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# THE PHARMACY COUNCIL



The Pharmacy Council is pleased to submit this report for the year ended 30 June 2007 to the Minister of Health. This report is presented in accordance with section 134 of the Health Practitioners Competence Assurance Act 2003.

## MISSION

The Council will protect and promote the public wellbeing by ensuring pharmacists practise competently.

## VISION

The Pharmacy Council helps ensure that New Zealand pharmacists perform to the highest standards to improve public well-being.

## VALUES

- Uncompromising commitment to public safety
- Consistent fair and transparent processes
- Patient and consumer focus
- Ensure best practice

## DUTIES AND FUNCTIONS OF THE PHARMACY COUNCIL

The Pharmacy Council has a duty to strive to ensure the highest standards of excellence in the practice of pharmacy are met; to acknowledge the principles of the Treaty of Waitangi, and to ensure that proper standards of integrity, conduct, and concern for the public good are maintained.

### **The functions of the Pharmacy Council under section 118 of the HPCAA are:**

- a) to prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes;
- b) to authorise the registration of health practitioners under the Act and to maintain registers;
- c) to consider applications for annual practising certificates;
- d) to review and promote the competence of health practitioners;
- e) to recognise, accredit and set programmes to ensure the ongoing competence of health practitioners
- f) to receive and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of health practitioners;
- g) to notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.
- h) to consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession;
- i) to set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession;
- j) to liaise with other authorities appointed under the Act about matters of common interest
- k) to promote education and training in the profession;
- l) to promote public awareness of the responsibilities of the authority
- m) to exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment.



## PHARMACY COUNCIL MEMBERS

AT 30 JUNE 2007



There have been some changes to the Pharmacy Council membership since 30 June 2006. Brian Irvine retired from Council on 18 December 2006. He had been appointed to the Council on 18 December 2003.

Mr Keith Crump was appointed as a member on 1 December 2006.

### Back row standing from left:

**Carolyn Oakley-Brown** BPharm MNZCP, RegPharmNZ (Chair) is a Christchurch pharmacist and has been a member of the Council since its inception. She has wide experience as both a community pharmacist and pharmacy proprietor and is actively involved in medicines management programmes.

**Dr Judith Johnston** BA (Hons), MA, PhD is a management consultant with many years of experience in the public and private sectors, including a term as Deputy Director General of Health.

**Andi Shirtcliffe** B.Pharm PG Cert Pharm, MNZCP, MPS RegPharmNZ (Deputy Chair) is a former pharmacy proprietor who currently works in the Wellington area as a consulting pharmacist. Andi is a previous Pharmaceutical Society of New Zealand Councillor.

**Jo Mickleson** BPharm, Diploma in Management, RegPharmNZ is a pharmacist from Nelson with wide experience in both community and hospital pharmacy. She is currently a member of the Hospital Advisory Committee to the Nelson-Marlborough District Health Board and has held roles as a clinical pharmacist as well as positions in the areas of policy and management.

### Front row standing from left:

**Keith Crump** DipPharm, MPharm, RegPharmNZ is a pharmacist based in Auckland with experience in hospital, teaching and primary care roles. He currently splits his time working for a PHO advising GPs, teaching undergraduate BPharm students and clinical work as a mental health pharmacist for the Waitemata DHB.

**Dr Andrew Bary** PhD, BPharm (Hons), MPS RegPharmNZ is a pharmacist based in Queenstown. He has wide experience in community pharmacy, as a pharmacy proprietor and in pharmacy education.

**Professor John Shaw** BSc, Dip ClinPharm, PhD, FNZCP, FRPharmS, FPS, RegPharmNZ is Head of the School of Pharmacy at the University of Auckland. John is actively involved in current pharmacy practice and brings an academic perspective to the Pharmacy Council.

**Darryn Russell** MIndS is Maori Affairs Advisor in the Office of the Vice Chancellor at the University of Otago. He is also a director of Te Runanga o Otakou Incorporated (a local Ngai Tahu Marae Council), Ngai Tahu Seafood Ltd and Araiteuru Whare Hauroa (a Maori health provider in Dunedin City).

### Inset:

**Brian Irvine** Dip HA, DipClinPharm, FNZHPA, ANZIM, FPS RegPharmNZ of New Plymouth is involved in a Taranaki PHO through First Health. He is a Council member of the Commonwealth Pharmacists' Association and a past president of the Pharmaceutical Society of New Zealand.





## CHAIRPERSON'S REPORT



This year has been one of significant progress towards the long-term goals of the Council to meet our vision that the Pharmacy Council helps ensure New Zealand pharmacists perform to the highest standards to improve public well-being.

As part of the standard-setting role, in August 2006 I was delighted to launch the Pharmacy Council Competence Framework for Medicines Management, which is a framework that describes four levels of pharmacist-delivered services with matching competencies. This was in response to a request from the sector (pharmacists and funders) to determine the competencies needed for future services. These competencies were reflected in the DHBNZ document also produced later in 2006, outlining four levels of services that will be funded by various DHBs nationwide. Some of these services are already being funded now.

The year also marked a milestone with the first accreditation of pharmacists who had met the Council-set standards required to undertake services for the second level of the framework for pharmacists – the Medicines Use Review. Having undertaken the training myself, and becoming one of the first MUR – accredited pharmacists, I am proud that the Council work has enabled the District Health Boards to recognise pharmacist skills, and fund these new medicines management services which I have seen result in positive health outcomes for patients. Some DHBs have also paid for this Pharmacist training, which is also new and very positive.

The Council held a strategic planning session in February 2007, from which the clear direction was set for the next three years, with seven key strategic goals:

- To implement the Act (HPCAA 2003) effectively
- To continue to develop standards and scopes that reflect the changing health environment
- To promote awareness of the Council's role and build effective relationships
- To support a workforce that provides for public safety
- To operate under effective and best practice governance
- To provide a capable organisation to implement Council policy
- To implement effective financial processes

The Council has put substantial resources into a project aimed at establishing and setting a new scope of practice for Advanced Practitioner Pharmacists, who will be able to demonstrate competence for the higher levels of the Medicines Management Competence Framework. This may include pharmacists as designated prescribers. This proposal is under consultation at the time of writing. Other projects include the continuation of the implementation of a Māori Health Strategy for the Pharmacy Profession, of which the Council takes a lead in, work with the New Zealand Police and Ministry of Health on reducing pseudoephedrine diversion, and the establishment of a Professionalism Working Party for the pharmacy profession.

A key focus for Council is ensuring best-practice governance, and this includes undertaking regular self-reviews of Council members, planning and undertaking governance training, and ensuring robust policies covering conflicts of interest are followed. Alongside this has been robust financial and risk management, which has allowed the Council to once again report a positive result against budget. This has negated the need for any APC fee increase at this time, while still investing around 10% in project work to meet the strategic plan. I am very pleased with this result, as in my work as a pharmacist and pharmacy owner, I am acutely aware of the regulatory costs for health professionals, including pharmacists, in the current environment. The pharmacist APC fee continues to remain in the lower third of those set by the 15 health regulatory bodies in New Zealand (less than Dentists, Doctors, Midwives).

