



## Message from the Chair

Welcome – since last reporting spring has brought a huge amount of changeable weather, daylight saving has started and we are starting to see warmer weather with summer on the way.

We have had a busy two months at Council with some of the team's key activities being covered in this newsletter.

Before overviewing our recent Council meeting – I would like to make two special mentions.

- First, the death of Sir Graeme Douglas, founder of Douglas Pharmaceuticals, pharmacist, philanthropist and an extremely respected member of our profession. Council sent a condolence message to the Douglas family.
- Second, the Pharmacy Awards – congratulations to all the finalists and winners in these awards, especially Ian McMichael, Alexis Mirkin and Alice Madsen (Pharmacy 547) who received the Pharmacy Guild Community Pharmacy of the Year Award and were runners up in the RB Supreme Award and Leanne Te Karu (Nga Kaitiaki o Te Puna Rongoa o Aotearoa – The Māori Pharmacists' Association) for her work on delivering optimal medicines management in Māori communities. Leanne received the Te Hapai Hauora Māori Health Award and the RB Supreme Award. It is great to see we have such wonderful people in our profession, and in Leanne's case, on your Council.

I challenge all of you to work hard and achieve at the highest levels of our profession so that you too may be considered for these awards in the future.

Our September 2016 Council meeting had an extremely full agenda with a number of key topics being discussed:

- **Cultural competence** – Council has been developing a new recertification requirement to be implemented in 2019-2020 to strengthen the pharmacy profession's cultural competence. More information on this important topic is available [here](#).
- **Progressing our Business Capability Improvement Programme** – Council approved the business case for this piece of work and we will now move to the next steps. We are on track to deliver online annual practising certificate renewals in early 2017.  
This project is at the heart of Theme Five – Drive operational excellence – of our [2016-2020 Organisational Strategy](#). It will change the way we operate and introduce efficiencies through technology.
- **2016 Annual Report** – it is great that as expected, the auditors have signed off the Council's financial statements. A copy of the Annual Report and a summarised version will be made available to you in the next few weeks
- **Strategic planning** – we spent a significant part of our meeting reviewing and assessing the Council's work programme to ensure achievement of our 2016-2020 Organisational Strategy. The core of our discussions focussed on balancing effective and efficient 'business as usual', while prioritising work on enhancements and positioning ourselves for the future (including consideration of some 40+ projects). We will keep you updated on key issues from this work as we progress through them.

Mark Bedford  
Chair

*“promoting  
enhanced wellbeing  
through  
excellence in  
pharmacy practice”*

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## Message from the Chief Executive

Hi – looking back on the last two months (since our last newsletter) I am amazed and proud of the number of things the Council team has achieved.

### Stakeholder engagement

In our August 2016 newsletter I mentioned the meetings, Pam Duncan (Professional Standards Advisor) and I had started having with people across the country. These meetings, which continued into September 2016, have proved extremely valuable, not only in forming baseline measures for the team to consider but also in informing our work programme to support the 2016-2020 Organisational Strategy. This work formed a substantial item for Council's strategic planning at its September 2016 meeting.

Pam has summarised the feedback we received in a separate newsletter article "[Council Sector Engagement Roadshow](#)". The feedback has been extremely useful in shaping this and next years' work programme. A number of projects have been identified and will be progressively undertaken to help address the enhancements suggested at these meetings.

### Attendance at Pharmacy Board of Australia (PBA) meeting and National Registration and Accreditation Scheme (NRAS) Research Summit

Mark Bedford and I met with the Chair and Executive Director of PBA in August 2016. During this visit I also attended PBA's Board meeting and the NRAS Conference and Research Summit. Of interest from the Board meeting was the consistency of issues with New Zealand, to help advance the profession in terms of "right touch" regulation and innovation.

The NRAS Conference and Research Summit was extremely useful and focused on four key themes.

- regulatory authorities: working together for patient safety
- academic collaboration: from research to regulatory policy
- industry and professional partnerships: sharing learnings to inform patient safety
- issues and ethics: science or philosophy on managing competing concerns in a complex environment.

