



September 2019

From the Chief Executive

Tēnā koutou

Since our last newsletter, as many of you may already be aware, we have a new team of Council members. It has been an exciting period as we welcome the following new members, as appointed by the Minister of Health, to govern and lead Council:

- Ahmad Zareh
- Charlotte Schimanski
- Emma Salis
- Katrina Azer
- Michelle Lomax
- Ming-chun Wu

The Minister also reappointed the following members, to make up the full complement of eight Council members:

- Arthur Bauld
- Jeff Harrison

Council had a full induction day and its first meeting in the second week of September. At its meeting, Council reconfirmed Dr Jeff Harrison as its Chair. A full set of biographies on the new Council members is included at the end of this newsletter (as well as on our website).

With all changes of the guard, regrettably we also had to farewell a team of Council members that had contributed significantly, with passion and upmost professionalism, to a regulatory framework that confidently and robustly assures the public of its safety whilst receiving quality pharmacy services. Our sincere thanks to: Mark Bedford (who served over nine years, the last three years as Chair); Marie Bennett; Lynnette Flowers; Iain Buchanan; and Viv Gurrey.

In this newsletter we also celebrate World Pharmacists' Day (on 25 September); provide some pharmacy practice guidance on the:

- Supply of medicines without a prescription
- Importance of Standard Operating Procedures

Plus, we discuss the cultural competence journey and share a recent Health Practitioners Disciplinary Tribunal case decision.

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Ensuring public wellbeing through safe pharmacist practice

WORLD PHARMACISTS DAY

Safe and effective medicines for all

The Pharmacy Council recognises the value of pharmacists within the health care system, and that competent pharmacy practice is required to “minimise risk of harm to public” and “maximise pharmacists’ competence and fitness to practice”.

This World Pharmacists Day, the Pharmacy Council invites you all to appreciate and reflect upon the vital role pharmacists have in using their unique pharmacy knowledge and skills to provide and promote positive health outcomes for all.

Congratulations to all pharmacists, whether patient facing, or non-patient facing for your contribution to public health, safety, and well-being.



Michael Pead
Chief Executive

SUPPLY OF MEDICINES WITHOUT A PRESCRIPTION

The Pharmacy Council has fielded concerns from both the public and pharmacists regarding members of the public being supplied with medicines outside of legal, professional, ethical and/or clinical boundaries.

Example: One pharmacist, adhering to legal requirements and best practice, declines supplying Voltaren 25mg to a patient for chronic pain as per the [Protocol](#) for the Sale and Supply of Pharmacist Only Medicines for Chronic Conditions. The patient requests it at another pharmacy and is supplied it.

In order to ensure safe, consistent and predictable range of services that are available to the public, this article aims to serve as a reminder that pharmacists must only provide services and products according to:

- their **scope of practice**
- the legal requirements (e.g. **approved use**)
- the **clinical appropriateness**.

Scope of Practice

For any non-prescription supply, a pharmacist must ensure that supply is clinically appropriate and safe. This assessment is based on a pharmacist's "professional expertise and competencies" and must be "within relevant scope(s) of practice".

Example: *Supplying dexchlorpheniramine for canine use*
Pharmacists do not have the competencies required to assess the clinical benefits and risks when medicine is intended for animal use. Supply of medicine for animal use without a veterinary prescription is considered to be outside of the pharmacist scope of practice.

Approved use

Pharmacists' advice must align with the approved use of medicines as per their [classification](#) and [data sheets](#). [Section 29](#) of the Medicines Act 1981 only permits medical practitioners to recommend unapproved medicines or unapproved uses for medicines.

Example: *Recommending that a patient takes loratadine at a dose of two tablets daily*
According to its data sheet, the maximum daily dose of loratadine is one tablet once daily.

Professional/Clinical Guidelines

For many Pharmacist-Only medicines, there are clear clinical guidelines to help pharmacists determine when non-prescription supply is clinically appropriate and when it is not. These guidelines, available through the Pharmaceutical Society's Pharmacy Practice guidelines eHandbook, align with best practice, and in addition to safeguarding the patient, they also act to provide patients with predictable and consistent service across pharmacies.

Example: *Supplying chloramphenicol for use by a patient who wears contact lenses*
PSNZ has produced guidance notes for the Pharmacist-Only supply of chloramphenicol eye drops/ointment that state that patients that wear contact lenses require referral to a doctor or optometrist.