In this last year, a number of policies have been developed or revised, to ensure public safety. Examples are as follows:

- New registration routes for overseas-trained pharmacists from both recognised and non-recognised countries
- Setting of guidelines for internet pharmacy operations
- Review of the Law and Ethics assessments for pharmacists from overseas countries and those returning to practice
- Policies for recertification compliance and auditing

Excellent relationships with other stakeholders in the health and regulatory environment are important to ensure Council achieves its goals, and the Council strives to consult widely with all relevant parties on issues and policies. As Chair I have held meetings with the Minister (and Associate Minister) of Health, the Health and Disability Commissioner, Chairs and Presidents of other regulatory and professional boards, as well as strong involvement with the Australian Pharmacy Council.

I would like to sincerely thank the Council members for their continued hard work and their commitment to the Council. All Councillors take their responsibilities seriously, and also willingly take on extra roles in committees and advisory groups. I am also most grateful to all those other pharmacists who have contributed to Council work on committees, Assessment Boards, Advisory groups, as assessors and reviewers, on competence review teams, and as practice counsellors. Your commitment is extremely valuable and greatly appreciated. Together we are lifting the standards of our profession and helping to secure a strong profession that we can all be proud of.

Also a big thank you to the CEO/Registrar and her staff for all their hard work, teamwork, success and dedication to serving the best interests of the pharmacy profession and the public that they serve. It is a supportive partnership with a common sense of purpose.

I look forward to another successful year of operation of the Pharmacy Council in the 2007 – 2008 year. Kei te tari atu au ki tētahi tau tino momoho i ngā mahi o te Runanga Taiwhaka Pūtaiao o Aotearoa mō te tau nei.



Carolyn Oakley-Brown BPharm, MNZCP, RegPharmNZ



## CHIEF EXECUTIVE AND REGISTRAR'S REPORT



The 2006- 2007 year has been both a consolidation year and a year of considerable change for the Council, with the aim of continuing to improve consistency and robustness in Council procedures, as well as undertaking considerable project work. The Council set a new strategic direction for the period to 2010, and the organisation has responded to this lead by undertaking significant reviews of policies, processes and procedures.

The Strategic Plan identified the broad goals with key objectives, and the staff and I have worked together to develop a business plan that sets out an achievable plan to realise these. A key ingredient has been undertaking research into best practice methods, with strong focus on risk management and efficiencies. The reconfigured Council Finance, Audit and Risk Management Committee has demanded clear identification and amelioration of risk with the operations of the Council, and this has been a challenge that has been important to meet.

The implementation of two new registration routes for overseas-trained pharmacists has been considerable work for the organisation. The use of examinations that have been developed with our Australian colleagues at the Australian Pharmacy Council (APC), of which New Zealand is an associate member, has resulted in robust competence assessment for "recognised qualified" pharmacists from the UK and Ireland, and the addition of a shortened route for Canadian and US trained pharmacists. Those with non-recognised qualifications also have a new examination route that is also shared with Australia.

In the area of new scopes and standards, after considerable work with the New Zealand College of Pharmacists, the Council approved accreditation of the first MUR training course against Council-set accreditation criteria was achieved. This has enabled pharmacists to demonstrate their competence against the newly-set standards for MUR within the Medicines Management Competence Framework.

As the Chief Executive and Registrar of the Council, an important part of my role is establishing and maintaining effective relationships with other health and consumer stakeholders. Collaboration across the health regulatory sector, both within New Zealand and with international pharmacy regulators, is important for the organisation, and I have active involvement with my counterparts within the Health Regulatory Authority of New Zealand (HRANZ) group, in particular of the Medical, Dental, Physiotherapy and Occupational Therapy authorities. As an associate member of the Council of Pharmacy Registering Authorities (COPRA), our continued links with our cousins across the Tasman is a benefit to the Council and I represent the Council on a number of committees of the APC, including those responsible for examining and accreditation. Excellent relationships with pharmacy regulators in Canada and the United Kingdom exist, and whilst in the UK for a Life Long Learning conference, I was invited to the Royal Pharmaceutical Society headquarters in London to discuss issues of common concern, including the impending changes in regulation of health practitioners in the United Kingdom. I also maintain excellent relationships with the NZ pharmacy organisations – Pharmaceutical Society, Pharmacy Guild, New Zealand Healthcare Pharmacists Association, Ngā Kaitiaki o Te Puna Rongoā o Aotearoa – Māori Pharmacists Association, as well as the Schools of Pharmacy, Pharmacy Industry Training Organisation, Pharmacy Brands, Life Pharmacy and Radius Pharmacy.

I have had the opportunity to work for an excellent Council, and would like to thank them. In particular I would like to thank the Chair, whose leadership, strength and clarity of vision are inspirational to me.

Finally, I would also like to acknowledge the fabulous staff working for the Pharmacy Council and who I have the privilege to work alongside. The achievements of the organisation are due to their great attitude and commitment. I am mindful of the calibre of these staff and how very fortunate the pharmacy profession and the public are to have them serving them.

A handwritten signature in black ink, appearing to read 'B. Clark'.

Bronwyn Clark MClInPharm, MPS, RegPharmNZ  
Chief Executive and Registrar



# CORPORATE GOVERNANCE



The role of the Council members is to ensure the Council meets the requirements of the Health Practitioners Competence Assurance Act 2003. To ensure these goals are met, Council members set the organisation's strategic direction and monitor the performance of management. Council members are appointed by the Minister of Health, and Council is accountable to the Minister, the profession and the public in how it performs its functions.

## COUNCIL MEETINGS

Dates for Council meetings are set in advance and are confirmed at the end of a calendar year for the following 12 months. In the period 1 July 2006 to 30 June 2007 the Council met five times, each time for two day meetings, plus an extra day for strategic planning in February 2007.

### **Finance and Audit and Risk Management Committee**

The Finance and Audit Committee is a sub committee appointed by Council to assist them in discharging their responsibilities relating to financial reporting and regulatory conformance. In February 2007, the Council reviewed the Terms of reference of the Committee and re-structured the committee to be called the Finance, Audit and Risk Management Committee. Members of this Committee for the year to 30 June 2007 were Andi Shirtcliffe (Chair until February 2007), Darryn Russell (member and Chair from February 2007) and Carolyn Oakley-Brown. This Committee met four times during the period 1 July 2006 to 30 June 2007.

Other Council committees are listed in the Committees section of this report

## STRATEGIC PLAN – TOWARDS 2010

In February 2007 the Council undertook a strategic planning day to set the strategic direction for the Council to 2010. The Council reflected on achievements against the previous strategic plan, set in 2004, which had a strong focus on setting up the framework, policies and operations for a new organisation. The new strategy focuses the Council on the changing health environment, and the requirements for scopes, standards and competencies needed for pharmacists to deliver services in this new world, as well as best – practice risk management and operational systems. The Council recognises the value of a well-trained and competent staff to achieve its goals, as well as the need to demonstrate to the profession, the efficient management of the operational costs within the organisation.

The new strategic plan, ratified in June 2007, has seven goals and a new Mission, Vision and Values.

## MISSION

The Council will protect and promote the public wellbeing by ensuring pharmacists practise competently

## VISION

The Pharmacy Council helps ensure that New Zealand pharmacists perform to the highest standards to improve public well-being

## VALUES

- Uncompromising commitment to public safety
- Consistent fair and transparent processes
- Patient and consumer focus
- Ensure best practice

#### The Pharmacy Council's Strategic Goals moving towards 2010

Goal 1	To implement the Act (HPCAA 2003) effectively
Goal 2	To continue to develop standards and scopes that reflect the changing health environment
Goal 3	To promote awareness of the Council's role and build effective relationships
Goal 4	To support a workforce that provides for public safety
Goal 5	To operate under effective and best practice governance
Goal 6	To provide a capable organisation to implement Council policy
Goal 7	To implement effective financial processes

The full plan is available on the Council website at [www.pharmacycouncil.org.nz](http://www.pharmacycouncil.org.nz)

### GOVERNANCE REVIEW AND TRAINING

The Council undertook a Governance self-review in 2006, led by the Chair, as well as participating in a Governance Training day facilitated by the Occupational Therapy Board with other Regulatory Authority members in 2006.

