SEPTEMBER 2008

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

Cultural Competence Standards

Work on the Cultural Competence Standards for pharmacy is well underway. Whilst cultural competency in New Zealand is not solely about Māori, addressing Māori health disparities is an important aspect to consider.

The foundation to the proposed cultural competence elements within Competence Standard 1 is that:

- They must be evidence based
- They must have a contemporary application
- The principles of the elements must be general in nature
- Māori context and Māori-specific elements are integrated into the competency standards.

Two workshops were held in Auckland and Wellington in July to introduce the proposed draft element to key leaders in pharmacy opinion. The workshop included an introductory presentation by Professor Crampton, (Dean, Wellington School of Medicine, University of Otago, Wellington) on health disparities in the New Zealand context. Prof. Crampton also challenged attendees to consider some of the historical and current reasons as to why these might exist. The background to each of the proposed new elements was put forward and everyone was given an opportunity to try out their pronunciation skills in Te Reo. It is proposed that the new elements will be incorporated into Competence Standard 1 which will then require a new range statement to reflect the additions. The proposed changes will include an expanded/amended Element 1.6 'Communicate effectively'; Element 1.4 'Practise pharmacy within a New Zealand cultural framework' and Element 1.3 'Undertake continuing professional development'. A new element is proposed, entitled 'Understands Hauora Māori'.

Feedback from the workshops on the proposed cultural competence elements will be assessed and, where necessary, the draft elements will be amended to incorporate the suggestions. Following this, wider consultation will be undertaken within the pharmacy profession and with other key stakeholders on the proposed draft elements.

Pharmacists in top ten most-trusted professionals

Pharmacists are once again in the top 10 professionals that New Zealanders trust: this year's Trust survey by Reader's Digest once again confirms the high regard the public has for pharmacists. Pharmacists were ranked 6th out of 40, just behind Nurses and Doctors. Topping the list for 2008 were Fire-fighters, and Ambulance Officers, and just below pharmacists were vets, teachers, judges and dentists. Politicians and Telemarketers featured as the least trusted in the survey.

Re-vamped Council website

The Pharmacy Council website at www.pharmacycouncil.org.nz has undergone a recent face-lift, which appears to have been well received by pharmacists. The new website has three main sections: one each for the public, pharmacists and interns. The Register search function has been improved, and the data is now updated daily. New sections within the pharmacist section include guidelines on raising concerns about colleagues as well as more detail on the recertification audits, competence reviews and Frequently Asked Questions. There is also a section with all Council newsletters since 2004.

The next stage in the website development is to provide a pharmacist-only secure section, where you will be able to update your information (address etc). The Council's long-term goal for the website is to facilitate on-line APC payment.

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Intern Training Programme (ITP) Review and Accreditation Requirements

External Expert Review

In the June 2008 newsletter the Council informed that accreditation of the current intern training programme (ITP) EVOLVE, which is provided and assessed by the PSNZ (Inc), expires at the end of 2008.

In considering an extension of the current ITP by one year (to 2009) and as part of the process to inform the accreditation requirements for an ITP, Council conducted an external expert review of EVOLVE under the direction of the Preregistration Assessment Board (PRAB). This external review considered all aspects of the programme from a best–practice viewpoint and identified any necessary modifications to ensure that an ITP will meet the future requirements for registration in the Pharmacist scope of practice for 2010 and beyond.

Council appointed Professor Zubin Austin from the Leslie Dan Faculty of Pharmacy, University of Toronto, Canada to undertake the external expert review. On the whole Professor Austin was congratulatory to the Council and EVOLVE for the components of the current programme. As a result of the review Council has gained a valuable insight into the strengths and the areas for enhancement of the programme and will consider these when setting the ITP accreditation requirements. The findings have also assured Council that from a face-validity perspective the programme can be considered a best-practice model and that it does well in meeting most of the requirements from an international pharmacy education context. The findings strongly recommended the inclusion of a psychometric review of the assessments so that the quality of the assessments can be measured. Council has resolved that a psychometric review of the assessments in the programme is necessary and has identified it as a priority for this year. The review also suggested the inclusion of approaches in the areas of medication reconciliation, interprofessionalism, patient safety, teaching skills, and supervision of technical personnel into the ITP as a way of further enhancing the ITP.

ITP Accreditation 2009 & 2010

In considering a request by the provider of EVOLVE, and given that the time required for the psychometric review and other reviews of the programme will extend the period required for setting the new guidelines for an ITP, the PRAB recommended that Council consider the extension of accreditation of EVOLVE by two years to 2010.

