

From the Chair and Chief Executive

Kia ora koutou
What a Year !!!

Council is appreciative of the great work that pharmacists have again successfully delivered for the betterment of all New Zealanders' health.

As the regulator of pharmacists, we remain confident that, despite the many challenges facing pharmacists and Council itself, the public can remain assured that pharmacists have maintained their fitness and competency to practise in what can hopefully be described as one in a kind year. We are conscious that the pressures in the sector remain high and are unlikely to abate for the foreseeable future.

Reflecting the busyness and change for pharmacists, whether in frontline services or supporting roles, Council's year has been busy as well. In addition to Council's normal work activity, we have:

- Been working hard to administer a relief fund that we hope is helping to provide a real opportunity for pharmacists to take a break from the relentless demands;
- Put processes in place to at times ensure we have additional pharmacists available if the workload had demanded greater relief (i.e., the issuing of emergency practicing certificates);
- Participated in COVID initiated leadership forums to help drive support at the frontline;
- Run an APC renewal process that accepted some people had not managed to complete their recertification requirements in time. The leniency and follow up did mean extra work;

- Offered and administered the distribution of an APC rebate (we hope the small financial rebate was a small relief).

As well as delivering these important initiatives, we have also successfully continued to deliver our necessary regulatory activities, such as:

- Developing and consulting on competency standards;
- Accrediting qualifications;
- Conducting intern assessments;
- Managing some individual cases of those who have not maintained the appropriate standards;
- Maintaining registrations and the register;
- Developing new recertification requirements; etc.

Again, our thanks for all your hard work. For those who have directly helped Council deliver successfully on its regulatory responsibilities - thank you.

We trust and hope you all have a – Mere Kirihimete – Manuia Le Kirisimasi – Mauia Te Kilihimahi – Monuina E Kilisimasi. Most we trust you all manage to have a well-earned rest and relaxation with whānau and friends. Be safe and we look forward to another big year in 2021.

Ngā mihi nui



Jeff Harrison
Chair



Michael Pead
Chief Executive

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Recertification Requirements for March 2021

Ensure your ENHANCE record shows you are compliant

Our [October 2020](#) newsletter (page 3) outlined some reduced CPD requirements for March 2021, to acknowledge extraordinary workloads experienced by pharmacists during 2020.

To be eligible for your 2021-22 annual practising certificate, you will be asked to confirm in your online APC application that your ENHANCE record shows completion of professional development that totals at least 15 points. Council will conduct a mid-year audit to verify declarations.

If you have not yet recorded evidence in ENHANCE of having met the 15 points' minimum requirement for the 2020-21 year, it is your responsibility to ensure you maintain

access to ENHANCE until at least such time as your record is complete.

Normally in March of each year, a declaration statement is available on the ENHANCE website for you to confirm that you have met the requirements of the programme. This is a declaration you make to the Pharmaceutical Society as the provider of ENHANCE. In March 2021, the only declaration that Council will require for the purpose of issuing practising certificates is the one you make to the Pharmacy Council while you are completing your online application to us. It will not be a Council requirement to complete a declaration on ENHANCE.

APC Rebate – 2019/20 Financial Year

Council opened the online application form on 29 October and had received and processed the information requested to facilitate rebate payments for almost 3,150 pharmacists (approximately 80% of those eligible to apply) by 4 December. Thank you to everyone who responded so promptly, the management of the rebate process has been a resource intensive one and your assistance has been much appreciated.

A reminder was sent by email on 24 November to those eligible pharmacists who had not completed an application advising the online application form link would be deactivated on 1 December 2020 and no online applications could be made after that. This update information was also published to Council's website.

Council strongly encourages every eligible pharmacist to apply for the rebate. If you have not yet submitted a claim, or you do not intend to do so, please send an email no later than Sunday 20 December to enquiries@pharmacycouncil.org.nz providing us with either –

- your name, registration ID and your bank account details, or,
- a confirmation you will not be applying for the rebate.