### SECTOR LIAISON AND COMMUNICATIONS

The Council continues to have active relationships outside New Zealand, with membership of the Council of Pharmacy Regulatory Authorities (Australia and New Zealand), National Boards of Pharmacy (NAPB – of the USA), and strong relationships with the Royal Pharmaceutical Society of Great Britain and the Pharmaceutical Society of Ireland. Relationships also exist with Canadian Pharmacy Regulatory bodies (in particular the College of Pharmacists of British Columbia, and Ontario College of Pharmacists) as well as the Canadian Council for Continuing Education in Pharmacy (CCCEP).

Council also has regular meetings with New Zealand key stakeholders to discuss issues of mutual interest, and this includes the Pharmaceutical Society of New Zealand, the Pharmacy Guild of New Zealand, New Zealand Healthcare Pharmacists Association, Ngā Kaitiaki o Te Puna Rongoā o Aotearoa – Māori Pharmacists Association, Pharmacy Defense Association, New Zealand College of Pharmacists, the Health and Disability Commissioner and the Director of Proceedings, DHBNZ pharmacy group representatives, other pharmacy organisations, members of the profession, pharmacy students and consumer groups. Council is also a member of the Health Regulatory Authorities of New Zealand (HRANZ), and is involved in projects of mutual interest with this group.

Council staff presented Council papers and posters on recertification and competence assessment at the Australian and New Zealand Health Professionals Education Conference (ANZAME) in July 2007 in Brisbane, Australia. Council staff also presented work on examination moderation at the Council of Pharmacy Registering Authorities of Australia and New Zealand Education Officers meeting in September 2007 in Melbourne, Australia.

# SIGNIFICANT ACTIVITIES



## PHARMACY EDUCATION

The Council has an important role in setting the qualifications required for practise in the two scopes of practice – the pharmacist and the intern pharmacist – and these include pharmacy degrees and other programmes and examinations.

The Council has five main areas of responsibility in education, and these include:

1. Accreditation and monitoring of New Zealand-based prescribed qualifications
  - a. Pharmacy degrees in conjunction with the Council of Pharmacy Registering Authorities (COPRA) New Zealand and Australian Pharmacy Schools Accreditation Committee (NAPSAC)
  - b. EVOLVE intern programme – the prescribed qualification for the 5th year of pharmacy education for intern pharmacists
2. Setting registration routes that allow demonstration of competence by overseas – trained pharmacists
3. Ensuring on-going demonstration of competence of pharmacists by setting, approving and auditing recertification programmes and pharmacist participation in these
4. Setting standards and accreditation requirements for new competencies – in this case within the Medicines Management Competence Framework
5. Setting and recognising new scopes of practice for pharmacists

### 1. Accreditation of Prescribed Qualifications

There are two Schools of Pharmacy providing Bachelor of Pharmacy courses in New Zealand, and both must have accreditation from the New Zealand and Australian Pharmacy Schools Accreditation Committee (NAPSAC) to allow their graduates to be accepted as intern pharmacists in New Zealand. In 2004 the University of Otago School of Pharmacy received full accreditation from NAPSAC until 2009. Currently the University of Auckland School of Pharmacy holds provisional accreditation, which was granted in 2005. Full accreditation from the committee cannot be conferred until the first graduates of any School of Pharmacy have been working as registered pharmacists for a year. In December 2006, the Auckland University School of Pharmacy prepared any application to NAPSAC for consideration of full accreditation, and the results are pending.

The EVOLVE intern training programme will undergo re-accreditation by the Council in 2008.

### 2. Revised registration routes for Overseas-trained pharmacists

#### Recognised Equivalent Qualification Route (REQR)

In December 2006, the Council set a new registration route for overseas-trained pharmacists who were deemed by the Council and the Council of Pharmacy Regulatory Authorities of Australia and New Zealand (COPRA) to hold equivalent qualifications, competencies and work experience to New Zealand and Australian pharmacists. This new route also included pharmacists from the USA and Canada, alongside previously-recognised pharmacists trained in the UK and Ireland. Applicants must successfully pass a new examination called the Competence Assessment of Overseas Pharmacists (CAOP) administered through the Australian Pharmacy Examination Committee. Council staff met with Australian colleagues in 2006 and 2007 to set the requirements for this examination, and a pre-moderation process was implemented involving New Zealand review. Council also provided New Zealand pharmacists to assist in item-writing for the examination. This examination is available in England, Australia and New Zealand, and once a candidate has successfully passed this examination, they must complete a minimum period of supervised practice in New Zealand and pass an Interview in Law, Ethics and Calculations.

### Non-Recognised Equivalent Qualification Route (Non-REQR)

From 1 May 2007 the new registration route for non-recognised overseas-trained pharmacists was set. This is similar to the previous non-reciprocal route, but the portfolio-based assessment of equivalency of the undergraduate degree was changed to the use of a Screening examination. The screening examination is the Australian Pharmacy Examining Committee (APEC) Stage 1 examination – two multi-choice examinations offered in centres throughout the world. On completion of this, the applicant must complete the same requirements as pre- May 2007, which includes completion of the EVOLVE intern training programme (a minimum of 26 weeks supervised practice and assessments) and the Law and Ethics Examination from the New Zealand College of Pharmacists.

### 3. On-going Competence – Recertification

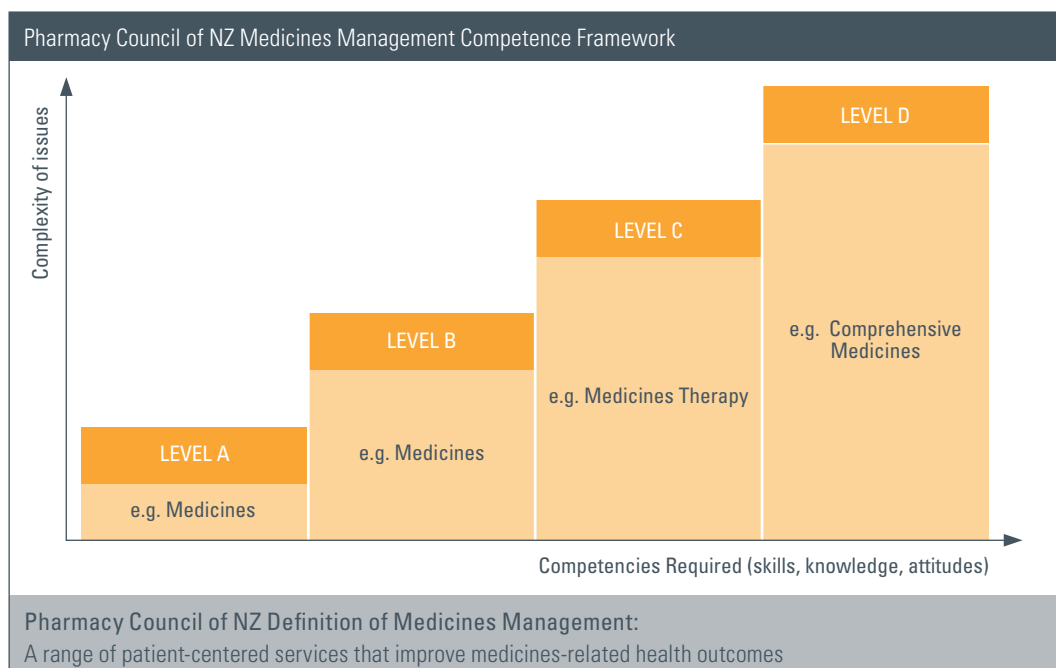
The Council-approved recertification programme continues to be the ENHANCE programme of the Pharmaceutical Society of New Zealand, and each pharmacist must declare their participation in this programme in order to be issued with an Annual Practising Certificate. This is the mechanism that the Council uses to assure the public that pharmacists are competent to practice. It is based on the Continuing Professional Development (CPD) cycle, with an emphasis on ensuring pharmacists are undertaking relevant learning, and applying this learning to their current practice. It has an outcomes-based approach.

