

## Applications to the Pharmacy Team Relief Fund

Working within the parameters of our agreement with the Ministry of Health, we are seeking to provide relief for community pharmacy teams/team members.

The Fund is primarily targeted to pharmacy teams (practising pharmacist(s) and/or technician(s)) working in independently owned or franchised community pharmacies. They will meet **one or more** of the following criteria:

- a. Community pharmacy, particularly:
  - i. With a significant Māori and/or Pacific peoples patient base
  - ii. In a high deprivation area
  - iii. Providing Clozapine dispensing and/or opioid substitution treatment
  - iv. Remote location (how far away is the next nearest pharmacy?)
- b. Early career pharmacists (10 years or fewer since graduating)
- c. Have experienced causes and/or symptoms of stress since March 2020, particularly:
  - i. Regularly working as sole charge
  - ii. Those who have indicators of stress
  - iii. Worked (or working) excessive hours over a prolonged period of time
- d. The pharmacy employer has had difficulty **finding** locum cover.

### Supporting information that we request to accompany your application:

- Description of your pharmacy team's workflow since March 2020, and how it is different from this time last year, for example, changes in volumes of prescriptions, patient numbers, deliveries, administration, or complexities of prescriptions.
- Whether you and/or your pharmacy team have had adverse staff issues resulting from the effects of the Covid-19 pandemic, for example, team member(s) unwell, had to self-isolate, had family crises/bereavement.

The quantity of relief is expected to be in the order one pharmacist's and one technician's services for 3-5 days per pharmacy license. The length of the period applied for may depend on whether the pharmacy relief team is working alongside the existing pharmacy team, or replacing existing pharmacy team members for a time.

### Extension

You may also apply for an extension to the above quantity by providing further details regarding circumstances and rationale to support your application, for more than 5 days of relief, or a pharmacy team of more than one pharmacist and one technician to provide relief.

### Rates

The Fund will reimburse the pharmacy employer:

- a. For a pharmacist providing relief, \$50.00 per hour (plus GST, where applicable)
- b. For a technician providing relief, \$25.00 per hour (plus GST, where applicable)
- c. For accommodation and food, for either a relief pharmacist or technician, a flat rate of \$200.00/person/night allowance
- d. For distances over 20km each way, to and from, the pharmacy, \$0.79/kilometre in a private car (as per IRD rates)

- e. For extensive travel, as agreed by us, reimbursement will be made to the employer when the invoice and required documents are provided to us with supporting travel receipts.

These are the minimum rates the employer should include in the employment/services contract offered to relief pharmacist(s) or technicians. Any amount above these rates is at the discretion of, and cost to, the employer.

**Successful applications**

At the end of each tranche, we will advise you about whether your application has been successful via email. Once the details of the relief being provided are finalised, we will send the employer a reimbursement agreement.

**Accommodation and Travel**

Accommodation and travel arrangements will be made between the employer and the pharmacy relief team members.

If a pharmacist or technician has extensive travel needs in order to provide relief services, the employer will provide us with an estimate of the costs. Extensive travel could include flights, rental car, etc.

The quantity of accommodation allowance and maximum travel to be reimbursed by the Fund will be specified in the reimbursement agreement.

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If you are a **pharmacist employee** and believe you fulfill some of the criteria, please speak to your employer, and gain their consent and submit a joint application.

If you are a **pharmacy employer** and would like to apply for the Fund, please complete and submit the application form.

Applications will be prioritised, and funds allocated accordingly to those most in need. If the funds in this tranche are required for pharmacy teams with a higher need, we will advise you that your application has been unsuccessful. At your instruction, we will hold your application for the next tranche. It will then go through the prioritisation process again, with any new applications in the tranche.

Upon your application being successful, we will notify you and arrange a reimbursement agreement.

Please complete your application form and send to [fund@pharmacycouncil.org.nz](mailto:fund@pharmacycouncil.org.nz)

Thank you  
Pharmacy Council

[Fund Policy and Process](#)

[Application to the Pharmacy Team Relief Fund form](#)