

From the Chair and Chief Executive

Kia ora koutou

The Pharmacy Council is very conscious of the enormous workload pressure that many pharmacists have experienced throughout this pandemic. Our focus, as always, is on protecting the public health through safe and effective pharmacy practice. It follows therefore that we have a vested interest in ensuring you are supported to continue to practise safely and effectively in these challenging times. As such Council is taking some very decisive actions which we anticipate you will welcome, given the pressures pharmacists are facing. These include:

- An **APC Fee rebate** in respect to the financial year ending 30 June 2020 (or the APC year of 2020/21).
- **No APC Fee increase for 2021/22** (i.e. the APC fee will remain at the same level as was set for 2020/21).
- A **Relief Fund of \$1.7 million** is to be administered by Council to offer workload relief to those pharmacists / technicians that have not managed to get a break and where one is long overdue.
- **Reduced recertification requirements for 2020/21**. Council is confident assurance of your competence can be maintained but less recording of your development activities will be expected.

Council also recognises the flow on effects of the pressures pharmacists have been under this year in terms of their capacity to be ready for the changes we're making to the recertification framework. In response, the new recertification requirements for 2021/22 will be transitioned over the year with a view to full adoption in 2022/23. Council has asked for and received hugely valuable feedback on its proposed new recertification requirements from over 27 percent practising pharmacists. The full new

requirements as previously outlined will now not be required until 31 March 2023. In the interim (2021/22 APC year) a transitional set of requirements that will enhance our ability to assure the public of pharmacist competence will be required. This transitional set will be simpler than those currently expected.

Each of these actions is discussed in greater detail within this newsletter. In addition, Council has also been working on several other areas, which are outlined also further in this newsletter, including:

- A demographic report that provides a useful evidential base for making workforce planning and policy decisions.
- Changes to Council statements because of various legislative and environmental changes.
- Safety concerns regarding paracetamol.
- Important information regarding administering injectable medicines.
- Pharmacist prescriber update.

This newsletter has a lot of content, much of which is aimed at providing some form of relief. Council is extremely mindful of the pressures you are experiencing and we respect and appreciate your ongoing commitment to do the best for your patients, with their safety always as your first priority.

Lastly, on 25 September we celebrated World Pharmacist Day. Congratulations to New Zealand pharmacists, who along with their colleagues from around the world, are to be applauded for their contribution to public health, safety, and well-being.

Ngā mihi nui



Jeff Harrison
Chair



Michael Pead
Chief Executive

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APC Rebate - 2019/20 Financial Year

Council will be making an APC rebate equating to about 10 percent of the 2019/20 APC fee (excluding the disciplinary levy) or \$60 plus GST in the next month. The pandemic has meant regulatory work that Council had expected to do in the financial year has not happened as planned. We are also very conscious of the financial pressures the pandemic is creating for pharmacists, hence Council is of the view the underspend should be used to provide a rebate in these unusual times.

The logistics of rebating the fee is currently being developed and those pharmacists who are eligible for the rebate will be contacted very soon. Some additional information such as pharmacists' bank account details, will be required in order to physically process the payments. We are working with the aim to have the rebate fully paid by the end of November 2020 at the latest.

No APC Fee Increase (for 2021/22 year)

Council is also delighted to advise, given the ongoing pressures of the pandemic, it has decided to keep the APC Fee for 2021/22 at the current level (i.e. the fee will remain at \$800.62 (this includes the disciplinary levy, \$81.40, the APC fee and GST). This does mean Council will absorb the typical cost pressures that any organisation might experience as part of its normal operations, but we have also found savings in certain cost categories and some of its project work will not advance as quickly as originally planned. Slowing of some project work is happening given the heightened time constraints and workload of the profession.

Financial Year 2019/20 Result

About this time Council would typically be consulting on the next APC fee but with no increase, this is obviously not required. However, as part of this process we do also typically outline the performance of the previous financial year and discuss the Council work programme.