In November 2006, the Council approved a policy for compliance and audit for the recertification process, which was developed prior to the announcement of the recertification audit process. In June 2007, all pharmacists were sent a leaflet outlining the future audit process. This involves a random selection of up to 20% of practising pharmacists per year who will be required submit their documentation confirming their active participation and compliance with the CPD process. The audit commencement date is July 2007.

### 4. Setting Standards and accreditation criteria for programmes

#### Competence Framework for Medicines Management

In August 2006, the Council announced the Competence Framework for Medicines Management, which had been developed after wide consultation with the pharmacy sector, including the Medicines Management working party, a multi-sector group convened by the Pharmacy Council. This was in response to the urgent need to satisfy the DHBs/ DHBNZ and pharmacists' wishes to have national competence standards in place for new pharmacist-based services.



## PHARMACY COUNCIL OF NZ MEDICINES MANAGEMENT COMPETENCE FRAMEWORK

Pharmacist Scope of Practice				Advanced Scope of Practice
	All 7 Current Competence Standards	Relevant Current Competence Standards plus any additional accreditation and recertification requirements as set by Council specific to the service		Advanced Practitioner Competence Standards plus any additional accreditation and recertification requirements as set by Council specific to a service  Provisional accreditation period requiring supervision
Levels of Medicines Management Services				
Boundary Determinants	A	B	C	D
Patient Interview	Unstructured/Informal	Structured/Formal	Structured/informal	Structured/Formal
Documentation Process	Ad hoc	Formal documentation	Formal documentation if required	Formal documentation
Reactive or Proactive Service	Reactive	Proactive	Reactive and Proactive	Proactive
How instigated	Opportunistic	Referral (self/health practitioner)	Referral (via A or other practitioner) or contracted service (e.g. Rest home patient assessments, Specialist Hosp. Pharmacist Services, PHO/IPA patient assessments)	Referral (via B, or C or other practitioner)
Service User(s)	For individuals	For individuals or groups	For individuals or groups	For individuals or groups
Access to Individual patient information	No access to patient medical information from healthcare team	Limited access to patient medical information from healthcare team	Access to patient medical information from secondary healthcare team or institution	Full access to patient medical information from healthcare team
Support Provider (to pharmacist)	Peer Support required	Peer Support required	Peer Review/ Oversight required	Peer Review/ Oversight required
Collaboration		Collaboration with healthcare team	Significant Collaboration with multidisciplinary healthcare team with some independent authority and autonomy	Significant Collaboration with multidisciplinary healthcare team, full independent authority and autonomy, including prescribing activities
Accreditation		Some services require formal provider accreditation e.g. MUR	Some services require formal provider accreditation	All services require formal provider accreditation
Competence and Qualifications	Competencies: All 7 Competence Standards (CS)	Competencies: Relevant Competence Standards 1-7 & MUR 1-4	Competencies: Relevant Competence Standards 1-7 & MUR 1-4	Competencies: Relevant CS 1-7, MUR 1-4 and Advanced Scope competencies, +/-Prescribing Competencies
	Qualifications: NZ BPharm or equivalent	Qualifications: NZ BPharm or equivalent  Accreditation: MUR	Qualifications: NZ BPharm or equivalent  Accreditation: CAG to determine additional accreditation requirements	Qualifications: NZ BPharm or equivalent plus Post Grad Qualification /Equivalent (clinical) likely
Service Examples	Medicines Provision (formerly Dispensing)	Medicines Use Review	Medicines Therapy Assessment	Comprehensive Medicines Management, Designated Pharmacist Prescriber

### Medicines Use Review

The second tier of the Competence Framework for Medicines Management is the level of Medicines Use Review – MUR, and the Council set the competencies for this level in July 2006. There are four competence standards in this level, with underlying elements and performance criteria.

Medicines Use Review Competence Standards	
MUR 1	Understand Medicines Use Review in the context of Medicines Management Services
MUR 2	Establish and maintain effective working relationships
MUR 3	Document the Service
MUR 4	Maintain Ongoing Quality

### Accreditation of programmes

The Council developed Accreditation Criteria for Education Providers to meet in order to assess pharmacists against Council-set standards, and these were used to develop and accredit the New Zealand College of Pharmacists Medicines Use Review training course. This course received temporary accreditation in February 2007 pending moderation requirements being met.

### 5. Setting and recognising new scopes of practice for pharmacists – proposed Advanced Practitioner Pharmacist and Prescribing Pharmacist.

Work towards describing a new Advanced Practitioner Pharmacist (APP) scope of practice began in 2006, with the Council appointing a Competence Advisory Group to progress this work. This group developed a set of draft competencies for pharmacists working in advanced clinical practice, which aligns with Level D of the Competence Framework for Medicines Management. The Advisory Group also recommended to Council a set of draft competencies and qualifications for Designated Prescriber, which sit alongside the APP competencies. These are part of the plan to submit an application for the recognition of advanced pharmacists as designated (authorised) prescribers to the Minister of Health. This proposal was sent for wide consultation in June 2007.

## PHARMACIST'S HEALTH

Pharmacists, like the general population, can suffer from a range of afflictions and conditions that may impair their ability to practise. These can include drug and alcohol dependence, mental health disorders, and physical and neurological impairments due to accidents or other causes. The Pharmacy Council's Health Committee considers issues concerning a pharmacist's (including intern pharmacist's) fitness to practice, and where appropriate, puts in place monitoring programmes and/or places conditions on an individual pharmacist's ability to practise pharmacy. This is under the statutory requirements of sections 45 to 51 of the HPCAA 2003, as well as for new applications for registration under section 16 and applications for Annual Practising Certificates under section 27 (1). Consideration of such matters is made at the time of an application for registration, as well as any time during the practising life of a pharmacist. The purpose of a monitoring programme is to support and rehabilitate a pharmacist, while ensuring the safety of his or her practice for the public. Such measures may include working under supervision, requiring urinalysis testing for the presence of drugs, limiting a pharmacist's practice in certain areas, and working with a mentor or practice counsellor.

The Committee has delegated authority from the Council, and its members are the Chair of the Council, the Registrar, and two other Councillors to make a committee of four persons. Pharmacists are brought to the notice of the Council either by those exercising their statutory responsibility under the Health Practitioners Competence Assurance Act 2003, or by pharmacists themselves voluntarily reporting their health situations.

The Health Committee received nine new referrals during the year. One of these files was closed during the year, two pharmacists were involved in a high level monitoring programme, and six pharmacists were monitored at a lower level. The Committee continued to monitor ten pharmacists from previous years, with two of these pharmacists being suspended from practice. A further four files were closed during the year.



