



NEWSLETTER



April 2020

From the Chair and Chief Executive

Kia ora koutou

There is no doubt that life with COVID-19 is full of challenges. Thank you for your hard work and professionalism in continuing to serve the public in what have been exceptionally difficult circumstances. Pharmacists have again demonstrated the critical part they play in our healthcare system, whether that be maintaining essential access to medicines for patients in the community, aged-residential care sector and our hospital systems, or providing vaccinations and other direct patient care roles. The professionalism and diligence with which these contributions have been made is reflected in the fact that, whilst pharmacists have been under enormous pressure, we have not had a noticeable increase in complaints about the fitness and competence of pharmacists.

We appreciate Annual Practising Certificate (APC) renewal could not have come at a worse time. Impressively over 1,000 pharmacists had already applied before we moved into Alert Level 3 and Alert Level 4 Lockdown.

Thank you to all those pharmacists who completed their recertification over the 2019/20 period having fulfilled all the documentation of their professional development records in ENHANCE in advance. Recognising that some pharmacists may have completed

but not yet documented their learning, Council asked pharmacists to ensure they applied on time and simply declared they had not met their recertification requirements. It was reassuring that only four percent of pharmacists were in this position. The ENHANCE team at the Society is now following up with those pharmacists and finding a practical solution that recognises their personal circumstances, including where they have also been affected by the significant workloads arising from the pandemic.

Council has been an active member of the COVID-19 Pharmacy Sectors Leaders Group; a collaboration of over 30 people representing all facets of the pharmacy sector. The Group has been meeting regularly throughout the lockdown to provide support to our frontline pharmacists. The Group has three subgroups: Funding; Move between Levels; and Pharmacy Post-COVID-19. Council is a member of all subgroups. Consistent with Council's role we have contributed most to issues on workforce, initiatives that assure pharmacists competency, and measures to achieve the best possible health outcomes in these difficult times for the public, prioritising our vulnerable communities.

Ensuring public wellbeing through safe pharmacist practice

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Jeff Harrison
Chair



Michael Pead
Chief Executive

From the Chair and Chief Executive Cont.

Council acknowledges there has been considerable Facebook and other social media forums debating whether various organisations have played their part in difficult pandemic times.

Regrettably, some comments have obviously been aimed at Council. While Council will always seek ways to improve and welcomes constructive debate, a common theme reflects an enduring misunderstanding of Council's role. Our role is often confused with the role of professional bodies. Council is not a professional body. We are required to meet regulatory functions as defined under section 118 of the Health Practitioners Competence Assurance Act 2003. Council's primary role is to protect the public by ensuring pharmacists are competent and fit to practise. We do this by defining what formal qualifications are required, setting out professional, ethical and competence standards, and by assuring the

public of a pharmacist's ongoing competence through a recertification programme (ENHANCE). The "translation" of Council's standards into guidance or practical "coal face" advice is the role of the professional bodies or membership organisations.

Finally, a huge thank you to former pharmacists who have offered to return to the workforce and assist during the pandemic. We issued 52 short dated emergency APCs to enable former pharmacists to legally practise. The names and details were passed to the DHB pharmacy portfolio managers who were matching supply and demand requirements in the regions.

It is appreciated there is still a long way to go before our health system returns to some form of "normality". We wish to sincerely thank you all for your ongoing perseverance and commitment to serve the public well and safely.

Ngā mihi nui

Request for Expressions of Interest - Membership of a Professional Conduct Committee

The Pharmacy Council is looking for pharmacists interested to join the current pool of trained pharmacists and lay members that can be appointed to a Professional Conduct Committee.

When Council decides to refer a complaint for formal investigation it appoints a specific committee, consisting of two pharmacists and one lay member, to complete that work. After the appointment process the committee operates independently of Council. Typically, an investigation takes six to eighteen months, depending on the complexity of the case and most meetings are conducted via evening video conferences. When a committee brings a charge to the Health Practitioners Disciplinary Tribunal, the committee liaises with the prosecuting lawyer, but this is relatively infrequent and is not onerous.

We are looking for interested pharmacists, ideally with:

- experience of committee work
- an open and questioning mindset
- demonstrated abilities for assessing information objectively, and
- a commitment to ensuring an effective investigation.