This is our last call to action, and your last opportunity to apply. There will be no mechanism in place to offset any unclaimed rebates next year, including offsets to any fees and/or levies payable in 2021/22.

The payment process will be finalised in December and any unclaimed rebate value will be returned to Council's general reserves to be applied against future workplans.

Preparing You for Recertification

An update on what has been happening and what to expect...

We are excited about the progress that we are making to ensure that you your pharmacist friends and colleagues are well prepared for the new recertification framework.

Reduced requirements for 2021-22 under the new Recertification system

In the Council's [October 2020 Newsletter](#) we announced that Council has decided on a gradual transition to the full recertification requirements (as part of the new system from 1 April 2021). This means that during the first year of the new recertification framework, you will need to meet some but not all the requirements. The changed requirements were also published in the newsletter. If you are unclear about these requirements, then you can check out the October 2020 Newsletter or access the [Recertification section](#) on the Council's website. We know that many of you were keen to see a gradual introduction of the new recertification system. We heard you and agreed that this would be a sensible way to introduce this change. Thank you to those who fed back to us on the process.

What is the new recertification system?

So, now that you know what the requirements are, what else do you need to know? We think that it is really important that you are clear on the elements that constitute the new recertification system. We have heard some confusion and want everyone to be clear on what the new system is and what it isn't. It is not just about the online technology. The technology is very important because it's where you show us that you have met our requirements. We have spent a lot of time and effort making sure that we procure a system that is fit for purpose and which will give you, the user, a good experience. In addition to technology, there are three other very important elements of the recertification system: the guidance material that will be available to help you to provide the best possible evidence of meeting the requirements; then the next element is the practical help and support so that you can email or call and speak to someone to get help when you cannot find the answer that you need

on the Council's website, for example if you need help finding a verifier or joining a peer group. Finally we have the [required activities themselves](#) which have previously been described.

So, remember, the recertification system is comprised of four elements:

1. the required activities
2. online platform;
3. guidance material; and
4. practical help and support;

We have created this simple picture of the system.



1. Element One: Recertification Requirements

See the first section of this newsletter and the link to Council's October 2020 Newsletter for a description of the recertification activities

2. Element Two: Online Platform – MyRecert

The Council is pleased to announce that Catalyst IT, an experienced player in the e-portfolio market, has been awarded the contract to develop an online portfolio system where pharmacists can record evidence that they meet the new recertification requirements. The platform that is being developed for pharmacists will be called MyRecert. It is based

on Mahara which is an established programme already used by a range of other organisations that include health profession CPD portfolio providers, education bodies and DHBs.

After you use ENHANCE to finalise your submissions for 2020-21, ENHANCE will cease to be used for recertification. You will move to the new MyRecert online platform in April 2021.

3. Element Three: Guidance Material

As we recently announced by email, Council has awarded a contract for the development of the guidance material to Kim Brackley who is known to many of you and is a practising pharmacist and specialist in education. Kim has started work on developing the guidance, templates and good practice examples and has already invited pharmacists to join a focus group discussion to help her in this development work.

We are delighted that Kim has been awarded this contract and are very pleased with the excellent response from community pharmacists and others to Kim's invitation to participate in the focus group activities. These represent a relatively small time commitment for participants. They will not be the only opportunity to help Kim shape the guidance material. Again, we are grateful to participants for giving up their time to ensure that the guidance material fits with the requirements of practising pharmacists.

4. Element Four: Practical Help and Support

From April, we'll make sure that pharmacists who need help to get started on the new activities will be able to email or call. We are working on contracting a supplier for this service and we'll let you know more in February.

April 2021 is only the beginning

REMEMBER! Whilst the new MyRecert online platform, together with guidance material and practical help and support will be available from April 2021, this is simply the date when you can begin recording. You have plenty of time to get to grips with the system and become familiar with it after it is released. Don't panic! This is a process of learning and change. Please be patient with yourself and with us as we all get the hang of the new process. We are looking forward to offering pharmacists a great user experience with the state of the art MyRecert electronic platform.