Our auditor has just completed the audit of Council's financial statements for the year ended 30 June 2020. We have achieved a better financial result than expected (i.e. a modest \$1,819 deficit as opposed to a budget deficit of \$325,528). There are four key contributing elements to this result:

1. Council had planned a large piece of qualification development work that is now being led and met by education providers.
2. Some key pieces of work that Council expected other external stakeholders to be progressing this year have not occurred as expected and so Council was able to effectively slow its work programme and therefore, costs.
3. The ongoing impacts of the pandemic have impacted Council's ability to progress or finalise elements of its overall workplan. Work which requires significant stakeholder discussion and engagement has just not been possible.
4. Council's team working from home during alert level lockdowns and the holding of some meetings via zoom has meant costs savings.

Pharmacy Team Relief Fund

Help is on the way for pandemic pressured pharmacists, with the establishment of a new \$1.7 million fund to enable workload relief for overstretched pharmacy teams. The Ministry of Health has made the fund available and asked the Pharmacy Council to administer it.

The fund is targeted to pharmacy teams that meet criteria such as working in a community pharmacy, providing services to significant Māori and/or Pacific populations, likely to be working as a sole practitioner, and limited to those in independent pharmacy settings.

The Pharmacy Council is finalising the processes relating to the fund and will be emailing all practising pharmacists within the next week with further details, including how to apply for relief.

Easing recertification requirements for March 2021 – fewer points, no Group 3.

When the pandemic first started to create large workloads for pharmacists no-one could predict how long those effects would last. We now know the pandemic has had a significant impact on many pharmacists throughout 2020.

Council is acknowledging this sustained effect and supporting the profession by reducing requirements that must be documented in ENHANCE to be issued with an APC for 2021-22. See the table below.

The one-off requirements reflect that most pharmacists have been affected by Covid-19 and may have found it difficult to undertake learning or gather evidence from instances of changed practice for Group 3.

Changed requirements for 2020-21

Existing requirements	Minimum requirements to be met by March 2021
All pharmacists who held an APC from 1 April 2020	
20 points for the year ending 31 March	15 points* completed and recorded during the year ending 31 March
Pharmacists who are completing their 3-year learning cycle in March 2021	
Two Group 3 activities	No minimum requirement
Cultural competence: At least 18 points from one or both of competencies	No minimum requirement

*Points may be from any group and/or M1.4 or M1.5. Council encourages some learning that relates to cultural competence.

*Pharmacists who have held an APC for fewer than 9 months may pro-rate this requirement. For example, if you have held an APC for 6 months, then only 6/12 of 15 points is required, i.e. 7.5 points.

Recertification roll-out informed by your feedback

A big thank you to all who responded to Council's survey (27.5% of all practising pharmacists). You told us what you did and didn't like, and what you weren't sure about. We have a firm handle on the information and support that we should prioritise for pharmacists as the new framework is rolled out. We have listened and we have some changes to share in response.

Taking it slowly

The Council met recently and confirmed the new framework will be introduced through a slow transition to the full requirements, starting 1 April 2021. We appreciate that 2020 has been tough for many community pharmacists and we have been thinking hard about how to take slower steps to the full requirements. See the Transition table below for transition requirements that will apply for March 2022.

Council to absorb recertification cost

Council will absorb costs of the recertification requirements and technology within existing budgets. Any increases to APC fees for five years from April 2021 will be unrelated to the new recertification framework.

From 1 April 2021, ENHANCE will cease to be the platform onto which pharmacists record evidence of meeting recertification requirements. Non-members of the Pharmaceutical Society will no longer be required to pay \$490 to record CPD. We do encourage pharmacists

to join professional membership organisations for the support and advocacy they offer.

More information

You've told us that you need more information, that you're uncertain about the verifier role and you may need help joining a professional peer group. Assistance will come in two forms: guidance and support.

Guidance: This will be material you can refer to, to ensure you understand each requirement and can achieve it. You've told us that the most useful guidance is a description for someone new to the activity, a template to guide you and an example of evidence of a good standard. We plan to engage a person or entity to create this material for you and have it available early next year.

Support: This will be in the form of someone you can contact to get assistance, especially for finding a verifier or joining/setting up a professional peer group. Again, we will be engaging entities to support you.