Health Committee Activity 1 July 2006 to 30 June 2007	
<b>New referrals received</b>	
Monitoring	6
Monitoring with conditions	2
Suspended	
Closed	1
<b>Total</b>	<b>9</b>
<b>Referrals from previous year</b>	
Monitoring	3
Monitoring with conditions	1
Suspended (one as a result of breached conditions)	2
Closed (includes one declined registration)	4
<b>Total</b>	<b>10</b>
<b>Total monitored at 30 June 2007</b>	
<b>19</b>	

## REGISTRATIONS & PRACTISING CERTIFICATES

### Registration Statistics

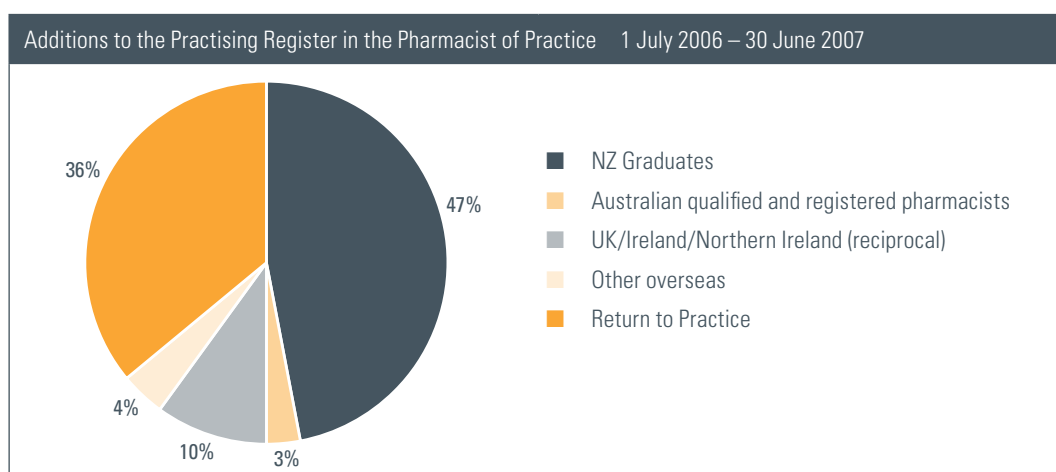
A total of 2889 pharmacists were registered as practising at 30 June 2007.

As at 30 June	2007	2006	2005	Increase/Decrease for last year
Total registered in the pharmacist scope of practice	3901	3823	3770	+78
Practising pharmacists	2889	2801	2787	+88
Non practising pharmacists	1012	1022	983	-10
Total registered in the intern scope of practice	202	189	168	+13
Total additions to the register	368	318	208	+50
NZ & Australian Graduates registered in pharmacist scope of practice	192	156	139	+36
Australian pharmacists registered in NZ under Trans Tasman Mutual Recognition Agreement	11	13	9	-2
UK/Ireland pharmacists registered in NZ through Reciprocal Agreement and Recognised Equivalent Qualifications Route	37	53	44	-16
Registrations from other overseas pharmacists	13	11	15	+2
Certificates of Identity Issued	81*	274	106	-193
Removals from the register (removal requested and/or non payment of annual fee)	167*	226	206	-59

### Additions to the practising section of the register

368 additions were made to the practising register in the period 1 July 2006 to 30 June 2007. The additions were interns transferring to the pharmacist scope, overseas qualified and registered pharmacists, and transfers from the non practising register to practising. 280 pharmacists requested removal or transferred to the non practising section of the register. The overall result was a net increase of 88 practising pharmacists.

Additions to the Practising Register in the Pharmacist Scope of Practice 1 July 2006-30 June 2007	
NZ graduates transferred to pharmacist scope of practice	176
Australian qualified and registered pharmacists	11
UK, Ireland and Northern Ireland registrations through reciprocal arrangements (prior to 1 March)	36
UK Recognised Equivalent Qualifications Route (REQR) (after 1 March)	1
Other overseas qualified/registered pharmacists	13
Return to Practice	131
<b>TOTAL</b>	<b>368</b>

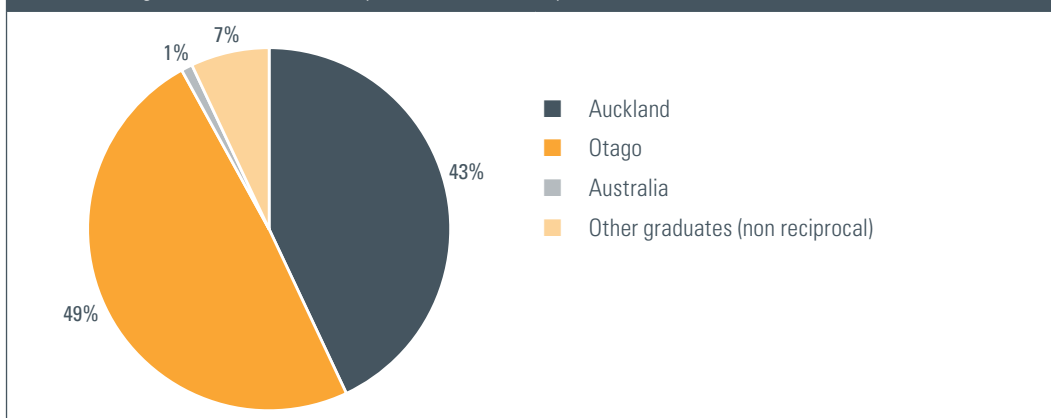


### Registrations in the Intern Pharmacist Scope of Practice

197 graduates were registered in the intern scope of practice at 30 June 2007. At this date these interns were completing the one year pharmacist intern training programme.

Graduates Registered as Interns 1 July 2006-30 June 2007	
University	No. of graduates
Auckland	84
Otago	99
Australia	1
Other graduates (non reciprocal)	13
<b>TOTAL</b>	<b>197</b>

#### Graduates Registered in the Intern Scope of Practice 1 July 2006 – 30 June 2007



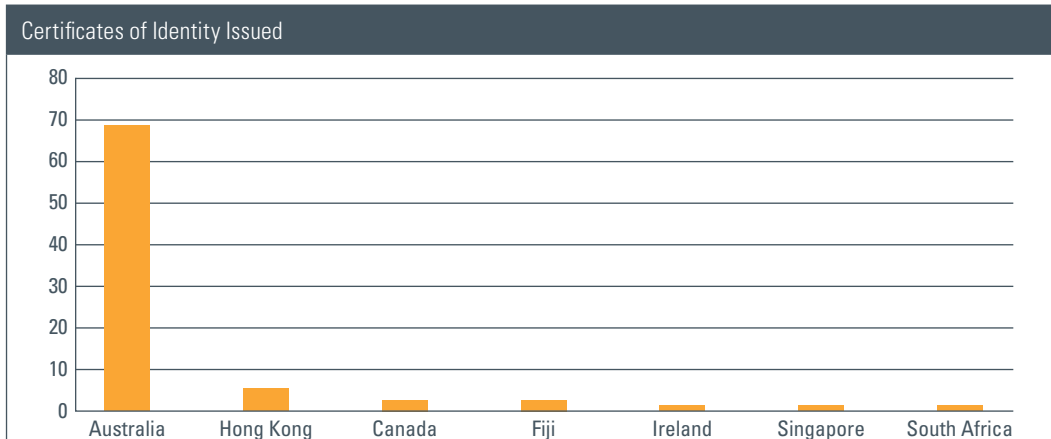
#### Non practising pharmacists

1012 pharmacists were registered as not practising at 30 June 2007.