We're on track

Planning for April 2021 is on-track. We will be providing further updates on the recertification process and timeline on Council [website](#), through newsletters and emails to alert you to these changes (over the months between now and April 2021). Keep your eyes open for these communications.

More questions?

Check the [October newsletter](#) or keep an eye on the [Council webpage](#).

Can't find an answer? Email recertification@pharmacycouncil.org.nz using subject line **Recertification Question**.

How did you find this newsletter?

If you are interested in helping us keep track of how well we're doing with the information we are sending you about the new recertification framework, and you are happy to answer short questions by email, please let us know by emailing recertification@pharmacycouncil.org.nz and using the subject line: Recertification communications .

Celebrating Excellence

Prue, a member of the public recently took the time to send us an email praising the care that Penny Clark, a pharmacist prescriber based in Hamilton, provided. We are aware that every day, throughout the entire country, pharmacists similarly go out of their way to assist patients. This case is simply an example that was brought to our attention. Additionally, we are not suggesting that this is the only way to resolve this type of situation. The best resolution is dependent on specific circumstances (both clinical and non-clinical), and patient needs and preferences.

We would like to share Prue's story to celebrate excellent pharmacist practice and highlight how scenarios in everyday practice align with many of the Competence Standards and Code of Ethics principles; though, day-to-day, pharmacists rarely consider or link their practice in that context. This is aptly summarised by this quote from Penny:

"I guess that's just what many of us do automatically, isn't it? In our various practice settings without a second thought."

Prue and Penny have both consented to their details being published.

In addition to the details Prue provided, Penny also collaborated with the GP to review Prue's clinical history and assess the appropriateness of denosumab and other treatment options. Prue did not meet the New Zealand special authority criteria, and a non-subsided supply of denosumab was unaffordable for her. On Prue's behalf, Penny was able to coordinate with the New Zealand distributor of Prolia and secure a compassionate supply.

Advocating for and guiding patients through the sometimes complex and daunting health system is a key way that pharmacists can help patients access the services and medicines they require to optimise their health outcomes. This case highlights how pharmacists' lateral thinking, effort, and genuine interest in patients' situations make a major difference. As mentioned above we would not expect pharmacists to consider their practice against these standards day-to-day in such depth; their focus should be on the patient. However, we would expect pharmacists to be able to undertake this type of analysis when performing a practice review, for example. This example also shows that, when analysed, scenarios in practice often meet a multitude of practice standards.

Hi,

I want to let the Council know of the outstanding help I have received recently from a Hamilton pharmacist.

In May this year I returned home to New Zealand from Australia where I live, to care for my ailing mother. She is 96, had been diagnosed with stage 4 bowel cancer and was expected to live until about October. Because of COVID, I went through two weeks enforced quarantine in Auckland. I have had polymyalgia rheumatica for six years and joined a GP practice in Hamilton to monitor the condition and my prednisone dosage.

In August I was due for a six monthly Prolia (denosumab) injection for bone density back in Australia. My Hamilton GP recommended that I remain on this treatment rather than have an infusion (Zoledronic acid) but the cost of this was prohibitive. I could have the Prolia picked up in Australia but I couldn't arrange refrigerated transport for it to come to New Zealand. The GP practice pharmacist Penny Clark then rang me to discuss my options and said she would contact PHARMAC to see if they could help with the Prolia. Unfortunately, my case did not meet the subsidy criteria, so Penny told me she would contact the drug manufacturer directly.

I don't know how Penny explained it but a short time later she rang to let me know the Prolia was available and we booked a time for the injection. It obviously caused a stir at the practice with the attendant staff when I arrived!

For me the past six months have been enormously stressful, and I really appreciate Penny's determination, consideration and smart thinking in trying to solve my problem.

