NOVEMBER 2007

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 – Medicines Use Review

Recently there have been rumblings in the sector about the Medicines Use Review (MUR) training course and the low numbers of pharmacists completing the course requirements. Concerns have been raised from some that the course requirements may be too demanding, the "clinical standards" required too high, and the amount of paperwork lengthy and potentially unnecessary. Feedback on new processes is important to hear, and the Council would like to clarify what role it has in the MUR training, and what it has been doing recently to streamline the assessment.

The role of the Pharmacy Council in MUR is standard-setting, as the Council has a statutory function to set standards of clinical competence for the profession. The Council had recognised the urgent need to satisfy the DHBs/DHBNZ and pharmacists' wishes to have national competence standards in place for enhanced services. Therefore standards were developed in 2006, after wide consultation with the pharmacy sector including the Medicines Management working party, a multi-sector group convened by the Pharmacy Council.

Once the standards were set, the Council invited applications from education provider organisations to provide the training and assessment of pharmacists against the standards. The College of Pharmacists was the only training organisation to submit a course for accreditation. The Council provisionally approved the training course (subject to moderation), as it met the criteria of the accreditation guidelines previously agreed, and the first courses commenced in early 2007.

Moderation is required to ensure that the marking is consistent, and to the set standard. This was delayed due to fewer than expected numbers of pharmacists completing the course within the stipulated timeframe.

The feedback Council has received is that the competence standards set by Council do reflect what is needed for MUR. However, it appears that there is room for improvement in the way these are taught and assessed. As often happens with new programmes, experience gained from the first participants is useful to improve future programmes, and the Council and College met recently to discuss streamlining the processes. Recommendations were made that should help pharmacists complete their current assessments. The Council has also asked the College to consider variations to the assessment process, and has been assured that this will happen in early 2008.

The vision of the Pharmacy Council is:

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

The new Medicines Management Competencies, beginning with MUR, are set to achieve this, and Council encourages pharmacists to become MUR accredited to achieve the best outcomes for their patients.

Carolyn Oakley-Brown BPharm, MNZCP, RegPharmNZ, MUR accredited pharmacist
Chair

Merry Christmas!

The Council and Staff would like to wish you all a very merry Christmas and all the best for 2008.

Our office will be closed Tuesday 25 December through to Wednesday 2 January and will reopen Thursday 3 January 2008.

CONTACT US:

Phone: 04 495 0330 **Fax:** 04 495 0331 **Email:** enquiries@pharmacycouncil.org.nz
Address: PO Box 25137, 40 Johnston St, Wellington 6146

Feedback on the Consultation on the Proposed Advanced Scope of Practice and Qualifications for Pharmacists

The Journey of the Advanced Practitioner Pharmacist

The Pharmacy Council has been working on the development of a framework for the recognition of advanced pharmacists since 2006. This was in response to requests from both pharmacists, funders and the Ministry of Health to set an advanced "scope of practice" that recognised pharmacists using their advanced clinical skills both presently and in the future.

History of the Development of an Advanced Pharmacist Framework	
1998	Profession signals desire for advanced practitioners • PSNZ working party proposed three "levels" of competence
2003	HPCA Act proposed Feedback from profession confirms need for advanced pharmacist (HPCAA consultation to all pharmacists) • 76% of respondent pharmacists agreed with a future "scope" of advanced pharmacist
2005	DHB's signal support for enhanced services but want assurance of competence • DHBNZ Framework for Pharmacists Services set, • Council agrees Medicines Management Competence Framework • "Level D" is recognised by funders, including a "prescribing" role
2005	Ministry of Health anticipates pharmacist prescribing application for a "designated" pharmacist prescriber • Council and PSNZ agree to prepare an application
2007	Council releases documents for consultation to the profession and stakeholders • **Proposed Advanced Pharmacist Practitioner (APP) scope of practice** • Scope of practice definition, Competencies, Qualifications and • **Proposed APP scope of practice with independent prescribing authorisation** • Scope of practice definition, Competencies, Qualifications

Feedback on the consultation

The responses to the consultation were comprehensive, well considered and varied (see Council newsletter September 2007). The Council is very grateful to those individuals and organisations who provided feedback. In light of this feedback, the Council is now considering the way forward on this project.

Summary of Feedback

Support received

Overall there was support expressed for the concept of an Advanced Practitioner Pharmacist (APP) scope of practice, with recognition of the value of this pharmacist by nearly all stakeholder groups. Non-pharmacy health professional groups, including medical practitioner groups, were generally in agreement with a scope for an advanced clinical pharmacist, and there was considerable support expressed for pharmacists who are currently working at this advanced level.