#### Certificates of Identity Issued

In the 12 months ended 30 June 2007, 81 Certificates of Identity were issued to pharmacists registering with overseas Registration Boards. This compares with 274 for the previous year, a decrease of 70%. This decrease can be directly attributed to the changes in regulations introduced by the Royal Pharmaceutical Society of Great Britain and the Pharmaceutical Society of Ireland, affecting New Zealand applicants wishing to register in the UK and Ireland.

Certificates of Identity Issued			
Australia	Western Australia	3	
	Victoria	36	
	Tasmania	2	
	South Australia	1	
	Queensland	22	
	NSW	5	69
South Africa			1
Singapore			1
Hong Kong			5
Ireland			1
Fiji			2
Canada			2
<b>TOTAL</b>			<b>81</b>



## Removals

167 pharmacists on the Practising Register were removed during this period.

### Removals from the Practising Register

Total removals following revision of register s. 144 (5)	– 59
Total deceased removed from practising s. 143	– 5
Total removals from practising register at own request s. 142	– 103
Removal due to discipline s. 101 (1) (a)	– 0

### Suspension

Suspension under s. 50 (3) (Health)	– 1
Suspension due to discipline order s. 101 (1) (b)	– 1
Revocation of suspension	– 0

## COMPETENCE

The Pharmacy Council has approved the following definition of competence: “Competence is the ability to do a task to a set standard on a repeatable basis”. To be competent, a pharmacist must be able to do the tasks that form part of his/her work practice to the defined standard, and be able to do this on every occasion that that task is needed.

The Pharmacy Council has approved a set of competence standards for the pharmacy profession so that there is a measurable standard for each pharmacist to be assessed against. There are seven competence standards, and each standard describes a broad role of pharmacy practice in terms of the skills, knowledge and attitudes a pharmacist must demonstrate to be competent.

The standards are

1. Practise pharmacy in a professional manner
2. Contribute to the quality use of medicines
3. Provide primary health care
4. Apply management and organisational skills
5. Research and provide information
6. Dispense medicines
7. Prepare pharmaceutical products.

If the Council determines that a competence review should be undertaken, then a Competence Review Team (CRT) is appointed. The CRT comprises two peers of the pharmacist who usually practise in a similar setting. Suitable reviewers need to be clinically competent, have good interpersonal skills, and have some knowledge of performance and educational assessment.

Pharmacists are not appointed as reviewers if they have previous complaints that are proven or undergone disciplinary action, have current complaints against them, or are currently undergoing a competence review or programme themselves.

CRT members must sign a confidentiality agreement in which they undertake not to reveal or release any personal or health information obtained about the pharmacist or his or her clients, except as legally required during the course of the review. This is in compliance with s44 of the HPCA Act 2003.

In the previous year, Council undertook three competence reviews that resulted in competence programmes being undertaken by all the pharmacists. Follow-up re-assessments were undertaken in this current year after the pharmacists had completed the prescribed competence programmes. The re-assessments resulted in one pharmacist being referred for assessment and monitoring by the Health Committee, one pharmacist being ordered to undertake a further competence programme, and the third pharmacist being deemed competent.

One referral for a competence review was received as a result of a Professional Conduct Committee investigation. This pharmacist came to the notice of the Council as a result of a referral from the Health and Disability Commissioner, and a notification from the employing pharmacist. This review is scheduled to take place later in 2007.

Competence reviews, Competence programmes and their outcomes 1 July 2006- 30 June 2007	
Competence Reviews/Sources of Concern	Number
Professional Conduct Committee (PCC) via Health and Disability Commissioner and Employer notification	1
<b>Total referrals</b>	<b>1</b>

Competence programmes	Outcomes
Competent	1
Referral to Health Committee	1
Further programme ordered	1
<b>Total</b>	<b>3</b>

## EXAMINATIONS AND ASSESSMENTS

The Council is responsible for three types of examinations (examinations include oral assessments, interviews and written examinations) to ensure pharmacists are safe to practise.

- those determining successful completion of intern pharmacists undertaking the qualification of the EVOLVE intern programme
- those to ensure that overseas-trained pharmacists are competent and safe to practise in New Zealand
- those to ensure that pharmacists returning to practice are safe to practice

The Examinations/Assessments/Interviews used are

Assessment	Type of Assessment	Candidates	No. assessed in 2006/7	No. passed in 2006/7
Assessment of Equivalency of non-reciprocal overseas pharmacists	Panel Assessment by three pharmacists of written transcripts and portfolios	Non – reciprocal overseas pharmacists (route ceased for new applicants from May 2007)	24	13
Law and Ethics Interview	Oral interview	Return to practice pharmacists out of practise for > 3 and < 8 years	22	22
Law and Ethics Interview plus calculation test	Oral interview Written Calculations sheet	TTMRA, and REQR pharmacists	47	47
EVOLVE intern programme *	Assessment Centre (OSCE and interview) plus formative and summative written assessments and preceptor assessments	Intern Pharmacists (NZ, Australian graduates, Non-REQR and Return to Practice)	210	188

\* Intern Pharmacist Assessment

The Council has accredited the Pharmaceutical Society of New Zealand EVOLVE intern training programme as a qualification for registration in the pharmacist scope of practice. The Pharmacy Council Preregistration Assessment Board (PRAB) has the responsibility of monitoring this programme, and determining successful completion of intern pharmacists in this programme

## PROFESSIONAL STANDARDS

### Practice Assistance

Reviewing and advising on Standard Operating Procedure (SOP) documents is an important component of ensuring safe practice within pharmacy. Recommendations in line with best practice principles and procedures are made when SOPs are received for review following HDC investigations or ACC notifications of treatment injury. Appropriate topics are highlighted in the Council newsletter. Recent topics have included storage and sale of medicines with abuse potential; advertising and sales practices; the dangers of combining OTC and prescriptions medicines; labelling errors and emergency supply of prescription medicines. Additional newsletter topics include improving telephone skills; the role of pharmacy technicians in preventing medication errors, and expanding the boundaries of pharmacist responsibility.

### Promotion and Supply of Medicines Over the Internet

In 2006, the Council agreed that a draft statement on the promotion and supply of both prescription and over-the-counter (OTC) medicines over the internet would be prepared and circulated to key pharmacy sector stakeholders for consultation. The Council is aware that the provision of internet pharmacy services is a growth area, and in some circumstances may improve patient access to and choice of pharmacy services, but that provision must ensure public protection and confidence in the profession. The public is entitled to expect the same quality of service of pharmaceutical care irrespective of whether the service is provided on-line or face-to-face on the pharmacy premises.

The aim in developing the guidance statement is to ensure more consistency in the way pharmacists market medicines on their websites. It was also considered important to extend the statement to include advertising and marketing requirements, and to highlight expectations regarding the availability of medicines of potential abuse, misuse and dependence. Feedback from the sector was incorporated into the statement following the consultation process, and the finalised statement was published and distributed in mid-2007. It is available on <http://www.pharmacycouncil.org.nz/pharmacists/standard/documents/SupplyofMedsInternet.pdf>

### Pharmacist – Prescriber Communications

In March 2007, a report from the Health and Disability Commissioner highlighted the need for pharmacists to act when there are concerns over doctors' prescribing. At the May Council meeting it was agreed that a draft statement be prepared giving guidance on the timing and appropriateness of communicating with prescribers. Raising concerns with either the prescriber or a third party can be fraught with difficulty. However, in this case, the Commissioner commented that pharmacists have an ethical duty to act on suspicions, rather than waiting until they are "very certain" there is an issue.