Regards, Prue

Code of Ethics

- 1C.** Exercises compassion and care towards patients and the public in a culturally safe and responsive manner
- 2C.** Encourages patients to participate in shared decision-making through respectful conversations, and assists by providing information and advice relevant to the patient's clinical needs in culturally appropriate language, detail and format
- 3C.** Facilitates timely access to, and promotes equitable use of, healthcare resources
- 7D.** Establishes good working relationships with other health professionals and others to enable consultation, communication and collaboration

Competence Standards

- M1.1.1** Applies patient-centered care principles as the cornerstone of professional practice
- O1.1.1** Obtains and assesses the individual's medication and disease history including where relevant, laboratory and diagnostic test results
- O1.3.4** Liaises with and provides recommendations to the prescriber and/or other healthcare professionals to ensure optimal use of medicines by patients
- O1.4.1** Advocates for, and ensures patients access and receive quality services and care commensurate with their health needs.

Pharmacy Team Relief Fund Update

In our last newsletter we let you know about the fund of \$1.7 million enabling workload relief of overstretched pharmacy teams. The fund has been provided by the Ministry of Health and is administered by the Pharmacy Council. It is targeted to pharmacy teams needing relief from the effects of the COVID-19 pandemic.

Updates since last time; the fund is being administered in three tranches and is progressing very well. Successful applicants in tranche one and two have either already received relief or have their relief planned. Reimbursements from the fund have already been made to some of the successful applicants who have submitted their claims to Council.

There has been considerable positive feedback from those who have benefitted from the Fund. It is pleasing to see that the fund is achieving its purpose and giving pharmacy team members time to unwind and catch up on personal time.

We anticipate tranche three opening for applications in the first quarter of 2021. Please look out for an email from Council with the notification.

New Registrations

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

Bethany Mudd
Kathryn Mellor
Yu Hei Ip

Who may work in a dispensary?

At this time of year pharmacies are often taking on new staff to meet Christmas workloads and in preparation for internships. This article discusses who may legally work in a dispensary. It is ultimately the responsibility of the business owner and the pharmacist in effective control to ensure that staff have both the legal right and competence to fulfil a given role.

[Section 42\(1\) of the Medicines Regulations 1984](#) sets out who may legally dispense prescription medicines. This includes, but is not limited to:

- pharmacists
- pharmacy technicians
- pharmacy students or technician students
- pharmacy graduates

The first three on the list above are relatively easily defined: pharmacists with a 'Registered, current' status are identifiable via the [public register](#), pharmacy technicians hold specific qualifications, and pharmacy and technician students are currently enrolled in the relevant course of study.

In terms of pharmacy graduates, Medicines Regulations defines them as holding a pharmacy qualification (as prescribed by the Pharmacy Council) **and** "actively taking steps towards registration as a pharmacist". Two groups fall into this category:

- New Zealand or Australian pharmacy graduates after completing their degree, but prior to registration as a pharmacist, and
- Overseas registered pharmacists seeking registration via the Non-Recognised Equivalent Qualifications Route (Non-REQR).

To ensure that staff are legally authorised to work in a dispensary, employers, managers, and pharmacists in effective control should refer to the guidance below.

New Zealand and Australian pharmacy graduates

A New Zealand/Australian graduate about to start their internship (i.e., after completion of their degree, but before the formal start of the intern training programme) must be able to produce:

- evidence of their qualification (their actual degree may not have been conferred yet), and
- evidence that they have applied for an intern pharmacist APC (e.g., a confirmation email or application fee receipt issued by the Pharmacy Council).

By 1 February a New Zealand or Australian pharmacy graduate must hold an annual practising certificate in the Intern Pharmacist scope to continue practising. This can be verified by a search on the public register or asking the intern pharmacist for a copy of their APC. Any graduate that has not gained an APC and enrolled in the training programme by this date is deemed to not be actively seeking registration. A graduate may still work in other roles, e.g., retail assistant, but not in roles involving any of the activities listed in the Intern Pharmacist (or any other) [scope of practice](#) specified by the Pharmacy Council.