General support was also shared for the collaborative practice of pharmacists as part of the healthcare team, and this extends to pharmacists undertaking a collaborative prescribing model.

Questions raised

Whilst some agreed with the APP name, others were not in agreement and suggestions made ranged from "pharmacotherapist" to "clinical pharmacist".

The definition of the scope also was discussed by many, and the Council will need to consider how this practitioner can be differentiated from pharmacists in the general scope of practice. Some stakeholders questioned what exactly the role of the Advanced Pharmacist Practitioner will be, and asked for examples.

Many commented on why the proposal did not include pharmacists in non-clinical roles. This had been a decision that had been made by Council early in the project . Based on a public safety mandate, Council had determined that those advanced pharmacists in clinical / patient care roles were "medicines managers", and therefore posed a potential risk to the public. Council considered that non-patient care pharmacists may fit into a Career Framework, but not a regulated scope of practice.

Probably the most contentious issues in the consultation were about how the proposed pharmacist prescriber could prescribe without making a diagnosis. The other area of controversy was that of how the Council could manage the conflict between dispensing and prescribing. The Council had anticipated that these concerns would arise in the consultation.

Lack of support

There was a considerable lack of support for the proposal of an advanced practitioner pharmacist becoming an independent prescriber. This was both within and outside the profession. Whilst some were supportive, including nursing groups and some public groups, most were supportive of a collaborative prescribing model. Currently the only pathway for pharmacists to be considered as prescribers of prescription medicines is the Designated Prescriber route – which is an independent prescribing model – and this was why the Council and Pharmaceutical Society proposed this route. In the UK, the collaborative (supplementary) prescriber was available by legislation prior to an independent route. The Council is advocating with the Ministry of Health for a collaborative model in the new Medicines legislation.

Where to from here?

The consultation suggests that currently there is insufficient current support for the advanced scope of practice to be set as a general scope at this stage. However, some groups of pharmacists, including specialist groups, have signalled their keenness and willingness to proceed to work with the Council to establish an advanced scope of practice for their members. The Council plans to engage with these groups, and hopes to "pilot" a scope of practice in 2008.

With respect to the application for independent prescribing authority, as it is a joint project with the Pharmaceutical Society, the Council and Society are in discussions on this. It is possible that this application may be put on hold for the meantime, and that work on defining competencies and qualifications for a collaborative/ supplementary prescribing model may be progressed.

30 October 2007

Recertification Audit – Results of the First Cycle

Pharmacists were randomly selected for the first recertification audit in June this year. This first audit was small in order to test the new procedures and systems. Letters were sent to 72 pharmacists to inform them of their selection for the audit, and required pharmacists to submit their records within 15 working days.

Pre-audit check

Pharmacy Council staff checked the documentation submitted to ensure that it was complete for the purpose of the audit, i.e. all sections completed within the appropriate date for the audit period. Of the 68 pharmacists that submitted their documentation (four pharmacists were exempted because of extenuating circumstances), 31 (45.6%) did not submit complete documentation on the first attempt, and were contacted by Council staff to send this in.

Records sent to Auditors

Copies of the CPD records were prepared for the auditors, with all personal identifiers removed. A training day for the six Council-appointed auditors took place at the end of July.

Assessment of CPD Records

The auditors assessed the records against set criteria, and assessed the outcome credit assigned by the pharmacist. If the auditor considered that the evidence provided was not sufficient to support the outcome credit, a request for further evidence or information was made to the pharmacist by Council staff on behalf of the auditor. 36 (52.9%) pharmacists were asked to submit further evidence or information to support their CPD documentation.

Results

The vast majority of pharmacists in the recertification audit were informed of the result in early October. To date, 63 (92.6%) pharmacists have met the requirements of the recertification audit, whilst 3 (4.4%) did not meet the requirements. These pharmacists are required to show that they are participating in the recertification programme, ENHANCE. We are awaiting further submissions from another two pharmacists.

Feedback

All pharmacists who have completed the audit were sent a questionnaire for their feedback. The result of this feedback will be included in a more detailed report to follow in the next newsletter in March 2008.

Review of the Health Practitioners Competence Assurance Act 2003 (HPCA Act)

The HPCA Act is the Act of Parliament under which the Pharmacy Council operates. As we informed you in our September newsletter, the review of the Act commenced in September 2007.