Setting aside the tendency to reach hasty conclusions, members must determine what further information is needed to reach a decision, develop a clear plan for the investigation, and share the burden of the committee's tasks and workload. All members complete training before starting this work. The committee may decide to appoint a legal adviser and investigator for assistance, and Council also provides secretariat support, taking minutes and drafting letters.

If you are interested in this role please submit a CV and a supporting letter outlining your interest to Council using the following email address: enquiries@pharmacycouncil.org.nz. Similarly, if you would like further information please contact us on this email and we will call you.

If you know of a member of the public who might be interested in serving as a lay member, please let them know so they can also contact Council via the same email address.

Click [here](#) for further information on a Professional Conduct Committee's work.

PHARMACY PRACTICE

Workforce Assistance

We received 187 expressions of interest to assist during the pandemic, at least a third already held APCs and 52 new short-dated emergency APCs were issued. A number of pharmacists had been away from practise for more than three years and as there would be restrictions to them returning to the practising register, they have not yet been mobilised. We do have a process to enable them to assist should we have requests for urgently needed additional workforce. Some of those offering assistance preferred non-patient facing roles assisting with contact tracing at the Ministry of Health and those names were forwarded on.

Lists of pharmacists available to assist in each region have been distributed to DHB portfolio managers, who are managing workforce supply and demand in each area. To date, including those with emergency short dated APCs, the names and contact details of 109 pharmacists, holding practising certificates have been forwarded on. The Pharmaceutical Society has also contributed a list of pharmacy technicians who have offered to assist, and this has also been provided to the DHB pharmacy portfolio managers.

If you are seeking additional pharmacy workforce, please speak with your pharmacy portfolio manager to check who is available in your region.

Scope of practice during COVID-19

A scope of practice sets out activities that may be undertaken within the competencies associated with pharmacy practice. The scopes are intentionally broad and enabling to cover the huge variation in areas and types of practise that are undertaken by pharmacists working across both patient facing and non-patient facing roles. The scope in effect sets the boundary within which you can practise, but your area of practice and associated competence to undertake any activity defines what you can actually do.

Scope of practise in an emergency

The Health Practitioners Competence Assurance Act 2003 (HPCAA), (section 8(3)a) recognises that practitioners may need to undertake an activity in an emergency that could be outside of their scope in order to respond. The definition of "an emergency" whilst not defined in the HPCAA is universally accepted to be an unforeseen situation or event which requires rapid response to save a life or prevent imminent danger, when there is no-one else available or no other option.

We do not believe that a state of emergency such as the current situation with COVID-19 provides a blanket permission to deviate from scope, as the health system is still operational.

An emergency is an individual circumstance that could happen at any time.

A practical way to assess whether it is an emergency is to consider whether there are any other options/ways to manage the emergency – can you access a paramedic/call the hospital or General Practice? Or, are you the only one around who can act?

Justified variations in practice

In an earlier email to the pharmacy sector, Council emphasised how it would approach justified variations in practice during the COVID-19 state of emergency [here](#).

For the sake of clarity, pharmacists should perform tasks that they are personally competent to perform and seek appropriate supervision for tasks they are unfamiliar with. During the COVID-19 pandemic, how you perform that task may need to change in accordance with environmental and situational limitations.

Emergence of safe innovation

Pharmacists, like other health professionals have had to adapt rapidly to changing situations, often innovating, in an unprecedented time of pandemic, where there is an absence of guidance.

As we move through the COVID-19 response levels it is important to acknowledge that your systems and processes will most likely change. It is at this time that extra vigilance and consideration of practitioner and patient safety will be critical.

By way of example, we know that during level 4 there were significant constraints on patient counselling and discussions about medicine changes, which are both great opportunities to detect errors in prescribing and dispensing. We have heard excellent examples of how some pharmacists and their teams managed to engage virtually with many patients when counselling and patient interaction was critical. We know that you will continue to adapt how this aspect of patient care is managed safely in your pharmacy situation as we drop down through the levels going forward.

