal does not impact on pharmacy practice, but is related to the running of the pharmacy business (e.g. improving sales), it is not a relevant learning goal. Depending on context, standard 4 describes management (self and/or organisation, colleagues) that impact on effective implementation of pharmacy practice, and fits with the description of the scope of practice.

### Record 2: Advertising in the Yellow pages

The second record is an example of learning that is not a relevant goal as it relates to increasing customer base by advertising. The auditor did not accept this record as valid learning.

### Record 3: Epipen™ and Epipen Jr™ for allergies.

This record describes learning that has had some impact on the pharmacist's practice, including one example of application of the learning. The pharmacist has assigned only 1 outcome credit, which was accepted.

### Main lessons from the audit

Continuing education courses or journal articles are the most common triggers for learning. However, to allocate outcome credits there must be relevance to your own practice. It is not sufficient that you have obtained new head knowledge, it must be applied also.

The more relevant the learning goals is to your practice, the easier it is to apply the new learning. Whilst it is perfectly acceptable for some of your learning to be reactive, e.g. a course becomes available that sounds useful to your practice, you cannot assign outcome credits until the learning is used in your practice. Therefore, when planning your learning, begin with the most relevant learning. Less relevant learning, whilst still benefiting your practice, may take longer to apply to practice and accumulate fewer credits.



## Have you renewed your Annual Practising Certificate?

Nearly all pharmacists now hold APCs for 2008/9 – these have a blue border, and an expiry date of 31 March 2009.

However, a small number of pharmacists have still not yet renewed their APCs. Practising without an APC is illegal.

Below is a list of those **who had not renewed as at 14 May 2008**.

If you are on this list and do not respond to Council by 31 May 2008, and we believe that you are or may be practising, you will be referred to a Professional Conduct Committee for consideration of disciplinary charges.

Hasan Izzat Hasan Said Abdel Rahman, John Noble Barron, Mohammed Arafat Bhamji, Lucy Charlotte Amarantha Kate Broughton, Sarah Lynette Brown, Samantha Jane Chanwai, Brendan Patrick Churstain,

Alison Elizabeth Davies, Simone Marie Faanoi, Amelia Clare Gardner, Jo-Anne Carol Griffiths, Bronwyn Jayne Hamilton, Katherine Anne Harris, Jennifer Valmae Hastings, John Ming Heng Ho, Ya-Yin Hsieh, Darshana Kanjee, Lily Kwok, Trang Thuy Le, Keng Chia Lo, Adelfa Marasigan-Hombre, Jeremy Marshall, Annabelle Jean McGowan, Kerry John McSweeney, Sammy Magdy Shafik Mishriki, Elizabeth Akinyi Okoko, William Henry Mark Paterson, Bruce Roy Russell, Russell John Schultz, Nichola Frances Speirs, Angela Louise Van De Munckhof, Mark Williams, Bevan James Wilson, Hai Hong Wong, Bruce Edmund Wood.

**Please note – If a pharmacist has applied for an APC after 21 April 2008, and has not yet received an APC, we suggest they contact the Council immediately.**



## Intern Training Programme Review and Accreditation Requirements

The Pharmacy Council of New Zealand is responsible for accrediting the intern training programme as a prescribed qualification for entry into the Pharmacist scope of practice.

The Council accreditation of the current intern training programme EVOLVE, which is provided and assessed by the PSNZ (Inc), expires at the end of 2008.

The Preregistration Advisory Board (PRAB) is a Council subcommittee responsible for making recommendations to Council on the continuing accreditation of the EVOLVE programme.

PRAB have directed that Council undertake an external expert evaluation and review of EVOLVE as it stands. This is to consider all aspects of the

programme from a best–practice view point and whether it meets the Council requirements for registration into the Pharmacist scope of practice.

Parallel to this is the development of generic accreditation requirements for an intern training programme that could be used by any interested education providers. Council staff are assisting in its development. The findings of the external review will also provide direction to the planned accreditation requirements and process.

These generic requirements are planned to be finalised towards the end of 2008 and education providers wanting to provide a Council accredited intern training programme for 2010 onwards will apply for accreditation using these new requirements.