The Council is pleased to confirm that the ITP EVOLVE provided by the PSNZ (Inc) and managed by the EVOLVE Programme Team has been granted accreditation for **2009 and 2010** as a prescribed qualification for entry into the Pharmacist Scope of Practice with the proviso that during this time PRAB may require implementation of changes with regards to the assessment methodology and tools employed by the programme.

Accreditation Requirements for the ITP 2011 and beyond

The findings and suggested approaches of the external expert review are being considered in the development of the accreditation criteria for the ITP for 2011 and beyond. The accreditation criteria will be available for consultation to key stakeholders towards the end of 2008. Council envisages that the complete accreditation documentation for the ITP (accreditation criteria, procedures and proforma) will be finalised by mid 2009. Education providers wanting to provide a Council accredited ITP for 2011 and onwards will be required to apply for accreditation using these criteria and guidelines. For further information regarding this project please contact Sandy Bhawan, Competence Projects Developer via s.bhawan@pharmacycouncil.org.nz

Law and Ethics Go Hand in Hand

All professions are coming under increased pressure to adhere to stringent ethical standards and are increasingly subject to new legislative requirements. Professional ethics, while of great importance, are just one aspect of the wider concept of ethics, and law is much more than mere statutes. Each will affect the way in which professionals behave if they are to safeguard themselves and their patients and contribute towards society more generally.

If best practice standards emerge from the experience of professions in the shape of ethical codes and accompanying guidelines and standards, this will, presumably, mean that adherence to these guidelines ensures that practice is legally-as well as ethically and professionally-sound. However, for a number of reasons, this may not be the case. First-the law imposes additional responsibilities which are difficult to encapsulate in a code of ethics e.g. the statutes governing the sale of goods, and liability for defective products. Secondly, the law affecting pharmacy also needs to rest on and accommodate wider areas of social concern, such as the need to provide redress for certain outcomes. Although attention to the code of ethics may, on first impression, be evidence of good professional behaviour, it need not be definitive of the question of legal liability.

The Code of Ethics is based on principles which pharmacists are expected to apply when determining how they should act, as opposed to simply following a set of rules. This kind of approach is appropriate for two reasons. First, many of the ethical dilemmas that professionals face tend not to lend themselves to the simple application of a rule and secondly, we normally assume that the ability to apply one's professional judgement, even to the extent of knowing when a principle should not apply, is part of what it means to be a professional. Although it may be relatively easy to agree on a list of general principles, implementing them in everyday practice is a different matter. Applying the principles may require the development of a set of ethical competencies and it cannot be assumed that all pharmacy professionals will intuitively know they are important or how to translate them into action.

Although the scope and nature of these competencies is a matter for considerable debate, a principle-based code would normally require at least the following to help it function:

- A well-developed sense of when ethical dilemmas arise in the first instance (often, professional practice becomes so taken for granted that it is not easy to recognise when conflicts arise.)

- An understanding of the reasons that make the principles worth pursuing (e.g. why should pharmacists encourage patients to participate in decisions about their health?)
- An understanding of the different ways in which it might be possible to translate a principle into an action (e.g. when exercising professional judgement, how does a pharmacy professional determine what the interests of the public are in contrast to the interests of patients?)
- The ability to resolve a situation where principles are in conflict (the breadth and complexity of organisational structures within which pharmacists might work, for example, as part of a team of healthcare professionals, would suggest that conflicts between principles will routinely arise).

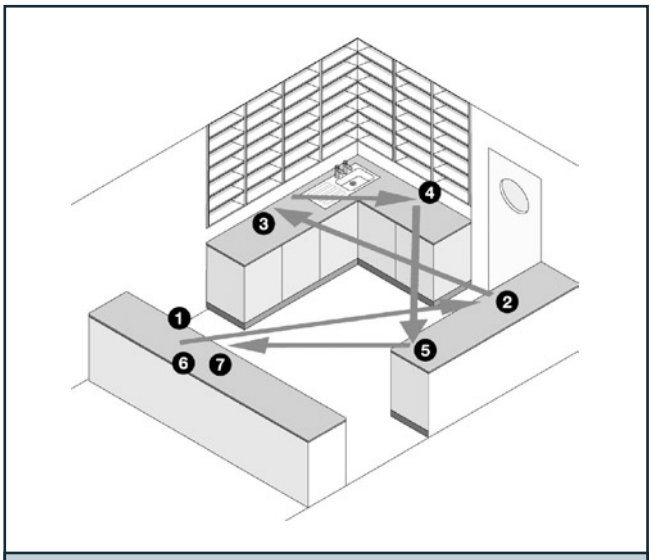
A principle-based approach to professional ethics, therefore, requires the development of an associated set of ethical skills and competences and requires a supporting framework of ongoing education to help it function. Superimposed on these ethical complexities are the requirements of the law. Ethics and law, therefore, perform complementary but different roles in the lives of all professionals.