The Council recognised that in order to achieve the goals of pharmaceutical care, which includes taking responsibility for patient outcomes, intervening in drug therapy in the event of errors, contraindications, recurrent inappropriate prescribing, and unclear or incorrect prescriptions, it is vital that pharmacists communicate with doctors. Professional judgement is called for, coupled with sensitive communication, but ultimately the pharmacist's primary relationship is with the patient; the relationship with the doctor is collegial. The guidelines will be for all pharmacists, and feedback will be sought from members of the profession and sector stakeholders. The guidelines will be issued in 2008.

### Māori Health Strategy

Since the introduction of the HPCA Act in 2004, the Pharmacy Council has taken a lead role in supporting the development of the Māori Health Strategy (MHS). In the latter stages of 2006 the mapping process for the development of the strategy was completed, with PRISM (**P**harmacy **R**eference group for the **I**mplementation of the **S**trategy for **M**āori health) members expanding the agreed goals by outlining their short term responses to the strategies and actions. This will ensure that stakeholder organisations ultimately arrive at the point where the strategy is incorporated into their core values. Coupled with this, design concepts for the MHS document were called for, with the Māori Pharmacists' Association approaching Pharmac for assistance with cover design ideas.



One of the strategies outlined in the document is to increase the Māori workforce within the pharmacy profession. With this in mind, a smaller working group within PRISM began re-developing the pharmacy career-path pack to help address the issue of recruitment, and more specifically, recruitment of Māori students into the profession. Proposals for various elements of the pack will be field-tested as they are developed.

Reflecting its involvement with the Māori Health Strategy, the Council Strategic plan includes the following goal:

Goal 2: To continue to develop standards and scopes that reflects the changing health environment

- Set the standards for cultural competence
- Ensure best clinical practices are in place to reduce Māori health disparities and enhance Māori well-being.

In the coming year another working group within PRISM will embark on the journey of developing cultural competence standards for the profession. The Māori Pharmacists' Association, alongside other PRISM members and Council staff, will play a pivotal role in the development of these standards.

### Pharmacy Practice Law and Ethics Interview

The Law and Ethics interview is a pre-requisite for registration in New Zealand for those pharmacists applying via Trans-Tasman Mutual Recognition (TTMR) or the new Recognised Equivalent Qualifications Route (REQR). It is also a requirement for some New Zealand-qualified 'Return to Practice' pharmacists and is undertaken during the final week of the period of supervision prior to full registration. There are seventeen Council-appointed pharmacists throughout the country trained to interview the applicants, and in April the opportunity was taken to have them meet in Wellington to introduce them to the new REQR process, and to review the current bank of questions.

The interview questions cover topics such as the legislation that directly or indirectly impacts on pharmacy practice; Pharmaceutical Schedule rules; the Health Information Privacy code; ethical scenarios; and Health and Disability Commission regulations. The meeting forum agreed to add some pharmaceutical calculations to the interview, as well as delve into the issues around cultural competence. Forty pharmacists from countries with which we have a reciprocal or legislative arrangement (i.e. Australia, the UK, Ireland, Canada and the USA) have successfully completed this interview as part of their registration process, and were registered as practising in the 12 month period to 30 June 2007.

### Submissions

The Council made submissions on the following consultations: ANZTPA – membership of the Medicines Scheduling Committee (MSC); the Ministry of Health review of Standing Orders Regulation 2002; Update of Medicines (Designated Prescriber: Optometrist) Regulations; the Form of Authority to regulate Anaesthetic Technicians; Career Framework for the Health and Disability Workforce in New Zealand; Safety and Quality Use of Medicines group diltiazem brands; the January 2007 meeting of the Medicines Classification Committee; Therapeutic Products and Medicines Bill, including an additional submission on the MoH's proposal to enable the Therapeutic Product and Medicines Bill to allow for the development of Collaborative Prescribing; MoH proposal to regulate Medical Herbalists, and the MoH consultation document "Towards a New Zealand Medicines Strategy".

## COMPLAINTS AND DISCIPLINE

### Complaints

The Pharmacy Council has a duty under the Health Practitioners Competence Assurance Act 2003 (HPCAA) to consider information that raises questions about the appropriateness of the conduct or the safety of the practice of pharmacists. All complaints received by the Pharmacy Council alleging that the practice or conduct of a pharmacist has affected a health consumer are forwarded to the Health and Disability Commissioner (HDC), as required by section 64 (1) of the HPCAA.

The Complaints Screening Committee (CSC), with delegated authority from the Pharmacy Council, considers complaints and matters of concern brought to the Council's attention, as well as those complaints referred pursuant to section 34 (1) (a) of the Health and Disability Commissioner Act 1994 by the Commissioner. The CSC determines what, if any action should be taken, and if further action is required, the CSC then determines the most appropriate route by which that matter should be further considered. The Committee discharges the Council's obligations pursuant to sections 65 and 68 of the HPCAA by referring complaints, concerns, and notices of convictions to a Professional Conduct Committee (PCC) for investigation.

#### Complaints Screening Committee Activity 1 July 2006 to 30 June 2007

Source	Number of complaints	Outcome
Consumers	5	Referred to HDC
Health and Disability Commissioner	21	15 followed up by Council (1 referral to a PCC resulting in a competence review)
Pharmacists, including proprietors	3	1 PCC resulting in a competence review 1 PCC 1 followed up by Council
Other health practitioners / organisations	5	1 PCC 1 PCC/HPDT 3 followed up by Council
Courts – notices of convictions	4	PCC

Five complaints were received by the Council from 1 July 2006 to 30 June 2007, and forwarded to the Commissioner. Twenty-one complaints were received back from the Commissioner. Fifteen matters were referred by the Commissioner for further action by the Pharmacy Council. In the majority of cases, the Commissioner requested that the Council review the pharmacy's Standard Operating Procedures, however, one matter resulted in a referral to Council for a competence review.

Eight matters were received either from pharmacists, other health professionals, or health organisations. Of the twenty- nine complaints considered by the Complaints Screening Committee, four complaints were referred to a Professional Conduct Committee. Four notices of conviction were received and referred directly to a PCC for investigation, as required by section 68 of the HPCAA.

Five Treatment Injury Urgent Notifications of Immediate and Serious Harm were received from the Accident Compensation Corporation (ACC) concerning consumers who had been granted cover after receiving treatment from a pharmacy.

#### Professional Conduct Committees

Eight Professional Conduct Committees (PCC) were convened in the period 1 July 2006 to 30 June 2007. Of the matters investigated by PCCs, four resulted from a notice of conviction. Three PCC determinations to lay a charge before the Tribunal have been made concerning the fraudulent claiming of dispensings. Two of these cases are as a result of the Pharmacy Council receiving notices of conviction under section 67 of the HPCAA.

Two competence reviews were recommended to Council by PCCs, and another matter was referred to the Health Committee for monitoring of the pharmacist. Two of the matters referred to a PCC for investigation are still ongoing.