The role of the verifier. We know many pharmacists do not yet see this role as simply a professional support that confirms your recertification activities have relevance to your role. We are thinking some more about how to ensure your comfort with the idea. We will keep communicating with you on how this role assists the assurance we receive, whether it should be called something else and the legal advice we receive about accountability.

Transition – modified requirements for 2021-22

Framework requirement		Requirement for 2021-22	Note
Description	Number required per year	Number required (year 1 only)	
Create a professional development plan for the year	1	1	Possible to upload relevant section of employment planning/appraisal, if desired
Complete a professional development cycle	2	0	

Framework requirement		Requirement for 2021-22	Note
Description	Number required per year	Number required (year 1 only)	
Write a reflective account	1	1	Free choice of competence standard to focus on (alternatively, a critical incident)
Participate in two professional peer group meetings	2	1	In person or online
Take an action towards cultural safety	1	1	
Take an action that keeps you up-to-date	1	0	
Hold conversations with your verifier	2	2	
Verifier confirms professional development has been relevant to your role	1	0	No confirmation statement is required for the first year.



Demographic Report

Each year at 30 June 2020 Council takes a snapshot of the register and analyses the information for workforce trends. The analysis is then made available for all stakeholders in the form of a [demographic report](#). Most importantly, the raw data is also supplied to the Ministry of Health for the purposes of workforce planning.

Our analysis shows pharmacists are predominantly:

- Young (median age 37.6 years)
- Female (67%)
- Community based (79% of practising pharmacists list their primary practice setting as Community Pharmacy, 14% as Hospital and & 7% in all other settings), similar to previous years.

This year you will recall we also asked you to link your workplace to a list provided by the Ministry, which has facility ID and geographical coordinates included. This has enabled us to present more accurate geographical information about pharmacist practice location mapped against both the regional Council boundaries and DHB regions.

It is interesting to note that the pharmacist workforce is largely stable, with little change from previous years.

Summary of pharmacist workforce:

- Average of 7.8 pharmacists per 10,000 population
- For the past 10 years the practising pharmacist workforce has increased at an annual rate of around 2% per annum
- 49 Pharmacists identified General Practice as their primary or secondary place of work, including 19 Pharmacist Prescribers

Council continues to analyse the anonymised data to help inform policy developments within the profession. We also continue to work with the Ministry of Health with the data to better inform the regulatory tools as mandated under the Health Practitioners Competence Assurance Act 2003.

Changes to Pharmacy Council statements

Several Council statements have undergone technical updates to reflect environmental and/or legislative changes. We have highlighted these below and provided links to the updated statements on our website. Please note these amendments DO NOT mean any change in direction of Council policy or significant pharmacist practice changes.

<p>Previous title: Council expectations of pharmacists on the use of Electronic Cigarettes/Vaping for smoking cessation.</p> <p>Now titled: <u>Council expectations of pharmacists on the use of vaping and smokeless tobacco products for smoking cessation</u></p>	<p>Updated to reflect the Smokefree Environments and Regulated Products (Vaping) Amendment Act 2020</p>
<p>CAM statement <u>Pharmacy Council Complementary and Alternative Medicines – Statement and Protocol for Pharmacists</u></p>	<p>Reference to the Natural Health and Supplementary Products Bill has been removed (Paragraphs 7 and 8 in the previous version have been deleted)</p>
<p>First Aid Policy and Flowchart <u>First Aid Policy</u> <u>First Aid Requirements for Pharmacists Flowchart</u></p>	<p>Have been reformatted and details of first aid requirements for vaccinators removed since these are set by the Ministry of Health Immunisation Advisory Centre (IMAC), not Council.</p>

Safety concerns related to Paracetamol supply

You will all have seen the recent articles in the media about an accidental paracetamol overdose by a student in 2017. The coroner's report highlighted concerns about paracetamol supply and access in the community, particularly through supermarkets. As a result many supermarkets now have limits on paracetamol purchases.