PCNZ acknowledges The Pharmaceutical Journal for permission to reprint, in part, the article "More law and ethics learning needed" by Shelia McLean and Ken McPhail. PJ Vol 280. 2 February 2008.

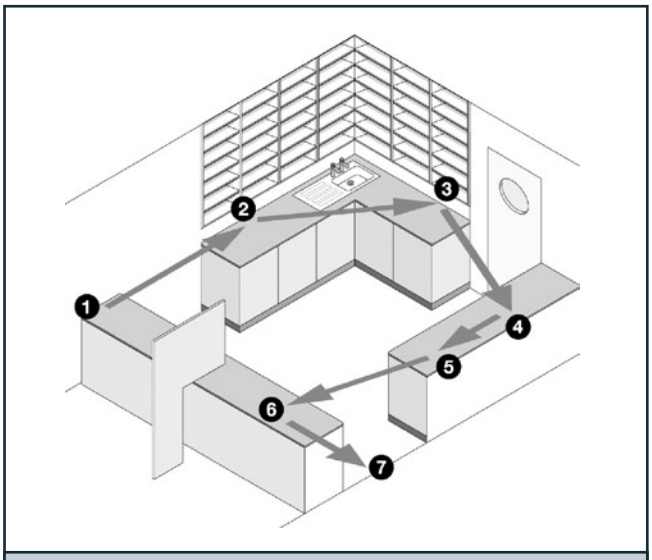
Dispensary Design May Mean a Safer Outcome

Pharmacists operate in a world where multiple factors affect almost everything around us, including medication errors. Community pharmacists perform tasks that are at times somewhat repetitive, yet require high levels of professional training and optimal performance under considerable time constraints. Although the vast majority of prescriptions are dispensed accurately and patients are counselled about how to use their medicines safely and effectively, occasionally preventable errors do occur.

Human beings usually make mistakes because the systems, tasks and processes they work within are poorly designed and pharmacists are no different. Good design reduces errors in practice, as has been demonstrated in many other industries, and these design principles can apply equally to dispensing as to other environments and processes. A poorly planned workflow can result in confusion, fatigue, muddled processes and increased risk of error.



Confusing workflow that may increase the risk of error



An uninterrupted and logical workflow will help to reduce errors

The UK National Patient Safety Agency (NPSA) has recently published two new additions to the "Design for Patient Safety" series of booklets, the first of which focuses on the dispensary environment and encourages dispensaries to simplify their process so that they anticipate and prevent human error. Many of the recommendations in the NPSA booklet are simple and relatively inexpensive to implement. The key is to design, or redesign, a dispensary that encourages a safe and effective flow of work, keeping the following in mind:

- Create a logical workflow and location of stock – where possible following an A to Z layout
- Have uncluttered shelves and dispensing bench, and use shelf dividers to reduce selection errors
- Separating prescription-in and prescription-out areas allows for more confidential conversations about a patient's medication

Research has shown that workflow redesign can positively affect dispensing activity and allow pharmacists more time for patient counselling. By breaking down the dispensing process into its constituent parts, each stage can be looked at individually and unique methods applied to each one to make the process as safe as possible. Although focussed on the UK community pharmacy environment, the booklets offer a range of useful suggestions to improve patient safety, including dispensary design, medicines labelling and patient areas. The NPSA booklet can be accessed on http://www.npsa.nhs.uk/patientsafety/improvingpatientsafety/design/dispensing-environment/

Patient Safety: Look alike/Sound alike (LA/SA) Medicines

Confusing, similar-sounding medicine names are one of the most common causes of medication error. This includes proprietary and non-proprietary names where many look or sound like other medicine names. Contributing to this confusion are similar packaging or labelling; similar clinical use; similar strengths, dosage forms, and frequency of administration; newly available products; illegible prescriber handwriting, and sometimes, incomplete knowledge of medicine names.