The Pharmacy Council encourages pharmacists to:

- have conversations** about the legal, professional, ethical and clinically safe pharmacy practice with your fellow health professionals
- familiarise yourself with information** on supplying medicines or services available on Council, Medsafe and your membership organisation's websites
- engage with your local DHB** portfolio manager to ensure that your community has access to appropriate services.

Competence Standards

M1.1.6 Works within limits of own professional expertise and competencies, and within relevant scope(s) of practice.

M1.2.2 Complies with those parts of the legislation that apply to his/her pharmacy practice.

Code of Ethics

6C Is accountable for practising safely and providing professional services only within their own scope of practice, and for maintaining professional competence relative to this scope of practice.

CULTURAL COMPETENCE - ON THE JOURNEY

Cultural competence is the ability to interact respectfully and effectively with persons from a background different from one’s own. It goes beyond an awareness of or sensitivity to another culture, to include the ability to use that knowledge in cross-cultural situations.

Council has met its legal requirement to set competency standards for cultural competence since its inception in 2003 when the standards looked like this:

Element 1.4 Practise pharmacy within a New Zealand cultural framework

1.4.1 Demonstrates empathy and sensitivity to others’ needs and values

Examples of Evidence:

Is sensitive to different ethnic approaches to health
Responds to New Zealand’s cultural diversity

1.4.2 Complies with the intent of partnership, as set out in the Treaty of Waitangi

Examples of Evidence:

Demonstrates awareness of New Zealand’s bicultural society
Ensures that Māori receive pharmacy services that meet their needs, as necessary
If appropriate, liaises with Māori and Māori Health providers

Council’s [Statement on cultural competence](#), first published in 2009, introduces a deeper understanding of reasons for health disparities including power imbalance in healthcare relationships, and the influence of culture on expectations and perceptions of the healthcare system.

Competency	M1.4	Practise pharmacy within New Zealand’s culturally diverse environment
Behaviours	M1.4.1.	Undertakes regular self-reflection to identify own cultural values
	M1.4.2.	Understands and is able to explain the impact that own identity, including cultural values, has on one’s practice as a pharmacist
	M1.4.3.	Identifies and values the cultural diversity of own area of practice
	M1.4.4.	Respects others, both individually and collectively
	M1.4.5.	Understands and explains the impact of culture on health status and on maintenance of health
	M1.4.6.	Identifies and works towards reducing factors that contribute to inequities in health outcomes
Competency	M1.5	Understand Hauora Māori
Behaviours	M1.5.1.	Understands and describes the relevance of Te Tiriti o Waitangi
	M1.5.2.	Understands Māori perspectives of health
	M1.5.3.	Recognises the differing health status of Māori and non-Māori and incorporates strategies in own practice to attempt to address these
	M1.5.4.	Pronounces Te Reo Māori correctly, in particular proper nouns, understands common or relevant words and can use them when appropriate

Cultural Competence (continued)

The 2015 [Competence Standards for the Pharmacy Profession](#) set significantly higher expectations than earlier standards. They leave no doubt that pharmacists must acquire relevant knowledge and recognise persistent disparities that remain untenable under Te Tiriti o Waitangi. Pharmacists must demonstrate appropriate behaviours and employ effective pharmacy strategies to improve health outcomes for Māori. Explanatory notes on page 10 of the standards discuss practising in a culturally diverse environment and give guidance on addressing health inequities.

Council is acutely aware that a culturally competence profession improves trust, access to healthcare and medicines' adherence for people who have had poor health outcomes. In 2016, Council went beyond setting standards of cultural competence in practice and it introduced cultural competence learning into recertification requirements. Just over a quarter of the 3-year requirements must relate to standards M1.4 and M1.5.

Compliance was checked for the first time in March 2019 and Council is pleased that 99 percent of approximately 3,300 practising pharmacists had completed learning relating to cultural competence. Of course, we want all pharmacists to be fully compliant, and we have followed up with the few that were not. Council cannot be sure how much of a pharmacist's learning translates to changed practice, but results show many pharmacists are enhancing their understanding of how their own cultural identity affects the way they practise. They are also learning more about language and cultures different to their own, helping to ensure conversations with patients are respectful and effective in creating the best possible clinical outcomes.