In our newsletter of February 2017 Council published information regarding supply of paracetamol through pharmacy and encouraged pharmacists to be vigilant and limit supplies to one pack per purchaser, both in-store and on-line on grounds of patient safety. This followed concerns expressed by Medsafe following publication of an article in the New Zealand Medical Journal, Volume 128, number 1424 by Dr Freeman and Dr Quigley regarding

the incidence of overdose related to paracetamol presenting at hospital.

We are aware that pharmacists undertake their professional and ethical obligations with regard to the supply of over the counter analgesics very seriously. Patients often do not understand the rationale for the refusal of multiple purchases or frequent purchase requests and can challenge pharmacist decisions to refuse to supply.

It is important to assert your right to decline the sale of any medicine when you have concerns about clinical appropriateness or patient/public safety. In such circumstances outlining your professional and ethical obligations as a pharmacist and an explanation on grounds of concern for patient welfare/safety can often assist.

Important reminder - Administration of injectable medicines

Pharmacists who have the skills and competence to administer injectable medicines must be able to provide evidence of the application of their professional skills and knowledge in accordance with Competence Standard¹ O3.4- Administer Medicines.

This would include:

- having current pharmacist vaccinator status
- legal permission to supply the medicine (e.g. by prescription or by legal classification for administration by a pharmacist such as the influenza vaccine)
- any additional training or skills required to safely administer that particular medicine (e.g. vit B12 injection training/professional development)
- standard procedures that meet national standards/guidelines (e.g. IMAC² requirements)
- processes to record the supply and administration appropriately (e.g. in your patient management system and/or on the NIR).

For example, pharmacists with vaccinator training are able to administer Vitamin B12 as long as they have undertaken professional development to ensure they have the competencies required. Vitamin B12 is a pharmacy only medicine and can therefore be supplied to the patient and administered by injection legally by a pharmacist (who is a vaccinator).

We would also encourage pharmacists to check for the clinical indication when injecting B12 upon receiving a request from a customer, whether that may be history of previous prescribed supply, or instruction from a prescriber to their patient to have this done at their local pharmacy.

Council understands that pharmacists have been approached by consumers to inject vitamin B12, where the ampoule was not dispensed by the pharmacy. There is nothing legally preventing a suitably trained vaccinator pharmacist from doing so as long as the pharmacist is satisfied with the safety of the medicine (recognisable brand and within batch expiry date) and the way in which the medication has been stored. In such instances, the pharmacist should refer to manufacturer storage information and any national or regional guidelines or protocols.

It is always important to consider whether there is any potential additional risk from injecting patient supplied injectable medicines. For injectables recently dispensed which do not require special storage, such as refrigeration the risk is likely to be assessed as low. In contrast it is likely to be unsafe to administer patient supplied injectable medicines with strict cold chain storage requirements if you cannot be assured that optimal storage conditions have been maintained.

¹ Competence Standards for the Pharmacy Profession 2015

² Immunisation Advisory Centre requirements

Pharmacist Prescriber Update - Number of NZ Registered Pharmacist Prescribers doubles¹

Congratulations to all those who successfully passed the 2019 pharmacist prescriber course and who have now all registered in the scope.

In the last 16 months, the number of practising pharmacist prescribers has increased from 20 to 36. The 2019/2020 year saw the largest annual increase in pharmacist prescribers since the scope was introduced in 2013/2014. This is great news and, though these numbers are still small, this demonstrates the increasing opportunity for pharmacists in prescribing roles and more generally in collaborative multi-disciplinary teams.