Pharmacists can reduce LA/SA errors by:

- keeping LA/SA medicines separated from one another;
- creating a warning system for staff to notify them of potential LA/SA medicines (i.e., computer alerts, warnings on stock bottles);
- verifying the name of the drug in written and verbal prescriptions;
- contacting the prescriber if they have any questions or need clarification regarding the prescription;
- confirming with the patient the reason they are taking the medicine; and
- becoming familiar with LA/SA medicines.

The concern surrounding LA/SA names is international and although it may not be obvious in some of the following, most have been involved in near-misses or reported errors. Generics are in *italics*.

Aci-dex and Aci-jel	Adacel and Adalat	*ketoprofen* and *ketotifen*	*lamivudine* and *lamotrigine*
amantadine and *amlodipine*	*amlodipine* and *amitriptyline*	Lamictal and Largactil	Lamictal and Lamisil
aminophylline and *amitriptyline*	Aratac and Arava	*lanzoprazole* and *latanoprost*	Leukeran and Alkeran
Atropt 1% and Azopt 1%	Avandia and Coumadin	*levothyroxine* and *liothyronine*	Lexapro and Loxamine
baclofen and Bactroban	*baclofen* and Batrafen	Logem and Loten	*mercaptamine* and *mercaptopurine*
beclomethasone and *betamethasone*	*budesonide* and *bumetanide*	*metformin* and *metronidazole*	*methotrexate* and *methotrimeprazine*
carbamazepine and *carbimazole*	Cardiprin and Cardizem	*olanzapine* and *omeprazole*	Oxycontin and *oxycodone*
ceftriaxone and *cefotaxime*	Celebrex and Zyprexa	Plavix and Paxol	Progout and Prograf
chlorpromazine and *clomipramine*	*clonidine* and *clomiphene*	*quinine* and *quinidine*	Seretide and Serevent
daunorubicin and *idarubicin*	Diflucan and Diprivan	*tramadol* and Travatan	*tamoxifen* and *tenoxicam*
digoxin and *Diamox*	Dilatrend and *diltiazem*	Tobradex and Tobrex	Xenical and Xeloda
docetaxel and *paclitaxel*	*doxepin* and *dothiepin*	Zostrix and Zovirax	Zyprexa and Zyrtec
Frumil and Frisium	*gliclazide* and *glipizide*		
Humalog and Humulin	*imipramine* and *trimipramine*		

Hospital pharmacists also have difficulty with packaging similarities for many injectables e.g. Morphine amps (DBL) (all strengths), Fentanyl amps/Sodium chloride amps, many AstraZeneca Polyamps, Heparin injection. If you dispense any of these products, be aware that extra care is required.

Caution with Codeine-based OTC Pain Products

Concern has again been raised over the safety and misuse/abuse of codeine-containing pain relief medicines. In the June issue of Medsafe's drug safety bulletin *Prescriber Update*, an article[1] outlined the rare, but potentially life-threatening, risk of fatal infant morphine toxicity in breastfed babies whose mothers are ultra-rapid metabolisers of codeine.

At the July meeting of the Medicines Classification Committee, Medsafe requested the committee consider whether the current New Zealand status for codeine as a pharmacy-only medicine was still appropriate for combination products containing increasingly larger doses of codeine.

The decision from the committee may not be available for some time.

Additionally, a number of articles have recently appeared in the Australian press highlighting concerns over the association between pain-relief medicines containing codeine, such as Nurofen Plus® and cases of perforated gastric ulcers or renal failure. This has ignited fresh debate about the misuse/abuse potential of these products, with a call from some in the medical profession to reclassify them in Australia to prescription-only medicines.

1. Medsafe have asked that pharmacists be made aware of this article, which is available on http://www.medsafe.govt.nz/profs/PUArticles/watchingbriefsMay08.htm#Codeine

Pharmacists and pharmacy staff have a professional responsibility when selling these products, and other medicines of potential misuse. While it is important to maintain a supply for legitimate users, Obligation 3.15 of the Pharmacy Council Code of Ethics requires pharmacists to *"exercise professional judgement to prevent the supply of any medicine, complementary therapy, herbal remedy or other healthcare product likely to constitute a hazard to health or the supply of unnecessary or excessive quantities of these, particularly those which the pharmacist knows or should reasonably be expected to realise are likely to cause, or have a potential for misuse, abuse or dependency"*.