IMPORTANCE OF STANDARD OPERATING PROCEDURES (SOPs)

Some of the Health and Disability Commission (HDC) cases referred to Council, show that SOPs for dispensing and checking are either not reflective of the pharmacy process, not followed or practice has deviated from the documented procedure. Most commonly it is the checking SOP that is not fully complied with. Steps are omitted in the checking process which then leads to errors, and or harm.

Steps in the dispensing and checking process are often missed because staff are unfamiliar with the SOP or deviations have resulted from workload and pressure to dispense the medicine, complete the final check and supply the medicine to the patient.

Examples of steps being not being followed that we have observed in HDC cases:

- Poor or absent clinical check at the time of input
- Dispensing off labels rather than the prescription
- Not separating the dispensing and checking processes
- Lack of annotations on the prescription to clarify activity or identify dispenser and checker
- Missing the opportunity to check with patients when counselling.

The Council would like to remind managers to ensure that SOPs are updated regularly, reflect dispensary practice and that all staff have read and understood the SOPs. Staff meetings to discuss SOPs or changes to SOPs is another way to ensure that all staff are aware of the importance of each step in the process and their responsibilities.

HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL DECISION

In March 2019 charges laid against Mr Simon Cooper before the Health Practitioners Disciplinary Tribunal (HPDT) were found.

These charges related to inappropriate behaviour and the inappropriate dispensing, packaging/labelling and storage of drugs. A precis with a link to the full HPDT findings may be found [here](#).

COUNCIL MEMBERS

Ahmad F Zareh

Bpharm (Hons), RegPharmNZ



Ahmad is a community pharmacist who is a co-owner of four Life Pharmacy's in New Zealand.

He is dedicated to advancing the pharmacy profession by mentoring and supporting young pharmacists. Ahmad has been a previous board member of RASNZ looking after Refugee Health and wellbeing and he was the president of Auckland Pharmacy Student Association. Ahmad won a prestigious national award in 2017 when he won the Good Sort Pharmacist of the Year for his involvement in the pharmacy profession.

Being a young pharmacist, Ahmad brings a fresh perspective wherever he goes. He believes pharmacists are ranked amongst most trusted health professionals in New Zealand.

Arthur Bauld

(Ngāti Wai/Ngāpuhi/Te Rarawa/Ngāti Toa/Ngāti Raukawa) DipPharm, RegPharmNZ



Arthur is currently an Addictions Pharmacist with the Auckland Opioid Treatment Service and a community pharmacist with 30 years of pharmacy practice experience across both retail and hospital pharmacy sectors as well as academic, regulatory and organisation board roles. He was previously a Co-President of the Māori Pharmacists' Association and their representative on the Auckland School of Pharmacy Board of Studies. His roles have ranged from management and sole charge pharmacist through to a wide range of leadership responsibilities.

Arthur was appointed to the Pharmacy Council in 2015 and was reappointed in 2019 for an additional two-year term.

"My motivation comes largely from my whānau and a sense of duty as well as the people around me. I see pharmacists excelling in their hugely diverse professional roles and thereby improving the quality of peoples' lives on a daily basis and that inspires me to contribute."

Charlotte Schimanski

Bpharm, RegPharmNZ



Charlotte is a registered Pharmacist with 14 years' experience and owns a community pharmacy in Rotorua. She is currently studying towards a Post Graduate Diploma in Public Health.

Charlotte has been a member of Pharmacy Council independent Professional Conduct Committees since 2011. She has also provided expert advice to the Health and Disability Commissioner and work for the Pharmaceutical Society. Charlotte has governance experience from observing on the Rotorua Economic Development Board, and the Rotorua Regional Airport board. She is also a current member of the Midlands Community Pharmacy Group Board.

Emma Salis (Dr)

BSc. BPharm. PGDIPPharm. PhD (Clinical Pharmacy), NZRegPharm. MPS



Emma is currently a clinical editor for the New Zealand Universal List of Medicines (NZULM) at the New Zealand Formulary (NZF). She also occasionally works as a locum in community pharmacy.

Since becoming a registered pharmacist in 2004, she has gained experience in pharmacy practice and teaching in both New Zealand and the United Kingdom.

She has gained numerous qualifications from the University of Otago including her greatest achievement, a PhD in clinical pharmacy. Her PhD project, titled "Factors affecting glucose homeostasis in premature neonates" was centred on investigating the different factors affecting glucose concentrations in premature babies with a focus on high blood glucose.