Pharmacist responsibility for sales of Complementary and Alternative Medicines (CAM) from a pharmacy

A pharmacist has professional responsibilities and ethical obligations for placing the health and wellbeing of patients at the centre of all pharmacy practice. This includes the provision of all products supplied from the pharmacy, including complementary and alternative medicines.

Although pharmacy technicians and pharmacy assistants are unregulated, there is an expectation that the Pharmacist in Charge has oversight for the activity that occurs within the pharmacy to ensure that core standards and legislative requirements are met to protect public safety.

The Code of Ethics 2018 principle 5G states

“A pharmacist is responsible for the actions of staff under their supervision”. It is important that pharmacists ensure pharmacy staff are trained to identify when patient requests for CAM may be inappropriate and when referral is required. The Pharmacist in Charge should also ensure that any external training provided to pharmacy staff is balanced and unbiased.

Where products are supplied or recommended by a pharmacist there are clear protocols and requirements set out in the [Council statement](#).

The same need for patients to be made aware of the benefits and risks of CAM products applies whether supplied or recommended by pharmacists or their staff.

Naming Policy

When Council makes decisions (orders) about a pharmacist, the result of many but not all those orders will show on the public register, if for example a condition is placed, or the pharmacist is suspended. The Council may also decide to publish an order (e.g. on its website, or a local newspaper) when it believes that it is in the public interest to do so; naming the pharmacist and summarising Council's findings and effect of the order.

The legal authority to publish information about an order has been in the Health Practitioners Competence Assurance Act 2003 (HPCAA) since its enactment.

Following changes made by the government to the HPCAA in April 2019, each regulator must set out its position on publishing orders in a Naming Policy and how it balances public interest against competing practitioner interest.

Outcome from the consultation on Naming Policy

The Pharmacy Council consulted¹ on a draft Naming Policy in late 2019. The draft principle-based policy identified the factors relating to public and pharmacists' interest relevant to considering whether to publish an order. The policy includes a rebuttal presumption (a starting position) for publishing orders relating to competence, but against publishing orders relating to health concerns.

We received responses from ten pharmacists, four pharmacy organisations, the Office of the Privacy Commissioner, the Health and Disability Commission and the Ministry of Health.

The submissions broadly accepted the principles-based approach although some questioned whether the policy would result in an increase in the overall number of pharmacists named by Council and recommended that Council consider the policy developed by another responsible authority. Conversely the office of the Privacy Commissioner supported the inclusion of rebuttal presumptions to frame the different approach that will be taken for health concerns compared with competence concerns. We do not anticipate that the policy

will result in a significant increase in published orders.

Pharmacists were concerned about the potential effect of naming a pharmacist, in terms of for example, professional reputation and the pharmacist's business, and that any such decision was punitive. The policy will guide any decision on publishing a pharmacist's name, based on the unique nature of each case. The pharmacist (or their legal representative) can reference the policy in their submission to Council and Council's assessment will include determining the potential adverse consequences for the pharmacist. Ultimately, the primary focus of Council's decision is managing the risk to the public. There is no scope within the policy to make decisions for punitive reasons.

A few pharmacists thought that a dispensing error could result in a pharmacist being named. However, one-off dispensing errors do not result in a Council order and therefore the Naming Policy would not apply. Instead we ensure that the pharmacist has reflected and learnt from the error and put steps in place to prevent future errors.

¹ As required by the legislation, the Pharmacy Council consulted with pharmacists, the Privacy Commissioner, the Health and Disability Commissioner and the Director-General of Health.

Several respondents advised caution with respect to using social media, noting the prospect of the information being widely available beyond Council's timeframe or after the order had been revoked.

The Pharmacy Council approved the Naming Policy which included recognising Māori protocols (tikanga Māori), modified approach to use of social media and ensuring notices are reviewed for relevance and need for continued accessibility.

The Naming Policy is available on the Council's [website](#)

New Registrations

Congratulations to the following newly registered pharmacists (both BPharm graduates and overseas trained pharmacists) who successfully completed the requirements for registration in December 2019.