Further, Obligations 3.16 and 3.18 require the Charge Pharmacist to ensure these medicines are not available for self-selection and are stored in such a way that the pharmacist can supervise their sale.

If your pharmacy's policy is to ask for customer identification when purchasing any product with the potential for misuse or abuse, it is important that the customer is warned in advance of this. It is equally important not to infringe on the rights of the majority of people who wish to buy these products legitimately. Additionally, these medicines **SHOULD NOT** be made available for purchase over the internet due to the difficulty of ascertaining whether the purchase is genuine and because of the difficulty of monitoring sales. Similarly, they should not be offered for sale outside New Zealand as classification of these medicines may differ overseas, and providing them to overseas purchasers may constitute an offence against the legal requirements of another country.

Writing Standard Operating Procedures (SOPs)

The Pharmacy Council regularly receives referrals from the Health and Disability Commissioner to review SOPs for pharmacies that have been investigated by the Commissioner's office. Of late, it is noticeable that a number of pharmacies now use a banner group or centrally generated template for their SOPs.

SOPs should allow for the continual improvement of standards of service and provide evidence of commitment to protecting patients. They offer the following benefits:

- Help to assure quality and consistency of service
- Help to ensure that good practice is achieved at all times
- Provide an opportunity to fully utilise the expertise of all team members
- Enable pharmacists to delegate
- Help to avoid confusion over who does what (role clarification)
- Provide advice and guidance to locums and part-time staff
- They are useful tools for training new members of staff
- Provide a contribution to the audit process.

All pharmacies operate differently, and SOPs need to reflect this. However, there are some general principles that will apply. SOPs should:

- be pharmacy specific;
- be dependent on the competence of the staff working in that pharmacy;
- under normal circumstances, be applicable at all times, i.e. not dependent on the presence of the pharmacist under whose authority the procedure was prepared.

There is no single template that can be applied to all pharmacies.

Dispensing Process SOPs

Pharmacists are accountable for the dispensing process, when developing and working to SOPs, pharmacists should be able to benchmark current practice and ensure that systems of practice operating within their pharmacy are safe. SOPs should cover all aspects of the dispensing process, including the delivery of the medicine or product to the patient, and must comply with professional requirements applying to the dispensing process. SOPs are written, in part, to describe strategies for risk management and harm minimisation; therefore it is strongly advised the SOP includes that **every item** on the prescription is initialled by the checking pharmacist. This is to avoid confusion about the "sign off" when items are given out at different times, e.g. when stock has to be ordered in for an item.

The added value of the pharmaceutical service i.e. the pharmacist's professional input into the assessment of the safety and appropriateness of a prescription and, in the provision of information and counselling when completed prescriptions are transferred to patients, should be explicit.

The dispensing process should be clearly defined in the SOP and it should specify which activities must be carried out personally by a pharmacist, including the clinical check (*see Council Newsletter October 2006*); which activities can be delegated to identified competent support staff; and how the checks for accuracy are to be carried out. It is good practice for SOPs to incorporate an audit trail so that the pharmacist can determine who is responsible for each aspect of the process i.e. for each item on the prescription, the dispenser and the checking pharmacist should be clearly identified.

SOPs should help to ensure that, other than in exceptional circumstances, recommended procedures are followed at all times. Their introduction provides an opportunity for pharmacists to define and assess their own practice, to communicate this to staff and help to improve team-work within the pharmacy.

Monitoring incidents occurring during the dispensing process, i.e. all errors identified, not just those that reach the patient, is a useful means of reviewing procedures and identifying any that may need modifying. It is also a useful way of monitoring individual capabilities and identifying training requirements. Pharmacists should consider implementing a separate procedure for incident monitoring. For more guidance on writing SOPs, see the Pharmacy Council website.

Dispensing Methadone in the Opioid Substitution Treatment (OST) Programme

Council was recently alerted by CADS (Community, Alcohol and Drug Services) that a pharmacy had continued to dispense Methadone for one month past the expiry date of the patient's current prescription. Although in this instance no harm was done, the potential for harm is unmistakable. Pharmacists are often caught "between a rock and a hard place" in trying to ensure on-going treatment for patients while at the same time dealing with issues such as not receiving new prescriptions in a timely manner. However, it is important for pharmacists to remember that, as with the prescribing and supply of other controlled medicines, the Misuse of Drugs Act 1975 and Misuse of Drugs Regulations 1977 also govern the prescribing and supply of methadone as part of the OST programme. The Opioid Substitution Treatment NZ Practice Guidelines 2003, which are currently being revised, provide a framework for the treatment of opioid-dependant people and address clinical practice as well as legislative requirements. Pharmacists providing a methadone service should undertake training which is offered by the service and, in addition to the pharmacology and pharmacokinetics of opioids and this training should include the following:

- handling an intoxicated client/aggressive behaviour
- pharmacists role within the management team
- who to contact/how to contact specialist services or prescriber, particularly out of normal business hours
- dealing with missed doses/incorrect dose/replacement doses
- opioids in pregnancy
- what withdrawal symptoms to look for and how to manage them
- weekend cover if issues arise.

Every pharmacy involved in providing a methadone service should have an up-to-date Standard Operating Procedure (SOP) clearly outlining how to manage issues such as correctly identifying patients in order to ensure the right patient receives the right dose; what the procedures are if replacement prescriptions are not received on time; what to do if dispensing errors occur, (including how to deal with clients and families in a respectful and dignified manner when they do happen and what recording should be done in this situation), how to contact prescribers or key case workers when required, and what to do with unused or uncollected doses. A recent case reviewed by the HDC (where a patient received another patient's methadone dose, and consequently died) is a reminder to all pharmacists of the importance of correctly identifying patients, apologising appropriately when errors happen and treating all parties with respect. The current guidelines should be referred to when writing or updating SOPs, keeping in mind an SOP review should be done once the guidelines themselves have been updated.

Review of First Aid Requirements

Council is aware of recent discussions regarding the requirements for pharmacists to maintain competency in first aid when they declare Competence Standard 3 as part of their practice. Consequently, Council has been investigating various options to improve on these requirements and has compared them to a number of other Regulatory Authorities (RAs). Of the 10 RAs assessed, 5 have a compulsory requirement in either first aid or resuscitation: Midwifery Council, Osteopathic Council, Dental Council, Royal NZ College of General Practitioners, and the Podiatrists Board. Some of these only require NZQA unit standard 6400 as evidence of competency, while others (Dental Council & RNZCGP) use the New Zealand Resuscitation Council (NZRC) CORE levels to set the standards.

The majority of pharmacists are competent in general first aid, and the recent discussion points to a greater need to retain competency in resuscitation skills rather than, for example, treating asthma, which pharmacists already have competence in. With that in mind, Council will soon undertake consultation with the wider pharmacy sector, other authorities and DHBs on changes to the current requirements. One option could be that Council provide a "menu-board", including a minimum level of evidence pharmacists can use to indicate competency. Choices could range from:

- NZRC CORE Level 2 (equivalent to NZQA 6402) (renewable every 3 years)
- NZRC CORE Level 3 (renewable every 2 years)
- NZQA unit standards 6400, 6401 and 6402 (renewable every 3 years if not the nominated workplace first aider, or every 2 if the nominated workplace first aider)

The choice each pharmacist makes would be dependant on the availability of alternate emergency services in the area, the particular communities' circumstances and the perceived level of need e.g. rural pharmacists may want to maintain their medical emergency training to NZRC CORE competence Level 4, whereas a pharmacist practising within or next to a medical centre may only require CORE Level 2.

Explanations of the various levels within the NZRC Certificate of Resuscitation (CORE) can be viewed on http://www.nzrc.org.nz/

Council will notify all pharmacists once the consultation package is available on the website, but meanwhile any comments can be sent to Barbara Moore, Professional Standards Advisor on b.moore@pharmacycouncil.org.nz

Recertification Audit 2008

The second recertification audit is currently underway. 150 pharmacists were randomly selected from the practising register and informed in mid July to submit their CPD records for audit.

A leaflet was included with the letter to each pharmacist, and this outlines the audit process. A copy of this leaflet is available on the Council website (www.pharmacycouncil.org.nz see Pharmacist> Recertification> Audit).

The website also outlines the changes made to the audit section of recertification policy in May 2008 (full copy available online; see Pharmacist> Recertification >Introduction & Policy).

The changes in the policy include:

- A tighter timeframe for submission
- Clearer indication of the resubmission opportunities available
- A requirement for pharmacists who fail the audit criteria to work under the oversight of a professional peer to reach the required standard of compliance.

A 'frequently asked questions' section on the Council website explains what is involved for the pharmacist working under oversight and the peer providing the oversight (see Pharmacist> Recertification > FAQs Recertification).