The Ministry of Health has prepared a survey for practitioners to make comment on the current Act. This survey will be available at http://moh.govt.nz/moh.nsf/indexmh/hpca-review#phase1 from mid January 2008 until mid February 2008. Feedback from this survey will be collated by the Ministry of Health and form part of a discussion document that the Ministry will circulate in mid 2008.

PRACTICE ISSUES

INN names replace BAN generic Names

The issue of BANs (British Approved Names) changing to INNs (International Non-proprietary Names) has hit New Zealand, and products are now appearing on shelves labelled with the INN, rather than the BAN. The potential for significant dispensing errors is reasonably high if dispensing staff are unfamiliar with the changes. Name changes like frusemide to furosemide are not so difficult for pharmacists, but may cause confusion for nurses on the wards, and would do the same for patients.

Another confusing change that hospital pharmacists have been alerted to is methotrimeprazine – now changed to levomepromazine. Others that could cause problems are thyroxine, changed to levothyroxine (could be mistaken for liothyronine); cysteamine, which has the INN mercaptamine – easily confused with mercaptopurine; colecalciferol has replaced cholecalciferol.

INNs are designed to reduce confusion with other names in use and can be used in a number of languages, for example:

e instead of *ae* or *oe* (oestradiol)

i instead of *y* (ciclosporin)

t instead of *th* (indometacin)

Pharmacists must be vigilant in checking products for their generic names, and must not assume a name change if unsure. It is strongly recommended that pharmacy staff, patients, rest home staff and prescribers are informed when these changes occur on medicines as they are dispensed to help ensure a smooth transition to the new names.

In the Pink – Prednisone Selection Errors

Over the past six months Council has received four notifications of dispensing errors involving Prednisone 20mg tablets. In three of the four cases, the patient presented a prescription for a decreasing dose of prednisone which was correctly calculated as x5mg tablets, but incorrectly dispensed as 20mg tablets. The fourth case involved a straight selection error – 20mg instead of 2.5mg. In each case a pink tablet was dispensed instead of the prescribed white tablet, which should have been enough to alert both the dispenser and the checking pharmacist to the oversight.

This recurring error highlights a number of steps in Dispensing and Checking SOPs that are worthy of review.

- Prioritise the prescription – give the customer a reasonable estimate of the dispensing time, taking into account the customer or caregiver's needs, the availability of the medicine, whether it needs to be compounded, and the prescription queue. Do not put the dispensary staff under undue time pressure by being unrealistic.
- When preparing the medicine, the strength and quantity should be selected and checked against the prescription, not the label.
- If you do not work with another pharmacist, a technician, if available, should provide a "second pair of eyes", by routinely checking prescriptions to ensure the correct medicine has been selected in the correct strength.
- The checking process should include the requirement that each bottle or skillet is opened to check the contents, and that the dispensed medicine, including blister packs, should be checked against **all** stock containers used.

Further actions to help minimise selection errors could include:

- Place red stickers/caution labels on higher strengths of medicines in similar looking stock bottles, or highlight the strength on labels with a coloured marker pen.
- Clearly mark the shelf where multiple strengths are stored with a reminder note to double-check the strength selected against the prescription.
- Where different strengths of a medicine are different colours, e.g. warfarin, add the tablet colour to the product name in the computer software, so it prints on the label as an extra reminder
- If working alone, separate the dispensing process from the checking process. If possible, allow a few minutes between the two steps to "retune" your thinking.

The final check is the last chance to catch dispensing errors, so ensure your procedures support you to do this.

Updated Conditions for Clozapine

Section 23 of the Medicines Act 1981 allows the Minister of Health to give or renew provisional consent to the sale, supply, prescribing and dispensing of certain medicines on a restricted basis.

The updated (August 2007) conditions of section 23 approval for **all** clozapine products are:

1. The medicine may only be prescribed by:
   - Registered medical practitioners as defined in the Health Practitioners Competence Assurance Act 2003 who are certified by the Medical Council of New Zealand as competent in the scope of practice of psychiatry, and
   - Medical practitioners employed as registrars in the branch of psychiatry, who are under the supervision of persons of the kind referred to above.
2. Persons prescribing the medicine must comply with appropriate local treatment guidelines.
3. The medicine must be dispensed in accordance with appropriate local dispensing guidelines.
4. Sale or marketing of this medicine may only occur if:
   - The sponsor has an appropriate blood monitoring and patient record database in place, and
   - The sponsor creates or participates in a central "red flag" database identifying patients who have previously been prescribed clozapine, and who developed adverse drug reactions, which mean further use is contraindicated.