## Amendment to the Recertification Policy – Non-participation section

A substantial section of the Recertification Policy has been amended (see [http://www.pharmacycouncil.org.nz/pharmacists/recertification\\_index.asp](http://www.pharmacycouncil.org.nz/pharmacists/recertification_index.asp) for full details).

This section relates to pharmacists not participating in the recertification programme, i.e. ENHANCE.

The amended policy states:

- Pharmacists who are not participating in the recertification programme will not automatically be issued with an Annual Practising Certificate (APC).
- Pharmacists who do not complete the recertification section of the APC application form, will be notified that the Council proposes to place a condition on their scope of practice, as the Council has reasons to believe that they are not complying with the recertification requirements.

- Pharmacists will have 10 days to make a written submission and/or be heard on the matter.
- Pharmacists who have conditions placed on their scope of practice will not be entitled to hold Council related roles, including as preceptors.
- The condition placed on the scope of practice will require the pharmacist to practise under the oversight of a peer, who will give 'professional support and assistance ... for the purposes of professional development' (HPCAA definition), that is, work with the peer to meet recertification requirements.
- The condition will remain in place until 31 March 2009, or until the pharmacist has completed the requirements to demonstrate full participation in the recertification programme.

The section of the policy relating to the audit is currently being reviewed and an amendment is likely before the next audit run.



## HPCA Act 2003 Review

As part of the continuation of the review of the Health Practitioners Competence Assurance Act 2003 (HPCA Act), the Ministry of Health have published their first summary report of the consultation in March 2008. The report is available on the Ministry website at <http://www.moh.govt.nz/moh.nsf/indexmh/hpca-review-submissions-analysis-mar08>. This includes submissions from all organisations who responded, and there are submissions from the Pharmacy Council, Pharmacy Guild, Pharmacy Industry Training Organisation (PITO) and an individual pharmacist. There

is also a summary report available on the survey that some practitioners completed at [http://www.moh.govt.nz/moh.nsf/pagesmh/6426/\\$File/hpca-act-review-questionnaire-analysis-mar08-v2.pdf](http://www.moh.govt.nz/moh.nsf/pagesmh/6426/$File/hpca-act-review-questionnaire-analysis-mar08-v2.pdf).

The next step of the review was a series of workshops, and the Ministry has also commissioned an independent report into international best practice in health workforce regulation which will be published shortly. A final report with recommendations for any changes will be completed by December 2008.

## Newsletter Survey Results

The Council would like to thank everyone who responded to the Newsletter Survey for the very positive and informative feedback you have given us.

93% of you advised us that you considered the Newsletter was acceptable in its present form. However, a number of you mentioned that the current size of font and the background colour can make it hard to read. Taking this into account, in this month's issue we are

using a larger font size and a different background colour which hopefully will alleviate this problem.

We also asked how you would prefer to receive the Newsletter, and 76% of you indicated you would still prefer receiving it by post.

**The Council would like to congratulate Mr David Bool of Blenheim who was the winner of the gift basket.**

## PRACTICE ISSUES

### Advertising obligations

During late 2007, a number of calls were fielded by Council staff regarding a pharmacist's responsibility when offered a gift or inducement by companies wishing to promote their products. On one occasion, the company concerned was offering a bonus scheme on a medicine that had the potential for misuse or abuse, and asked the pharmacy to 'fish-bowl' the product to encourage customers to purchase.

When advertising or promoting any medicine, complementary therapy, herbal remedy or other healthcare product, pharmacists are reminded that the Council's Code of Ethics provides guidance as to their responsibility. Obligation 6.3 reminds pharmacists that they should only accept tokens or gifts from commercial organisations when this does not

compromise their professional independence or judgement. Similarly, pricing incentives to encourage the purchase of additional quantities are also deemed unprofessional and contravene obligations 8.6 and 8.7 of the Code. These obligations require the pharmacist to sell only the quantity "appropriate to the clinical needs of the patient" and to "... not promote misuse, injudicious or unsafe use or unnecessary sales or excessive use...." This applies equally to medicines sold over the internet as in a "bricks and mortar" pharmacy.

Breaches of the Code are issues of professionalism which may be brought before the Council's Professional Conduct Committee which would then decide on an appropriate course of action.