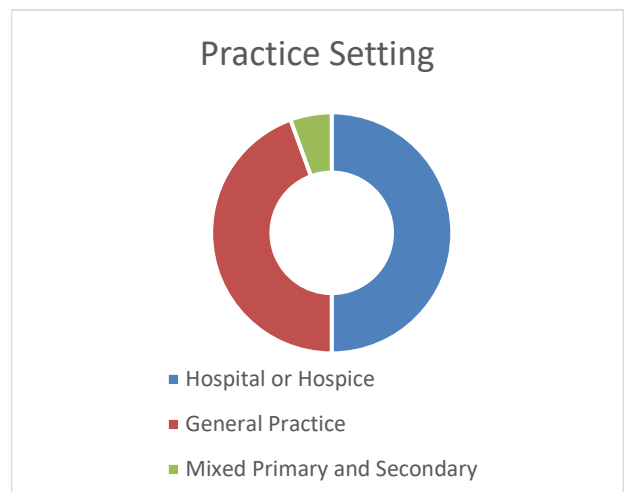
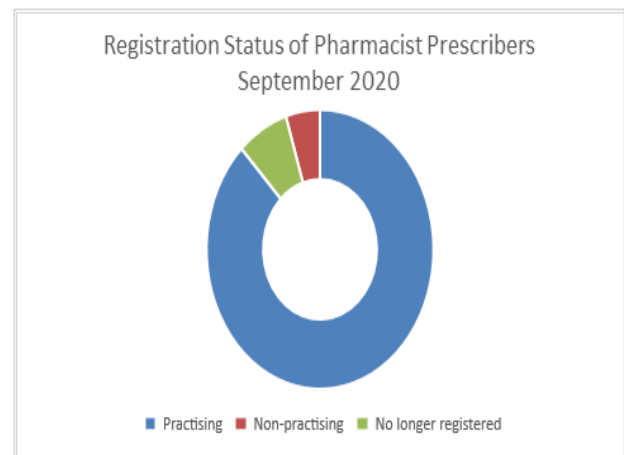
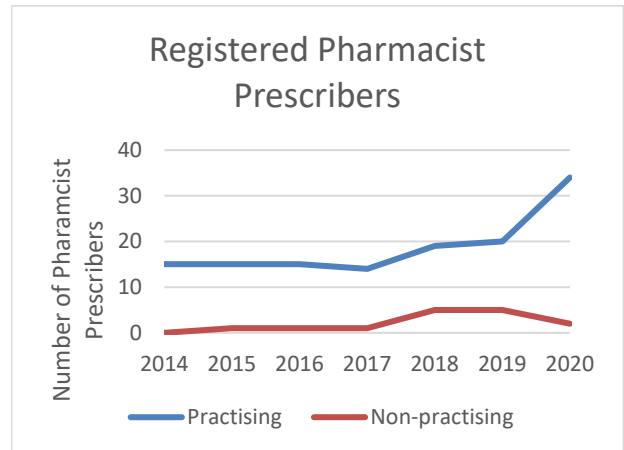
Area of practice for pharmacist prescribers (with current APC)

Analysis of pharmacist prescriber practice area shows roughly an even split between primary and secondary care settings.

- 18 practising in hospital or hospice setting
- 16 in General Practice
- 2 in a mixed model hospital/General Practice

In total 41 pharmacists have been registered in the Prescriber scope of practice since it was introduced in 2013/2014. The vast majority of these continue to practice.

Watch out for a consultation on the revised Pharmacist Prescriber Competence Standards – out for feedback in the next couple of weeks!



¹ At 22 September 2020

New Registrations

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

Zainab Al-Kamali

Zachary Jonett

The Ministry of Health has asked us to ensure you have heard about the Āwhina app

What is Āwhina?

Āwhina is a free mobile app that lets health workers access the latest information from the Ministry of Health and other trusted sources. The information in the app is a single source of information about COVID-19 from the Ministry of Health and other trusted sources. The app pushes notifications about updates or new content and allows users to save content in the app for quick access later on.

User feedback on Āwhina:

“For this accurate up to date info, it is a superbly easy way to ensure you are acting in the safest and best possible way for staff and patients.”

Āwhina – latest (September) release features:

- Ability for users to indicate whether articles were useful and the ability to provide feedback on how we can improve these from within the app
- Updated menu items, including a new resource for pressure injuries
- Displaying an app icon badge on all devices (typically a red circle indicating the number of unread updates)
- Improvements to the Notifications list – notifications display in order of most recent first, and the notification bell count updates when articles are viewed in Latest Information feed.

More information and details of how to download the app are on the Health website: health.govt.nz/awhina