The overall emphasis of the conference was summed up by Martin Fletcher (Chief Executive of AHPRA) with the key driving messages being:

- ensuring connectedness between the various players
- balance between regulation and trust of the profession
- making regulation more human.

All important items for us in New Zealand.

### Consultations

We have recently responded to a number of consultations of interest to our profession. A full list of these submissions is available on our [website](#).

### A visit to the Schools of Pharmacy

I was delighted to meet with the fourth year pharmacy students at both Auckland and Otago universities in September 2016. Sue Thompson and Bel Atoni (Registrations Officers) and I joined the EVOLVE Programme Manager and Programme Coordinator to speak to students who will shortly graduate. The aim of the meetings was to introduce and welcome students to the two organisations (Council and Society), and inform them of the registration and enrolment processes. Both presentations were very well received.

The aim of these annual presentations is to assist the up and coming members of our profession, to successfully register as intern pharmacists, and also allow them to "put faces" to some of the Council team.

We wish all the students (approximately 220 in total) success in their final exams and the very best as they commence their career in pharmacy.

I look forward to updating you again just before Christmas. Take care.

Nga mihi  
Michael



## PRISM

is the Pharmacy Reference Group for the Implementation of the Strategy for Māori Health.

It was founded in July 2006 and is a voluntary group of stakeholders from every sector of pharmacy in New Zealand.

It works to implement the Māori Health Strategy for the pharmacy profession and works with the pharmacy profession towards achieving improvement in Māori well-being.

### Member Organisations

- Clinical Advisory Pharmacists Association (CAPA)
- Midland Community Pharmacy Group (MidCPG)
- Ngā Kaitiaki o Te Puna Rongoā o Aotearoa – The Māori Pharmacists' Association Inc (MPA)
- New Zealand Hospital Pharmacists' Association (NZHPA)
- Pharmaceutical Society of New Zealand (Inc) (PSNZ)
- Green Cross Health (ex PBL)
- Pharmacy Council of New Zealand (PCNZ)  
Te Pou Whakamana Kaimatu o Aotearoa
- Pharmacy Guild of New Zealand (Inc) (PGNZ)
- School of Pharmacy, University of Auckland
- School of Pharmacy, University of Otago, Te Kura Mātauraka Wai-whakarua

## Cultural competence - a call to action

**A culturally competent profession will reduce health disparities**

**Sector support for Pharmacy Council's introduction of a new recertification requirement in cultural competence**

***Moemoeātia te moemoeā, engari whakatinanahia***

***Dream the dream, but achieve it also***

The pharmacy sector has been challenged to implement the Ministry of Health's 2016 Pharmacy Action Plan which prioritises the reduction of health disparities in New Zealand. Pharmacists provide an ever-increasing range of primary health care services and are often the first health professional a person sees. They are therefore ideally placed to improve access to healthcare and health outcomes for Māori and other priority populations. Pharmacists are being urged to strengthen their core cultural competency skills to ensure that peoples' health needs are understood and met through interactions that are culturally safe and respectful. Acknowledging Te Tiriti o Waitangi and the place of Māori in New Zealand, pharmacists are also expected to have a working knowledge of the historical, spiritual and social factors that influence health and wellbeing of Māori.

The Pharmacy Action Plan has accelerated Council's growing need for assurance that the profession has the skills and knowledge to be effective in reducing persistently poor health outcomes of Māori, Pacific peoples and other priority populations.

Starting in 2019, Council will introduce a new recertification requirement that focuses on CPD to increase assurance of cultural competence. The Pharmacy Reference Group for Implementation of Strategy for Māori Health (PRISM) has played a significant part in development of the new requirement. PRISM's constituent organisations, including The Pharmaceutical Society of New Zealand, The Pharmacy Guild and Ngā Kaitiaki o te Puna Rongoā support the new requirement and encourage their members to respond to the call to engage in learning that improves patient-centred care of people whose cultures differ from them.