### Who can sell the ECP?

The new one-tablet, single dose form of the ECP containing 1.5mg levonorgestrel became available on the New Zealand market in January. Together with this new strength tablet, Bayer Schering Pharma has made available new patient brochures and a new counselling checklist.

But who can sell the ECP? Although the ECP is a pharmacist-only medicine, the Pharmacy Council has prescribed standards for the supply of the ECP by pharmacists. To comply with ECP Standard 1, pharmacists may not sell the ECP without prescription unless they have successfully

completed an education programme accredited by the Pharmacy Council and become accredited providers of emergency hormonal contraception. If not accredited to sell the ECP, pharmacists cannot consult with an accredited pharmacist for authorisation to sell. Where the accredited pharmacist is absent from the pharmacy, women seeking the ECP must be referred to a doctor, a family planning or sexual health clinic or to another pharmacy in which an accredited pharmacist is present.



### Health Practitioners Disciplinary Tribunal decisions

#### Andrew Douglas Pellowe

On 14 November 2007 Mr Andrew Douglas Pellowe faced a charge before the Health Practitioners Disciplinary Tribunal that arose out of his conviction in 2006 of using a document for pecuniary advantage under section 228(b) of the Crimes Act 1961.

The Professional Conduct Committee alleged that Mr Pellowe's convictions either separately or cumulatively reflected adversely on his fitness to practise. Mr Pellowe admitted professional misconduct but did not accept that this reflected adversely on his fitness to practise.

Mr Pellowe previously owned the pharmacy situated at Dawson Road, East Tamaki, Auckland. He described this as being in a low socio-economic area with a high percentage of turnover coming from prescriptions for clients with Community Service Cards. The Tribunal was informed by HealthPAC that Mr Pellowe had his computer system generate a report of the repeat medication prescriptions which were close to expiry date. Some medicines were made up in advance of the expiry date and held, where he thought patients would collect them. Mr Pellowe admitted that many of the repeats processed in this way were never collected by patients or not collected within the 90 days expiry period. In time medicines were not made up with only the labels being prepared. Towards the end of the period (1/10/03 – 15/09/05) the prescriptions were put through the computer system without either the labels or the prescriptions being made up. Claims for the cost of the medicine and dispensing fee were made to HealthPAC.

The Tribunal's opinion is that Mr Pellowe's conduct reflects adversely on his fitness to practise as a pharmacist and that it was in breach of the Pharmacy Council Code of Ethics 2004 Principal 7 (Trustworthiness) and therefore Mr Pellowe was found guilty of the charge. The Tribunal stated "These are serious offences of dishonesty which undermine the very provisions on which the entire payment for prescribing is based. HealthPAC must be able to trust the practitioner to make fair and accurate and honest returns."

When considering the penalty the Tribunal stated that "... a clear message must be sent to the profession that offences of dishonesty against HealthPAC will not be tolerated and will be treated seriously and with significant penalty." The Tribunal took into account Mr Pellowe's prompt recognition of guilt, an early guilty plea to both criminal charges and the PCC charge, and a full and frank recognition of his errors, when they imposed the following:

1. Mr Pellowe's registration be cancelled. Mr Pellowe indicated that he has no intention of returning to the pharmacy profession, however, the Tribunal recommended that any application for reinstatement to the Register not be considered for three years from its order of 4 December 2007.
2. That Mr Pellowe be ordered to pay 35% of the costs of the Tribunal, the prosecution by the Professional Conduct Committee and its investigation. The Tribunal commented that a reduction from 50% was given as credit for Mr Pellowe's early guilty pleas and cooperation.
3. That Mr Pellowe be censured.

4. That the decision be published on the Tribunal's website, and in the Bulletin (Newsletter) of the Pharmacy Council and The Edge, the publication of the Pharmaceutical Society.

#### Peter Renshaw Fairgray

On 15 November 2007, a charge laid by a Professional Conduct Committee against Peter Renshaw Fairgray, registered pharmacist of Auckland, was heard before the Health Practitioners Disciplinary Tribunal.

The PCC alleged that Mr Fairgray, while employed as a locum pharmacist by Andrew Pellowe at Dawson Road Pharmacy processed close to expiry repeat medications as though they had been legitimately dispensed by the pharmacy to patients when they had not been, thereby claiming a dispensing fee and medicine costs from HealthPAC when he knew or ought to have known that he was not entitled to make such claims. The PCC asserted that such conduct amounted to professional misconduct.

