



NEWSLETTER

December 2019

From the Chair and Chief Executive

Kia ora koutou

Another calendar year is drawing to a close and it is time to reflect as we prepare to finish 2019 and look forward to the opportunities of the New Year. Council has had another productive year, with some changes and challenges along the way. Some brief reflections that come to mind include:

- Release of our new strategic plan that helps focus very clearly on our legislative role through two key goals: minimise risk of harm to public from pharmacist practice; and, maximise pharmacists' competence and fitness to practice
- Successfully registered over 3,800 practicing pharmacists (including 243 intern pharmacists)
- Appropriate quality reviews undertaken
- Refined processes for the registration of overseas pharmacists wishing to register in New Zealand
- Setting out our expectations of pharmacists' practice in relation to aspects of practice including vaping, telehealth and supply of medicines over the internet
- Undertaking significant research into pharmacist roles, understanding of pharmacists in roles of responsibility, error reporting and quality improvement
- Commenced the review work on the recertification framework

- Initiating a review of the pharmacist prescriber competence standards
- Commenced a qualifications review for pharmacist prescribers and the related accreditation standards for those qualifications
- Welcomed some great new Council members to the governance table and farewelled some of our existing Council members.

Our sincere thanks to everyone that has contributed to helping Council meet its prime purpose of ensuring public wellbeing through safe pharmacist practice. To the many pharmacists who have contributed as contractors or in an individual capacity to Council surveys, undertaking investigative work with professional conduct committees, working groups, consultation documents etc. - thank you.

To our Council members and the Operational team your commitment and your passion to ensure quality in all that Council does has been truly appreciated - thank you.

On behalf of the whole Council team we hope you have a superb and relaxing festive period. Be safe and we look forward to working with you all again in the New Year. Mere Kirihimete

Ngā mihi nui

Ensuring public wellbeing through safe pharmacist practice

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Jeff Harrison
Chair



Michael Pead
Chief Executive



2019 ANNUAL REPORT

Council's 2019 Annual Report and Audited Financial Statements is now available on our [website](#). We had a successful year and achieved a better than budgeted result. Greater detail on Council's delivery and performance relative to its required functions (as defined under section 118 of the Health Practitioners Competence Assurance Act 2003) is included in the Report.

PART-TIME FEE

A part-time fee has been raised again in the recent consultation process and has been discussed in a recent Pharmacy Today article. Council does consider pharmacists who work part-time as an important part of the workforce and we encourage employers to recognise their value and find ways to ensure their knowledge and skills are retained for the benefit of the public they serve.

We acknowledge the wider funding pressures, however the costs of registration do not vary in proportion to the hours worked by the practitioner being registered.

While Council operates a principle of cost recovery we undertook, following last year's consultation feedback on this point, to consider a part-time fee.

We did this earlier in the year and specifically provided material on our conclusions as part of this year's [consultation document \(appendix 2\)](#).

NAMING POLICY CONSULTATION — CLOSING SOON

The Pharmacy Council's consultation on a Naming Policy closes on Friday 13 December 2019.

The Naming Policy was developed following new requirements passed by the Government earlier this year to increase the transparency of decisions made by health practitioner regulators. The policy relates to naming pharmacists subject to formal orders, setting out how Council will balance public interest versus the pharmacist's privacy interests; it will not be used for punishing or shaming. You can access further information, the consultation and feedback form [here](#).

We note from early feedback that some believe that a pharmacist making a dispensing error would be named because of Council's change in policy. However, one-off dispensing errors are generally handled with a rehabilitative focus and rarely result in a Council order. The Naming Policy would therefore not apply.

ANNUAL PRACTISING FEE (APC) FOR 2020/21

Council has decided after carefully considering each submission from its recent consultation process to increase the 2020/21 APC Fee by 0.88% - an increase for some of \$7 (incl GST). A new fee of \$800.62 will apply from 1 April 2020.

A separate note outlining Council's considerations and the response to the consultation is available on our website [here](#). Some of the feedback received, along with other recent interactions with practitioners, leads Council to believe that there is a misunderstanding about Council's role. We are a regulatory body that works in the interests of the public and not for pharmacists per se. However, the interests of the public are best served by a highly trained, competent workforce with expert knowledge who, working as part of an integrated health system, can ensure the safe and effective use of medicines.



PHARMACY PRACTICE

PROFESSIONALISM IN MEDIA COMMUNICATIONS

Over recent months an increasing number of posts on social media by pharmacists have been brought to our attention. This article serves to remind pharmacists, once again, of their professional and ethical obligations as a pharmacist when communicating through media platforms.

Be wise when you socialise

Are you a pharmacist?
If so, do you behave professionally?
If so, **when** and **where** are you expected to behave professionally?

The answer to that last question is **always** - whether in person or behind the keyboard.