ACC Pharmacy Outlier Analysis

ACC have advised that they are monitoring pharmacy costs for dispensing claims made against the corporation. A pharmacy "outlier analysis" was completed in June – this involved five pharmacies who were identified as outliers with regards to gabapentin costs. The pharmacies were followed up, and it was found that special authorities were not being consistently applied for by prescribers. HealthPAC was contacted by ACC, and better mechanisms to assist pharmacists were discussed: HealthPAC have agreed to assist pharmacies seek special authorities (including liaising with the prescriber and/or district health board) and subsequent funding for your dispensing.

Pharmacy Profession's Cultural Competence Standards

A working party incorporating key pharmacy sector stakeholders has recently embarked on the journey of developing cultural competence standards for the profession. Many other regulatory authorities, pioneered by the Nursing Council in the 1990s, have already developed their cultural competence standards. The initial stimulus for discussion around cultural competence was the disparity of health outcomes between Māori and non-Māori, along with recognition of our responsibilities under the Treaty of Waitangi. While the Treaty is not an integral part of the HPCA Act, section 118(i) provides a mechanism for requiring cultural competence in relation to Māori and diverse cultures.

Acquiring cultural competence is an accumulative process that occurs over many years, and many contexts. No-one is culturally competent in the full range of possible encounters faced by health care practitioners caring for a culturally diverse community, but there are core values and specific skills that can help make practitioners more effective in a multi-cultural world.

The Waikato Community Pharmacy Group has made a start in up-skilling their members, with the first group of pharmacists having attended an initial workshop, followed by a day on Turangawaewae Marae in Ngaruawahia.

In conjunction with the cultural competence standards development, the Māori Health Strategy for the pharmacy profession has recently been published. This will be available on-line on the Pharmacy Council website from mid-December.

Keeping up to date

101 uses for an APC

An Annual Practising Certificate (APC) is evidence that a pharmacist is able to practise as a pharmacist/intern pharmacist. To help the public recognise you as a registered practising pharmacist, you could continue to display your registration certificate, as well as your current APC. Alternatively, you could have your APC displayed, or available, to show members of the public on request.

As an employer, have you ever checked an APC prior to employing a pharmacist or a locum? Some pharmacists have conditions placed on their APC that limit their practice, which you will need to know. Sometime in the future, conditions may be placed on an APC for a number of reasons, which you should also be aware of.

Employers can verify a prospective employee's APC by checking on the Council website through the Register Search: www.pharmacycouncil.org/nz/public/Search.aspx.

Early in the New Year, all pharmacists will receive an APC renewal form for the 2008/9 year. It is illegal to practise as a pharmacist in New Zealand without a current APC, so when the renewal form arrives, please complete and send it back to the Council promptly.

ACC Initiatives

ACC are currently developing two Pain-related case studies: one for general practitioners, and another for pharmacists. ACC case studies are in-depth studies of the diagnosis and treatment practices used by providers for particular health issues. They provide current best practice information, which is reinforced by expert commentary. Case studies are developed by surveying treatment providers on their diagnosis and management of patient case scenarios, as described in vignettes. The responses are then collated and analysed, and published along with an expert commentary.

The Provider Development Unit at ACC would like you to be part of their Pain Case Study Project Team. If you are a member of the NZ College of Pharmacists or NZHPA, you will automatically receive this information; however if you don't belong to either of these organisations and would like to be involved, please contact Diane Harries (04 802 0036 or d.harries@psnz.org.nz).

ACC have created a website, http://www.activesmart.co.nz/ that allows you access to a fully tailored, free online fitness plan. You can create a plan designed specifically to suit your lifestyle and training needs, whether you are just starting out on a fitness programme, or need some encouragement to step up a level. The base plans have been developed by New Zealand's top fitness trainers, and an expert nutritionist will provide advice to match your training plan. The plan also provides a 5 day weather forecast and UV index specific to the area you live in, so log on, share the website with your staff and have fun.