During her PhD studies she started a family and now has three young children and therefore has recent experience with leaving and re-entering the workforce as a pharmacist. Emma feels that through her experiences as a mother and working part-time she can contribute greatly to the pharmacy profession as she has experienced the difficulties many female pharmacists face. With the pharmacy workforce being female dominated, a significant proportion of them will be working as well as raising families.

Jeff Harrison (Dr)

BSc Hons (Pharmacy), PG Dip Clin Pharm, PhD (Surgery), PG Cert (Clin Ed) (Chair)



Jeff is the Senior Lecturer at the School of Pharmacy, University of Auckland. His university teaching spans all four years of the undergraduate curriculum as well as a number of clinical pharmacy postgraduate courses. Jeff's research focusses on cardiovascular disease, diabetes and the increased risk of these in people with mental illness. He has been a pharmacist for 25 years, applying his knowledge of pharmacotherapy to solve unique patient problems.

Jeff was appointed to the Pharmacy Council in 2012 and was reappointed in 2019 for an additional two-year term. Jeff enjoys the challenges his role offers on the Pharmacy Council and as newly elected Chair. His goal is to achieve good governance, to help ensure public safety, and to raise the standards and aspirations of all pharmacists, especially where these relate to patient care.

"What drives me is a sense of responsibility to do my best for others. As an academic, I enjoy discovering something new through research," says Jeff.

Katrina Azer

Bpharm, RegPharmNZ



Katrina is a Christchurch-based pharmacist and manager with 11 years of community pharmacy and business launching experience. She has had considerable involvement working with the Pharmacy Council over the last 8 years of her practice. From being on Council’s committees relating to professional conduct and intern assessment activities, to being part of the code of ethics and competence standards Council working groups.

Katrina is also a member of the Pharmaceutical Society NZ Early Career Pharmacist Steering group and feels responsible for advocating for, and shaping the future for, all pharmacists and especially those in their early years of practice. She is passionate about assisting patients to achieve and maintain optimal health and wellbeing by adopting a holistic approach that focuses on disease prevention and integrating with other health professionals to enhance patient medication adherence.

Katrina is interested in health innovation and technology and their application to pharmacy practice and aspiration for the profession to further integrate these into daily practice to maximise patient health outcomes. Her inspiration and professional fulfilment stem from knowing that each day, she has the chance to connect with patients to improve their health and medicine literacy and make a difference in their lives.

Michelle Lomax

LLB



Michelle trained as a lawyer and is currently working as an advisor on disability issues at Community Law Canterbury. Michelle has been an elected West Coast District Health Board member (co-chair, Advisory Committee; previously chair of Hospital Advisory committee, and member of Community and Public Health and Quality, Finance, Audit and Risk Committees (all committees of West Coast DHB).

For the past six years Michelle has mainly been a full-time mother to her six children, taking on a number of voluntary positions to support them, including as a trustee and chair of Buller High School, and as an advocate on child and maternity issues, as well on disability issues.

Ming-chun Wu

CMIInstD , MBA, BSc, BBus, BEd, BA



Ming-chun Wu is a Chartered Director with the Institute of Directors with over 10 years’ experience in developing strategies and leading transformational changes to improve effectiveness and efficiency of organisations. She brings governance experience as well as practical knowledge and hands-on experience of how professional bodies operate in regulated environments.

Having held senior public-sector roles and led strategy formulation and policy development in large public-sector organisations, Ming-chun has a sound knowledge of the relevant Acts, such as the Health Practitioners Competence Assurance Act 2003, having worked in Special Education and managed workforce development for 2,000 Ministry of Education specialist staff (including psychologists and speech language therapists) and managers across the country.

Ming-chun has held governance roles in professional organisations, community and volunteer service organisations, and expert advisory boards. She is also an experienced secondary school teacher and has been on the National Executive and was the Auckland Regional Chairperson for the New Zealand Post Primary Teachers’ Association (PPTA).

Being socially-minded, Ming-chun is a Trustee for the Wellington Community Trust; the current Board Chairperson and Trustee for Volunteer Wellington; and the current Vice-Governor on the Board of Directors for Altrusa International in New Zealand which is an international organisation dedicated to community service with 20 service clubs across New Zealand.