We all have opinions and social media can be a tempting way of voicing them to a large group of people. But **how** are you presenting these concerns in your posts and comments online? Is posting your view/s on social media the best method of action for an effective and positive outcome?

Demonstrating personal and professional integrity is not only mandatory but it is the **first competence standard** for being a pharmacist. The [Code of Ethics](#) sets principles for maintaining professional behaviour and respecting your fellow colleagues. The [Social Media and the Pharmacy Profession](#) document offers practical advice on how to utilise social media while maintaining professionalism.

Our [July 2018](#) newsletter listed some positives of using social media and directed you to some other paths for voicing your concerns about:

- Pharmacists (see how to notify the Pharmacy Council about concerns [here](#))
- Pharmacies (contact [Medsafe](#))
- Pharmacy practice (contact the [Pharmaceutical Society](#)).

Code of Ethics

4A Demonstrates accepted standards of professional and personal behaviour in person and in any communication by post, courier, and electronic means (for example, social media and digital health).

7E Attains and maintains the highest possible degree of ethical conduct and avoids any conduct that might bring the profession into disrepute or impair the public's confidence in the pharmacy profession, colleagues or other healthcare professionals.

Important to remember:

- What you are publishing can stay on social media sites forever
- It may be shared without your permission and taken out of context
- It may be viewed by your prospective employers
- It may be forwarded to or form part of a formal complaint to the Pharmacy Council for consideration of a breach of professional and ethical practise and standards.



PHARMACY PRACTICE

COMPLEMENTARY AND ALTERNATIVE MEDICINES

Some of you may have read an article published in early November entitled “Pharmacies flout homeopathy rule”. It stated: “Newsroom visited eight Auckland pharmacies All failed to share information about the lack of scientific evidence showing that the products work.”

Council was very disappointed to hear that pharmacists may not be discharging their responsibilities in relation to Council’s published guidance and protocol. Council expectations were not well quoted in the article. Hence, this item has been included to

remind you of Council expectations in respect to the sale and supply of natural health products, including homeopathic products and your obligations under the HDC Code of Rights 6 and 7.

An updated statement was provided in November 2017 as part of the Code of Ethics update – see [Pharmacy Council Complementary and Alternative Medicines – Statement and Protocol for Pharmacists](#).

Council expects these standards to be upheld and should a complaint be received, the expectations will be applied.

REPORTING ADVERSE REACTIONS TO MEDICINES

Pharmacists have professional and ethical obligations to contribute to national systems that improve patient safety. The relevant competencies and ethical principles are set out below.

When a patient experiences a possible adverse reaction, sensitivity or allergy to a medicine they often, rightly, seek the advice of a pharmacist. The expert knowledge and accessible nature of pharmacists make them ideally placed to assess and triage these types of concerns. While the care of the individual patient is the first priority, this interaction also yields valuable data that can improve patient safety at national and international levels.

In New Zealand, the Centre for Adverse Reactions Monitoring (CARM) collects and analyses adverse reaction reports. This data is collated and used to identify possible safety issues. It helps the Medicines Adverse Reactions Committee (MARC) and Medsafe assess and manage potential safety issues within New Zealand and contributes to World Health Organisation pharmacovigilance efforts.

Pharmacists should make every effort to report relevant events to CARM so that the benefit of these programmes is maximised. The easiest way to do this is [online](#). The Pharmacy Council also recommends that pharmacists subscribe to Medsafe’s [Prescriber Update](#). This publication highlights current medicine related safety issues that pharmacists should be aware of in their practice. The next edition will be published in early December.

Competence Standards

O1.3.6. Recognises and manages adverse drug reactions

O1.4.8 Contributes to a national reporting system of pharmacovigilance, identifying, recording and reporting suspected or confirmed adverse drug reactions, sensitivities or allergies

Code of Ethics

3H Contributes to public safety by participating in pharmacovigilance (for example, reporting of adverse events) and risk management activities.



NOTIFY ONLINE

The Pharmacy Council relies on formal notifications or complaints before it can address concerns about the safety of an individual pharmacist. Whilst informing on a fellow pharmacist has negative connotations, there are ethical obligations to raise concerns when the safety of the public may be jeopardised.

The legislation affords protection from defamation proceedings for health practitioners who raise such concerns. This means that if you notify Council of your concerns about the risk of harm to the public

from a pharmacist (or other health practitioner) who is not practising at the required standard of competence or has a health condition impairing their fitness to practise, provided you have not acted in bad faith, no civil or disciplinary proceedings can be taken against you.

To make this process easier, the Pharmacy Council has developed an online form for members of the public and health practitioners to raise concerns or make complaint about a pharmacist. For further information see [here](#).

SAFE SUPPLY OF MELATONIN

Council has recently fielded queries from pharmacists asking whether formal training is required before they are able to supply melatonin without a prescription. This brief article is a reminder of your requirements to meet the level of competence required.