English Policy for B.Pharm Graduates

Earlier this year Council embarked on a review of the English Language Policy for B.Pharm graduates, which was undertaken in three parts:

- an analysis of recent graduates and interns, and their English and communication performance in the workplace, and in the Intern Training Programme assessments;
- a large, random survey of recent graduates with English as a second language, a number of extern preceptors and Pharmacy School students for feedback on the current policies; and
- gathering of information from the Schools of Pharmacy as to the components of their programmes which focus on English ability and communication skills.

There are currently a number of screening mechanisms throughout the undergraduate and intern training programmes that focus on English and communication skills. Entry requirements into University are the first screening test, followed by recently-introduced English diagnostic tests in the first year of study at both Universities. Both Schools of Pharmacy have English language threads running throughout their curricula and, finally, for those who have English as a second language, the Council requires them to provide evidence of their English proficiency prior to entry into the intern training programme. Once in the programme, the EVOLVE team incorporate communication skills into training days and this is followed up by further evaluation at the Assessment Centre.

While Council acknowledge that all the various methods of English assessment are imperfect, the review indicates that only a very small number of graduates are experiencing continuing difficulties with English and communication in the workplace. It also shows that the IELTS and testimonials appear to be equally ineffective at identifying graduates with poor communication. The current policy, however, does penalise some students, particularly when English is not officially their first language but in reality is their main spoken language. Additionally, the policy does not allow for identification of those students who may have indicated that English is their first language when it is not, or those who have successfully passed the IELTS requirement, but are subsequently identified as having communication difficulties in the workplace during their internship.

The aim of this review is to streamline the process by developing a policy which is fair and consistently applied to all graduates, but one that will allow for earlier identification of the small number of students and graduates who would benefit from remediation.

Council would like to thank all who took the time to answer the questionnaires they received, and for the very constructive comments and feedback from the various groups approached. As soon as feedback has been collated and a proposed draft policy developed, Council will notify all pharmacists when the consultation package is available on the website. Meanwhile any comments can be sent to Barbara Moore, Professional Standards Advisor on b.moore@pharmacycouncil.org.nz

Advanced Scope of Practice Project

Following consultation with key stakeholders on the draft definition and competencies for the Advanced Scope of Practice in 2007, the Council is now in the process of validating and testing the draft Advanced Pharmacist Practitioner (APP) competencies with pharmacists who consider they are practising at the Advanced Scope of Practice level.

By way of a self-assessment tool, the Council is currently testing the draft APP competencies in pharmacists who have responded to the call to participate in this phase of the project. At this stage the eligibility criteria for participation is for pharmacists *who are an active part of the decision making process with respect to initiating or modifying a patient's medicine therapy and the pharmacist's decision directly affects the management of the individual patient's medicines therapy.*

The Council envisages that the findings of this validation process will assist the Council in identifying a threshold for regulation regarding the Advanced Scope for Practice. Council will be working closely with key stakeholders to ensure that the regulatory mechanisms put in place by Council for the Advanced Scope of Practice is well informed and designed to protect the health and safety of members of the public of NZ. These regulatory mechanisms will include the setting of education and training requirements, recertification requirements and assessment of competence of the Advanced Pharmacist Practitioner.

For further information regarding this project please contact Sandy Bhawan, Competence Projects Developer via s.bhawan@pharmacycouncil.org.nz

RegPharmNZ – approved designation for registered pharmacists

Pharmacists are reminded that they can use the designation RegPharmNZ after their name. This was set in 2005 following consultation with pharmacists who wished to indicate to the public that they were registered pharmacists. It is usual to use this designation at the end of your qualifications e.g. Mary Smith BPharm, RegPharmNZ or John Smith MPS, RegPharmNZ.

Pharmacists changes since June 2008

New Pharmacists

Congratulations to the following intern pharmacists who have successfully completed the EVOLVE intern programme:

Alisha Greyling, Chen-Yun Huang, Rajnita Kumar, Hiu Lee, Dune Louw, Eric Lu, Hyo Jin Oh, Gerard Ong, Aaron Peries, Gavin Tamblyn, Judith Tamblyn, Winnie Wong, Tin Shing Yau

Pharmacists registered from Australia, UK, Northern Ireland, Canada and USA since June 2008

Thomas Butler, Louise Curley, Sascha Polles, Leanna Pugliese, Dafydd Thomas, Robert Wainwright, Richard Wildman

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