The complaint concerning Mr Fairgray's part in this practice was made to the Pharmacy Council by HealthPac. Mr Fairgray admitted that he was involved in claiming dispensing fees for close to expiry prescriptions, with the knowledge that he was not entitled to do so because those medications had not in fact been dispensed to patients. Mr Fairgray's explanation for this was that he was following the claiming procedures of his employer and that he did not obtain a pecuniary interest from this practice. Mr Fairgray admitted the disciplinary charge and that the conduct amounted to professional misconduct and was of a nature that warranted disciplinary sanction.

The Tribunal noted that Mr Fairgray thought that he had no responsibility for what he saw as carrying out the orders of his employer. The Tribunal stated that "every professional is responsible for their own practice and Mr Fairgray cannot escape from professional liability by saying that the fault lay with another who "lead the charge". The Tribunal found that the conduct complained of breached sections 100 (1) (a) and (b) of the HPCAA, that is, that Mr Fairgray was guilty of professional misconduct and had thereby brought discredit to the profession.

The Tribunal imposed the following penalty:

1. That Mr Fairgray be suspended for a period of three months to take effect from 31 December 2007;
2. That Mr Fairgray be fined \$10,000 which is at the higher end of the scale in order to reflect the reduction of the suspension;
3. The Mr Fairgray be ordered to pay 30% of the costs pursuant to the PCC investigation, the prosecution of the charge and the hearing of the matter;
4. That Mr Fairgray be censured;
5. That Mr Fairgray's name be published on the Tribunal's website and in the Bulletin (Newsletter) of the Pharmacy Council and The Edge, the publication of the Pharmaceutical Society.

#### Heather Nancy Burton

On 27 November 2007 the Health Practitioners Disciplinary Tribunal heard a charge brought by a Professional Conduct Committee against Mrs Heather Burton, pharmacist of Katikati and former owner of Central Parade Pharmacy, Mount Maunganui.

The charge alleged that Mrs Burton had been convicted by the Tauranga District Court of:

1. 30 offences against section 229A(b) of the Crimes Act 1961 of using a document for pecuniary advantage with intent to commit fraud, in that between January 2000 and December 2004 Mrs Burton used a computer disk and/or invoices containing claim reference identification numbers, to make false claims on the benefit subsidy funds for uncollected prescription medicines;
2. 19 offences under section 228(b) of the Crimes Act 1961 of using a document for pecuniary advantage with dishonest intent, in that between January 2000 and December 2004 Mrs Burton used a computer disk containing pharmaceutical dispensing details, to make false claims on the benefit subsidy funds for uncollected prescription medicines; and,
3. 9 offences under section 256(1) of the Crimes Act 1961 of forgery in that in mid to late 2004 Mrs Burton made unauthorised alterations to prescription forms.

The PCC alleged that those convictions (taken together or taken separately) reflected adversely on Mrs Burton's fitness to practice as a pharmacist.

The Tribunal found that the charge was established and warranted disciplinary sanction.

Generally, the claiming by Mrs Burton fell into three categories – claims for medicines not dispensed, claiming monthly packs as being dispensed weekly, and forgery.

The Tribunal considered that the convictions against her reflected adversely on her fitness to practice.

The Tribunal decided that a period of suspension was most appropriate for Mrs Burton so as to meet all the objectives of a penalty, namely the maintenance of standards, to act as a deterrent to others, and as punishment. The Tribunal took into account Mrs Burton's cooperation with the PCC and what in essence was a guilty plea and therefore ordered (effective from 24 December 2007):

1. That Mrs Burton be suspended from practice for a period of nine months.
2. That once that suspension ends Mrs Burton must not practise on her own account or own or manage a pharmacy for three years from the resumption of the right to practice.
3. That Mrs Burton be censured.
4. That Mrs Burton be ordered to pay 30% of the costs of and incidental to the prosecution, investigation and hearing of the charge.
5. That Mrs Burton's name be published on the Tribunal's website and the Bulletin (Newsletter) of the Pharmacy Council and The Edge, the publication of the Pharmaceutical Society.