**In each three-year CPD cycle, practising pharmacists must complete at least 18 points of learning in one or both of the competencies M1.4 and M1.5: *Practise Pharmacy within New Zealand's Culturally Diverse Environment and Understanding Hauora Māori*. Of the 18 points, 8 must be Group 2 learning and at least some points must focus on Hauora Māori.**

**The requirement will be partially implemented in March 2019 and fully implemented in March 2020.**

More information will be provided through 2017 about the application of the new recertification requirement. We encourage pharmacists to share their experiences of improving their practice as a result of new learning and we plan to publish examples of transformed practice to celebrate the important role pharmacists are playing in improving health outcomes. The Council is working closely with the Society to ensure that ENHANCE will allow pharmacists to show in their Group 1 and Group 2 records that learning has had a significant component of cultural competence.



## Raising concerns about prescribers

Two recent cases, one from HDC and another from a Professional Conduct Committee, raised concerns about health practitioners' self-prescribing or prescribing for family members and close friends.

Under the Council's Code of Ethics, a pharmacist is required to prevent harm to patients by refraining from inappropriate or unsafe prescribing. A pharmacist also has an ethical duty to the public to report any concern they may have about inappropriate prescribing practices and to consult with the prescriber should misuse or overuse of prescribed medicines be suspected.

Council's statement, "[Raising concerns with prescribers](#)" provides advice on how to manage a situation of this nature with the first step being to approach the prescriber in a professional and collegial manner.

The Medical Council has recently consulted on this aspect of their "*Providing care to yourself and those close to you*" statement and is

proposing to significantly strengthen the clauses around doctors not prescribing for themselves or for those close to them in the vast majority of clinical situations. The Medical Council is also intending to incorporate in the revised version of its statement that doctors MUST NOT prescribe controlled drugs or medication with a risk of addiction or abuse for themselves or those close to them. This is in addition to prohibiting prescribing psychotropic medication which is contained in the existing statement.

If you are aware of cases where this practice is occurring, it is recommended you refuse to dispense such prescriptions and follow this up with a discussion on this practice with the prescriber concerned. In circumstances where the prescriber fails to recognise the inappropriateness of their actions and/or the practice continues, Council recommends you contact the practice manager, Medicines Control or the Medical Council to discuss this further.

## Safe work environments

Council often fields queries regarding pharmacists' workload and the number of prescription items it is safe to dispense per pharmacist per day.

With such a variety of pharmacist responsibilities it is difficult to provide an unequivocal response. The number of prescriptions dispensed safely in one pharmacy may differ significantly when other models of pharmacy practice are undertaken. In pharmacies dispensing mostly acute one or two item prescriptions the safe prescription count may be higher than in a pharmacy dispensing complex prescriptions, high levels of extemporaneously compounded items, vaccinations and other clinical services, such as CPAMS.

Key pharmacy organisations are aware of the need to provide guidance to pharmacists and employers regarding pharmacist workload and will be collaborating on projects to research and define pharmacist roles.

Council recommends pharmacists familiarise themselves with the "[Workplace Pressures in Pharmacy Booklet](#)" on our website and seek collegial advice if feeling under pressure from unrealistic workloads. In the first instance, as a health professional your obligation under the Council Code of Ethics, clause 7.6 is to ensure that your workload or working conditions do not compromise patient care or public safety. Any concerns should be raised with your employer, with documented evidence of your workload.



## Internet pharmacy medicine sales

Council has information available on the website regarding sales of medicines over the internet, "[Promotion and Supply of Medicines over the Internet Statement](#)". Please be aware of the information it contains and regularly review your practice. The same standard of care needs to be provided as if a face-to-face consultation is being conducted. You must ensure that any medicine supplied is clinically appropriate and safe for the purchaser/patient. Pharmacist Only Medicines provided over the internet MUST involve interaction with the pharmacist for patient screening, and sales MUST be recorded in the same manner. Note – this interaction could be conducted through a variety of methods, for example via electronic communication or by phone.