Hajar Abou Rabiah	Rachel Fowlie	Lucy Mason
Jen Allen	Amelia French	Alex McKenzie
Jessica An	Anthony Fu	Veejal Mistry
Harshi Ananthula	Ruby Gallavin	Omar Mohmand
Christie Anderson	Reina Graham	Sebastian Moore
Riley Anderton	Olivia Grenfell	Stephanie Murphy
Sherry Arvari	Marni Heidkamp	Neha Naidu
Mary Baker	Melenie Hew	Kane Nathan
Emma Barton	Doug Hong	Tracy Nguyen
Apoorva Basani	Nick Hynson	Gina Nicholls
Chloe Battersby	Jane Hyun	Marizka Oberholzer
Christey Blythen	Johaina Jaffer	Victoria Oh
Jessica Brake	Bismitha John	Shope Olawoyin
Charlotte Brenkley	Neha Jojo	Devam Pandya
Chantae Bridges	Zenith Jumalon	Lucious Pang Pang
Joseph Brown	Andy Jung	Kwan Woo Park
Tayla Cadigan	Illie Kaka	Sally Park
Maryann Cant	Hetal Kalyan	Pavorn Patanasiri
Anna Cao Cao Thi	Heeral Kalyan	Kupal Patel
Vicky Chae	Jess Kane	Hanami Petrie
Zach Chan	Jaskarn Kaur	Laura Pidcock
James Chen	Arnia Kelly	Hannah Potter
Tweety Cheng	Ayeshah Khan	Nina Qin McMurtrie
Hari Chhagan	Monique Kilpatrick	Lily Qiu
Ji-Won Choe	Min Joon Kim	Dave Rah
Grace Choe	Yujin Kim	Akshaya Rajan
Lucy Choi	Charles Kim	Nikitha Rathnayaka Mudiyansele
Stephen Choong	Sally Kim	Marc Rooney
Jen Choong	Sunny Kim	Surbhi Samant

Terry Chow	David Kim	Farrukh Sarwar
Evan Chun	Nadine King	Sophie Scott
Pei Guan Chung	Shien Nee Koay	Hannah Search
Kimberley Chung	Jasmine Koo	Mariam Seif
Sheryll Colina	Suri Kwen	Vicheny Sim
Annaliese Cooper	Laurence Lam	Jessie Sims Johns
Ashleigh Corkill	Andy Lau	Sheryl Singh Singh
Devon Crooks	Helen Lau	Ashveer Singh
David Davidovski	Joanne Lee	Josephine Sithole
Meenul Dayal	Rachel Lee	Anna Sorokina
Jas Dhaliwal	Jung Min Lee Lee	Jess Spence
Ban Dohan	John Leong	Renee Spriggs
Sophie Elliott-Buma	Daniel Liang	Morgan Stevenson
Jemma Fielding	Crystal Liu	Chia Yin Swee
Hamish Tildesley	Aaron Walker	Charis Woon
Jacky Tsao	James Walters	Suri Yan
Marianne Tubilla	Ella Watson	Bonnie Yan
Sherry Ung	Brad Weir	Chris Yee
Drew van Boxtel	Georgina Wilson	Yena Yoo
Joelson Villanueva	Ruby Wilson	Sophie Zeng
Christle Villarin	Trisha Wong	Chixin Zhang
Gezel Volschenk	Ramon Wong	William Zhang
Johny Voong	Joseph Wong	Angela Zhang
Johan Vorster	Lori Woo	Ramona Zhang

We also welcome the following pharmacists from Australia, Ireland, the UK, Canada or the USA onto our register.

Hayder Abed	Jane Hornabrook	Colin Pienaar
Meadhbh Bonnar	Zachary Jonett	Juan Reyes Toro
Eoin Caulfield	Lea Joo	Hannah Rogers
Bhavisha Chohan	Merna Kanaan	Khawar Shabbir
Jessica Dayment	Min Kim	Katherine Sheehy
Emmanuel Dhieux	Jennifer Lowe	Lucy Sibanda
Matitza Du Preez	Jessica McDonald	Wendy Stump
Sarah Emerson	Michael McGrail	Ben Sung
Aaron Fry	Melanie Murray	Lucy Wheeler
Sarah Gharibans	Zahra Patrick	Yi Xuan Yap
Rebecca Hobart	Justin Polley	