Non-Recognised Equivalent Qualifications Route¹

A Non-REQR applicant should be able to produce a letter from the Pharmacy Council confirming that their initial application has been accepted and their authorisation to practise as a pharmacy graduate. However, if an applicant disengages with the registration process, they will no longer be actively seeking registration and their right to practise will be cancelled. Please [contact us](#) to verify their status.

¹ This category does not include pharmacists who have an initial pharmacy qualification from Australia, Canada, Ireland, the United Kingdom, or the United States of America. These pharmacists' authority to practise can be verified via the public register.

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 have emailed each of these pharmacists and have just sent out follow up postal correspondence. 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 .

FirstName	Surname
Marianne	Baker
Jack	Banks
Ashleigh	Binnie
Kristen	Bondesio
Thomas	Carter
Derek	Carter
Pearl	Coelho
Deborah	Craig
Christine	Darvell
Catherine	Ding
Emma	Duffy
Emma	Elliot
Shiqing	Fan
Alison	Flexman
Philippe	Francis
John	Fraser
Stuart	French
Sacha	Ghatan
Lisa	Gibb
Hannah	Giles
Graham	Glamuzina
Rukshar	Gobarani
Salouni Ketan	Govan
Bronwyn	Hamilton
Sarah	Hanna
Andrew	Harley
Violet	Harley
John	Heale
Richard	Heberd
Toonyawit	Ing-aram
Taskeen	Janjua
Alison	Johnston
Yu	Kao
Danielle	Kennedy
Elizabeth	Kim
Janice	Kim
Sara	Kourkgy
Gina	Ku

FirstName	Surname
Youngjun	Kwon
Julianne	Lagan
David	Lai
Kwang-Hee	Lee
Yue	Li
Lewis	Ling
Trevor	Lloyd
Chi Weng	Lou
David	Mansell
Ahmed	Marmoush
Gemma	Martin
Megan	McCormick
Michael	McGrail
Peter	McIntosh
Brijul	Morar
Melanie	Murray
Jawahar	Musuku
Gita	Nataly
Justine	Nicholls
Isaac	Niemand
Michael	O'Malley
Andrea	O'Malley
Ashmita	Patel
Shambhavi	Patil
Dk	Pg Metussin
Kathryn	Pollock
Lai Yan	Pow
Julian	Price
Raffi	Rassam
Philip	Robertson
Corli	Roets
Nabila	Saadon
Angila	Samadi
Raymond	Sando
Karen	Saunders
Ian	Schofer
Mechail	Sediqi
Stephanie	Sew Hoy

FirstName	Surname
Paula	Sinclair
Lena	Sjolin
Kenneth	Smith
Georgina	Soo
Clare	Strachan
Yuk	Sun
Rebecca	Sutherland
David	Ting
Derek	Tingey
Vishal	Trivedi
Matthew	Tyson

FirstName	Surname
Roger	Van der Kroon
Paul	Vester
Ian	Waters
Rosemary	Weston
Jennifer	White-Johnson
Youri	Wijland
David	Wilson
Veronica	Woollons
Yung-Hsien	Yang
Elaine	Yoong

Health Practitioners Disciplinary Tribunal Decision

In April 2020 a charge laid against Mr Simon James Blue before the Health Practitioners Disciplinary Tribunal (HPDT) was found. The first particular of the charge related to his conviction in the District Court under the Misuse of Drugs Act 1975, an offence which reflected adversely on his fitness to practise as a Pharmacist. The second particular of the charge alleged that Mr Blue practised his profession while not holding a current Annual Practising Certificate (APC). A precis with a link to the full HPDT findings may be found [here](#).

This case highlights the importance of the need to hold an APC and for employers to ensure that pharmacists they employ are legally entitled to practise.

In the new year Council intends to publish a comprehensive overview of pharmacist HPDT decisions in 2020 and highlight relevant learnings for the profession.