### **Mark Robert Winefield**

On 31 July 2006, a charge laid by a Professional Conduct Committee (PCC) against Mark Robert Winefield, registered pharmacist of Wellington, formerly of Timaru, was heard before the Health Practitioners Disciplinary Committee.

Mr Winefield was convicted in the Timaru District Court.

The PCC alleged that the convictions, either separately or cumulatively, reflected adversely on Mr Winefield's fitness to practise as a pharmacist.

An audit of Mr Winefield's Pharmacy established that he had submitted numerous fraudulent claims between January 2001 and August 2004. There were five categories of fraudulent claims occurring concurrently, described as:

- a) Mr Winefield dispensed Ritalin (not a subsidised medicine) and claimed a Government subsidy by misrepresenting to HealthPAC that he had dispensed the subsidised equivalent, Rubifen.
- b) Mr Winefield claimed for multiple dispensing fees when one only had occurred. Medicines were dispensed STAT in circumstances where the prescription provided for an initial dispensing followed by a number of repeats. Patients signed an access exemption stamp so as to receive all of their medication.
- c) Mr Winefield forged patients' signatures on the access exemption stamps to enable him to claim fictitious dispensing fees.
- d) Mr Winefield forged doctors' initials to convert prescriptions to indicate a request by the doctor for medicines to be dispensed 'close control'.
- e) Mr Winefield falsified patient records to show more than one dispensing of medicines, although the second or third dispensing had not taken place.

The Tribunal's decision notes that Mr Winefield involved his staff in his offending. He gave his staff instructions to make false claims and directed his staff to falsely represent that medicines had been dispensed STAT.

The Tribunal found the charge proven, and imposed the following penalties:

1. The Mr Winefield registration be suspended for a period of nine months.
2. That Mr Winefield be censured.
3. That Mr Winefield pay 30% of each of the costs of the enquiry and of the hearing by the Tribunal, equating to a total payment of \$10,927.54.

Mr Winefield accepted that he should have been censured but appealed against the penalty of suspension and the Tribunal's order that he pay 30% of the Tribunal's costs.

The appeal was heard before Justice Clifford on 5 December 2007 in the High Court in Wellington.

In his decision Justice Clifford stated that in his "judgement the Tribunal's exchange with Ms Phipps, (Mr Winefield's counsel), and that analysis, shows that it did understand the mitigating factors identified, but at the same time understood the essential criminality of the appellant's behaviour. That is, although his offending may have been occasioned by his perception of the needs of his clients, he nevertheless – at the time – fraudulently claimed moneys (sic) to which he was not entitled. Moreover, he could have responded to those perceived needs without making fraudulent claims. The fraudulent claims were made for his own financial benefit."

On considering a number of cases Justice Young concluded that he did not think that the Tribunal's decision was materially inconsistent with other decisions it had reached in similar circumstances.

Justice Clifford's decision dismissing the appeal was released on 18 December 2007. Justice Clifford concluded that the penalty of nine months' suspension imposed by the Tribunal on Mr Winefield was not wrong, and stated that in his view, the Tribunal reached a reasoned and reasonable decision with regard to the order of costs. The penalty of suspension for nine months was ordered to take effect on and from 1 February 2008.

Copies of the full decisions are available on the HPDT website: [www.hpdt.org.nz](http://www.hpdt.org.nz) under Tribunal decisions, pharmacists.

## Intern Survey

The Council would also like to thank all interns who responded to the survey concerning English as a second language. There was an extremely good response with some very constructive feedback, which will be evaluated as part of the review of the BPharm English Language Policy.

**The Council would like to congratulate Ms Xiaomei Su of Auckland who was the winner of the movie passes.**

## Pharmacists changes since December 2007

### New Pharmacists

Congratulations to the following intern pharmacists who successfully completed the EVOLVE intern programme in 2007.