Pharmacists have been able to supply melatonin since Council published the [competencies required for safe supply](#) on 1 August 2019. A formal training course is not mandatory, however Council expects that pharmacists will use their professional and ethical judgement in ensuring they are competent to supply melatonin safely to patients within the legal and clinical parameters.

Tools have been published for use by pharmacists, including a screening tool, guidance and additional reading material, circulated to pharmacies, and also available through the Pharmaceutical Society website. Council's statement [The Protocol for the Sale and Supply of Pharmacist Only Medicines for Chronic Use](#) also applies. Council encourages pharmacists to utilise tools available to support safe and legal supply of melatonin to patients without a prescription.

Legal Classification of Melatonin

Prescription Medicines Melatonin; except when supplied in medicines for oral use containing 3mg or less per immediate release dose unit, or 2mg or less per modified release dose unit, when sold in the manufacturers original pack that has received consent from the Minister of Health or the Director General for the treatment of primary insomnia for adults aged 55 years or older for up to 13 weeks by a registered pharmacist.



REMOVAL OF NAME FROM THE REGISTER

Council has been attempting to contact pharmacists who have not updated their registration status this year. We revise the register each year and remove individuals that have not responded to several messages. We use the email and postal address on our records, but we have not heard from the pharmacists listed below. If you know any of these pharmacists and you consider they would prefer to remain on the register, please ask them to contact Council as soon as possible via enquiries@pharmacycouncil.org.nz .

First Name	Middle Names	Surname
Sian	Monique	Adamson
Tarika	Marie	Asthana
Azita		Babai
Narendra	Sakarlal	Balia
Paula		Boot
Daniel	Briggs	Boyd
Maria		Brown
Elizabeth	May	Campbell
Derek	James	Carter
Belinda	Jane Caroline	Castles
Isabella	Ka Yan	Chan
Gulshan		Cheema
Pink		Cheok
Nina		Chhanabhai
Man Ho	Calvin	Chong
Samantha	Jayne	Clitheroe
Laura	Ann	Copland
Andrew	Keith	Davey
Jignasha		Dayah
Logan	Robert	Deadman
Stephen	Michael	Drackett
Brad	Andrew	Eaden
Ishfaq	Imtiyaz Valli	Ebrahim
Joanne	Heather	Frampton
Julian		Gee
Emer	Camilla	Gibbons
Jo-Anne	Carol	Griffiths
Shiou Yii		Han
Norman	John	Hill
Adam	Po-Yeung	Ho
Kwok	Chiu	Ho
Jenny	Chia-Chen	Hsu
Toonyawit		Ing-aram
Hae	Dong	Jeong
Hyejin		Ji
Mo	Ses	Jin

First Name	Middle Names	Surname
Brian	David	Johnson
Beverley	Joy	Johnston
Mavis	Yu-Chen	Kao
Roseanna	Kathleen Steven	Keys
Dimana	Dimitrova	Khotchenko
Kate	Louisa May	Kilpatrick
Roger		King
Lynne	Merle	Kirton
Sajida	Kaker	Lafraie
Julianne	Clare	Lagan
Janice	Siew Yen	Lee
Lauren	Maria Paige	Leigh
David	John	Lett
Wai	Chong	Li
Wenqi		Lu
Ngov	Jeremy	Ly
Linda	Margaret	Mackereth
Munyaradzi	Williard	Marowa
Aoife	Brid	McCoy
Tara	Anne	McEnteggart
Ellen	Elizabeth	McNamara
Claire	Marie	McSherry
Lynn	Nuamaa I	Mensah
Linda	Jane	Mollaun
David	George	Moore
Brijul		Morar
Elaine	Ruvimbo	Muteyaunga
Meera		Nathoo
Matthew	Patric	O'Brien
Stefanie	Ka Yan	Pang
Shambhavi	Babasaheb	Patil
Samuel	Su Sern	Pau
Jillian	Frances	Payne
Wynn	Grant	Pevreal
Laxman		Popli
Julian	Trevor	Price



First Name	Middle Names	Surname
Shan Shan		Qi
Nicholas	Jeremy	Reid
Angila		Samadi
Ismail		Sediqi
Lesley	Diane	Settle
Ross	Edward	Shaw
Amber	Jayne	Shaw
Bethany	Lowe	Shelbourne
Holly	Maree	Signal
Edgar	Barry	Smyth
Jamie	Louise	Spittal
Melle		Stringa
Daniel	Raymond	Sullivan
Nigel	Bernard	Trolove
Adrian	Henk	Van Roy
Tony	Jing	Wang
Chung-Hsi		Wang
Mark	Clifton	Williams
Kirsha	Jan	Wood
Lauren	Michelle	Wylie
Yung-Hsien		Yang