Banks and On-line Pharmaceuticals Going Overseas

Enclosed with the September newsletter was a copy of the Pharmacy Council statement on the Promotion and Supply of Medicines over the Internet. Further to the guidance provided in the statement, the Council has been made aware of recent correspondence between a pharmacy operating an internet site and a trading bank. The bank has made quite clear that, **"when selling pharmaceuticals over the internet to individuals or businesses based in New Zealand or overseas jurisdictions, the pharmacy must comply with all applicable laws and regulations in New Zealand and in each of the countries into which you supply pharmaceuticals".**

This notification is in light of the bank's obligations regarding credit card schemes. The bank goes on to advise that websites will be subject to review to ensure they comply with card scheme rules. Non-compliance may result in a fine and withdrawal of your merchant facilities. As a reminder, therefore, if you are currently selling medicines overseas via an internet site, please ensure you comply with all necessary rules and regulations, not just of New Zealand and the countries you are selling into, but also with your bank.

Training Interns & Externs – Setting The Expectations for Communication

Much has been written about the use of language, both good and bad. But language is a sub-set of communication, and good communication is the foundation of all relationships, especially "healing" relationships. Good communication is good business practice, and leads to greater patient satisfaction, improved clinical outcomes and increased patient compliance. Good communication skills are also a very important part of professionalism, but are not strictly inborn assets or talents; rather they are skills that can be honed over time. So who sets the ground rules for good communication?

In a casual setting, ground rules are generally set by one's peers, and reflect the norms of the day. In a business setting, ground rules may be set by the type of work the business is involved in. For externs and interns in a pharmacy environment, communication ground rules should be set by the preceptor. Preceptors play a critical role in ensuring the use of appropriate language and good communication. They help enforce the learning done at both undergraduate and intern level, and help it evolve in a pharmacy environment. Clear guidance should be given by preceptors on the appropriate form of address for doctors and other health professionals and patients coming into their pharmacy. Many pharmacists, as skilled communicators, have taken time to earn the trust and respect of their customers, and to an "outsider", the relationship may be perceived as relatively informal. For an extern/intern, it is often up to the patient to decide when to extend this informality to include them, rather than the other way round. An uninvited and inappropriate means of address may interfere with the patient receiving adequate counselling if they are "turned-off" or affronted by the approach taken.

An age-old belief suggests that how you say something matters more than what you say. Sensitivity to the patients' age, gender and culture/ethnicity can reduce barriers to sharing information and communicating effectively. The "Kiwi" way may be perceived by other cultures as being very informal, which makes it more difficult for some externs/interns to assess when they should be more formal. There is no secret recipe for successful precepting in a busy environment, but clearly outlining expectations that communication be courteous, appropriate and professional is a place to start. We live in a rapidly changing environment where means of communication and address are changing at an unprecedented rate, and it's up to the profession to ensure appropriate, professional communication is used at all times.

Pharmacists registered since May 2007

Ai Jo Leow, Claire Dawn Gow, Catherine Armes, Sammy Magdy Shafik Mishriki, Catherine Anne Tofts, Andrew William Sutton, Majd Dameh, Elena Eduardovna Vinokourova, Marie Isabel Fang Jing Kong, Marilena Cristiana Iancu, Wei Kang Chai, Suhair Sabah Hassan, Bhavini Roshni Patel, Sandip Kumar, Pei-Erh Chien, Shyreen Jassim, Srinivasulu Nalamothu, Shalene Sewdarsen, Rana Al-Attar, Srey Sros Chhim, Vishal Trivedi, Nicolene Hattingh, Tanya Du Plessis, Xiaomei Su, Nelson Osbert Rodrigues, Ying Jin, Jimmy Hsien-Jung Wang

Important: Changes of Address and use of Post Codes

As you may be aware, New Zealand Post has implemented new postcodes for all mail in New Zealand and they have advised that the new codes must be in use from 1 July 2008. To ensure all our newsletters and other correspondence reach you, please use your new postcode when you are advising us of a change of address, or in any registration forms or other correspondence. See this website if you do not already know your code: www.nzpost.co.nz/Cultures/en-NZ/OnlineTools/PostCodeFinder/

Key Office Contacts

Registrations enquiries
David Priest
Telephone 04 495 0333
Email d.priest@pharmacycouncil.org.nz

Practice issues
Barbara Moore
Professional Standards Advisor
Telephone 04 495 0338
Email b.moore@pharmacycouncil.org.nz

Recertification assistance
Sue Thompson
Competence Policy Coordinator
Telephone 04 495 0901
Email s.thompson@pharmacycouncil.org.nz

Complaints/public safety issues
Jenny Ragg
Deputy Registrar
Telephone 04 495 0334
Email j.ragg@pharmacycouncil.org.nz

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