Hasan Abdel-Rahman, Ha-Young Ahn, Su Jin Ahn, Refka Al-Hilal, Majid Al-Kabban, Rand Al-Kidady, Zaina Al-Salama, Hiba Al-Shdidi, Mo Atia, Maryam Azer-Iskander, Travis Badenhorst, Najmeh Badiei, Ekta Bhindi, An-Ruo Bian, Fiona Boyd, Debbie Brough, Scott Brydon, David Bui, Leilani Burgess, Ai Wei Chai, Vivian Chan, Alan Chang, Amy Chau, Rajneel Chaudhary, Wendy Chen, Andy Chen, Lucy Chen, Belinda Cheung, Janice Chiang, Sandra Chin, Jasmine Clement, Dean Croft, Hayley Curtis, Kirsty Curtis, Samer Dabous, Terissa Deng, Seema Desai, Gillian Dugmore, Robyn Edwards, Michelle Fang, Samer Farhan, Rebecca Ferguson, Steven Fowke, Gareth Frew, Brendan Fung, Priya Gautam, Manal Gayed, Amy Gilbert, Ian Goodacre, Charlotte Gordon, Michelle Gordon, Viashen Gounden, Miguel Carbajal Guerrero, Mare Haitsma, Paul Hallot, Mo Hamadeh, Fady Hanna, Kacy Huang, Jeffery Huang, Mariana Hudson, Melissa Innes-Jones, Bishma Jayathilaka, Rachel Jenkin, Cindy Jih, Ivana Jovicic, Hetal Kansara, Victoria Kershaw, Nelisha Kesha, Marilyn Kho, Lucy Kim, Justine Kim, Sang Kim, Aaron Kim, Michael Kim, Jessica King, Vee Kisten-Reddy, Marios Komeshi, Laith Kourkgy, Melanie Kuek, Aditi Lal, Richard Lambie, Linda Lan, Julia Latham, Mike Lee, Delpia Lee, Kelly Lee, Jacky Lee, Hannah Leslie, Iris Leung, Jane Lewis, Greg Lim, Patrick Lim, Chi Lin, Patty Lin, Jenny Lin, Yin Lin, Stella Ling, Quincy Liu, Hsiao Wei Loh, Emma Lovett, Elda Lubbe, Jeffrey Ly, Rachel MacDonald,

Anna McCarthy, Toni Millar, Bronwyn Minty, Hemal Mistry, Priya Mohini, Brijul Morar, Stephanie Mowat, Zainab Mubarak, Firas Mudafar, Arthi Naickar, Sacha Naidoo, Keshree Naidoo, Jeshika Nardan, Wing Ng, Lye Ng, Karen Ng, Ying Ying Ni, Natalia Nuu, Elizabeth Okoko, Rachel Page, Jin Park, Brijesh Patel, Kristen Penny, Deepana Ponnampalam, Craig Poulter, Boushra Raghieb, Cynthia Ram, Karusha Ramsamy, Matt Ramsay, Namrata Raniga, Mahabat Rasoul, Shazeel Rauf, Megan Rice, Jo Rogers, Tamsin Roper, Maan Samaraie, Radhika Sandilya, Tom Seela, Lilian Shiu, Anita Singh, Ravniel Singh, Yissin Tan, Freddy Tang, Guan Teng, Evelyn Tham, Catherine Thom, Young Sze Tiaw, Karen Tien, Aki Tominari, Deyna Toms, Eve Tsai, Amy Tsai, Winnie Tsui, Manisha Unka, Ariel Van, Amy Walker, Lisa Wallace, Jason Wang, Sherry Wei, Paul Williams, Angela Wong, Fen Ni Wong, Evelyn Wong, Emerald Wong, Brendon Wong, Mike Yang, Anne Yee, Sarah Young, Yang Yu.

Special congratulations to Brijul Morar from Wellington Hospital Pharmacy, who was selected as the top intern of 2007.

WELCOME to the profession of pharmacy.

### Pharmacists registered from UK, Northern Ireland and Australia since 1 December 2007.

John Allen, Mirza Beg, Linda Bradford, Andrew Christopherson, Angharad Christopherson, Marla Compton, Elliott Coyne, Emma Elliott, Min Hong, John Irvine, Ian Jurczyk, Mark Leighton, Emily Parsons, Sarah Philip, Fiona Robertson, Lisa Willms

## Annual Report 2007

The Pharmacy Council Annual Report for 2007 has been published and is available on the website [www.pharmacycouncil.org.nz](http://www.pharmacycouncil.org.nz).

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

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