## Expiry dates

All pharmacies have standard operating procedures to check stock expiries on a rotational basis, as part of stock management. Given a recent increase in the number of complaints referred to Council by the Health and Disability Commissioner where patients received expired stock – either from a dispensed prescription or from over the counter supply – it is prudent to ensure that stock control systems are being consistently applied. Expiry dates should also be inspected as part of the dispensing check or when items are sold to patients.

## Dispensing errors concerning fluoxetine and tramadol

Recently Council received notifications of Health and Disability Commissioner investigations involving confusion around tramadol and fluoxetine. The first error involved the dispensing of tramadol to a patient instead of fluoxetine, whereas fluoxetine was dispensed instead of tramadol to a patient in the most recent error.

An anonymised report is available on the [HDC website](#) outlining the findings of the investigation into both errors.

Both cases mention the similarity in the packaging of tramadol and fluoxetine, including strip size and capsule appearance and colour.

Please ensure that you discuss this with your colleagues. Take appropriate measures to eliminate any risk of such errors and AT ALL TIMES – adhere to best practice dispensing and checking processes. Ensure that all boxes are opened and visually check the contents against the prescription and the patient label.

## Warfarin interaction – Miconazole oral gel

Just a reminder about the potential seriousness of warfarin/miconazole oral gel interaction. It is vital that clinical checks are conducted for patients regardless of the classification of the medicine. Miconazole oral gel, which is available for supply both as a prescription medicine and a restricted/pharmacist only medicine, is recognised for its potential to dramatically increase the anticoagulant effect of warfarin. Council has become aware of several cases in the Hutt Valley where the adverse effects of miconazole gel on INR have been documented in patients presenting to hospital. One patient was hospitalised with an INR of 9 after purchasing miconazole gel as a restricted medicine.

References state that ***"Miconazole (including the oral gel) should generally be avoided in patients concurrently taking warfarin"***. If concurrent use is necessary, close monitoring of INR is required and the warfarin dose titrated accordingly. It is important to note that New Zealand Formulary states that bleeding can take up to 15 days to develop.

# Pharmacy Practice



## New registrations

Welcome to these newly registered pharmacists who were previously registered in Australia, Ireland, the UK, Canada or the USA

- Elaine Roberts
- Anna Truong
- Olivia Lyons
- Jena Sleami

## Council sector engagement roadshow

Following the initial article in our August 2016 newsletter – a big thank you to all of the pharmacists and organisations who met with Michael Pead (Chief Executive) and Pam Duncan (Professional Standards Advisor) on their brief, but very informative, visits around the country. It was a fantastic opportunity to obtain feedback from a variety of sources, including pharmacists and others working within the health sector. During our meetings valuable information was received regarding the understanding of Council's role in implementing the Pharmacy Action Plan. It also provided Council the opportunity to explain its responsibilities under the Health Practitioners Competence Assurance Act 2003 and enabled us to prioritise our work programme aimed at the evolution of pharmacy practice. Unfortunately, we were unable to meet with you all but will continue our active engagement.

Some of the key messages we received around Council's role includes:

- defining the role of the future pharmacist
- identifying the education/training required for future pharmacists – e.g. more patient consultation skills
- leadership for the profession
- standards and guidelines for pharmacists in General Practice clinical roles
- review of the Medicines Management Framework
- assist in the development of a more flexible regulatory regimen (the Therapeutic Products Regulation)
- career frameworks/pathways for pharmacists
- advocating for funding models that align with the Pharmacy Action Plan to ensure patient safety is not compromised.

The team has mapped the feedback into themes and potential projects – an activity which has assisted in informing our work programme to support Council's 2016-2020 Organisational Strategy. Once finalised it will be prioritised into our annual business plans.

The first priority projects have been identified as: standards and guidelines to support pharmacists in General Practice clinical roles, Medicines Management Framework and the Therapeutic Products Regulation.

Council is also dedicated to improving our communication strategy and sector engagement over the next year, including increased interactive presence at symposia, national conferences and CME meetings. You will have noticed that our newsletter format and content has been updated to reflect a more interactive flavour.