Professional Conduct Committee Activity 1 July 2006 to 30 June 2007			
Nature of Issue	Source	Number of Pharmacists	Outcome
Fraudulent claiming	Notice of Conviction	2	Charge laid with HPDT
Fraudulent claiming	Complaint	1	Charge laid with HPDT
Offences against Misuse of Drugs Act, 1975	Notice of Conviction	1	Competence review already in place and endorsed by PCC
Offences against a number of Acts, including Crimes Act 1961	Notice of Conviction	1	Suspension and monitoring by Health Committee already in place and endorsed by PCC
Dispensing error and issues of conduct	Complaint and notification under s.34 of HPCAA from another pharmacist	1	Competence review recommended and determined by Council.
Issues of conduct	Notification from another pharmacist	1	Ongoing
Concerns about dispensing practices	Notification by Medical Council	1	Ongoing

### Health Practitioners Disciplinary Tribunal (HPDT)

The Health Practitioners Disciplinary Tribunal is a separate body set up under the Health Practitioners Competence Assurance Act 2003 to hear and determine disciplinary proceedings brought against all health practitioners. The HPDT is funded by the pharmacy profession by way of a disciplinary fee collected by the Pharmacy Council as part of the Annual Practising Certificate (APC) fee.

An appeal by Mrs D I Young of Dunedin and cross-appealed by the PCC against the Tribunal's decision was heard in the High Court, Wellington on 25 May 2007. Justice Young dismissed the appeal against the three month suspension by Mrs Young and the cross-appeal by the PCC for a 12 month suspension. The fine of \$10,000 imposed by the Tribunal was reduced to \$5,000, after consideration of a paragraph in the decision indicating a fine of \$5,000 was intended by the majority of the Tribunal.

On 31 July 2006, the Tribunal heard a charge brought by a PCC against Mr M R Winefield, formerly of Timaru. The Tribunal's written decision was released on 26 September 2006. That decision has been appealed by Mr Winefield, and is set down to be heard in late 2007.

Further details of the HPDT can be seen at [www.hpdt.org.nz](http://www.hpdt.org.nz)

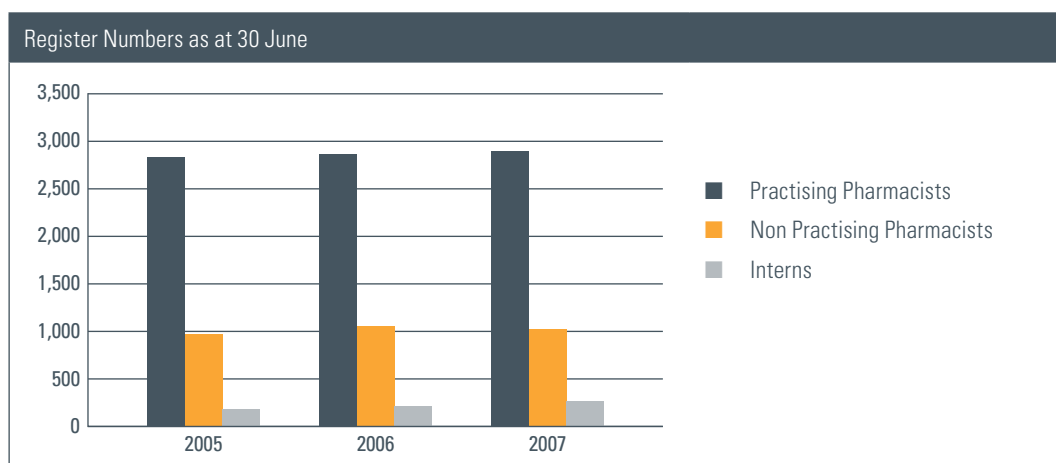
# WORKFORCE DEMOGRAPHICS



## A) REGISTER NUMBERS 2005-2007

As at 30 June 2007, the number of practising pharmacists was 2,889. The following demographics were compiled from data collected during the Annual Practising Certificate renewal process for the year 1 April 2007 to 31 March 2008.

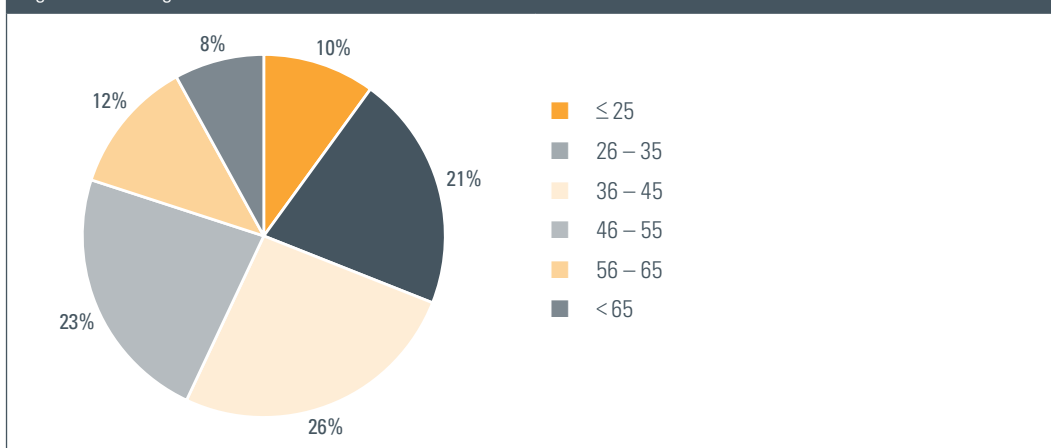
Register numbers as at 30 June			
	2005	2006	2007
Practising Pharmacists	2,787	2,801	2,889
Non Practising Pharmacists	983	1,022	1,011
Interns	168	189	202
<b>TOTAL</b>	<b>3,938</b>	<b>4,012</b>	<b>4,102</b>



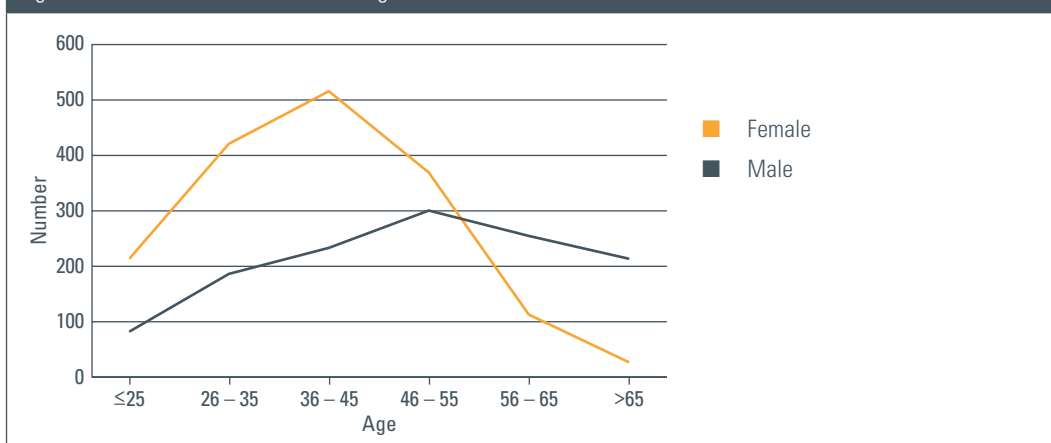
## B) AGE AND GENDER

Age	Male	Female	Total
≤25	74	207	281
26-35	185	422	607
36-45	232	514	746
46-55	296	369	665
56-65	250	106	356
>65	210	24	234
<b>TOTAL</b>	<b>1,247</b>	<b>1,642</b>	<b>2,889</b>

Age of Practising Pharmacists as at 30 June

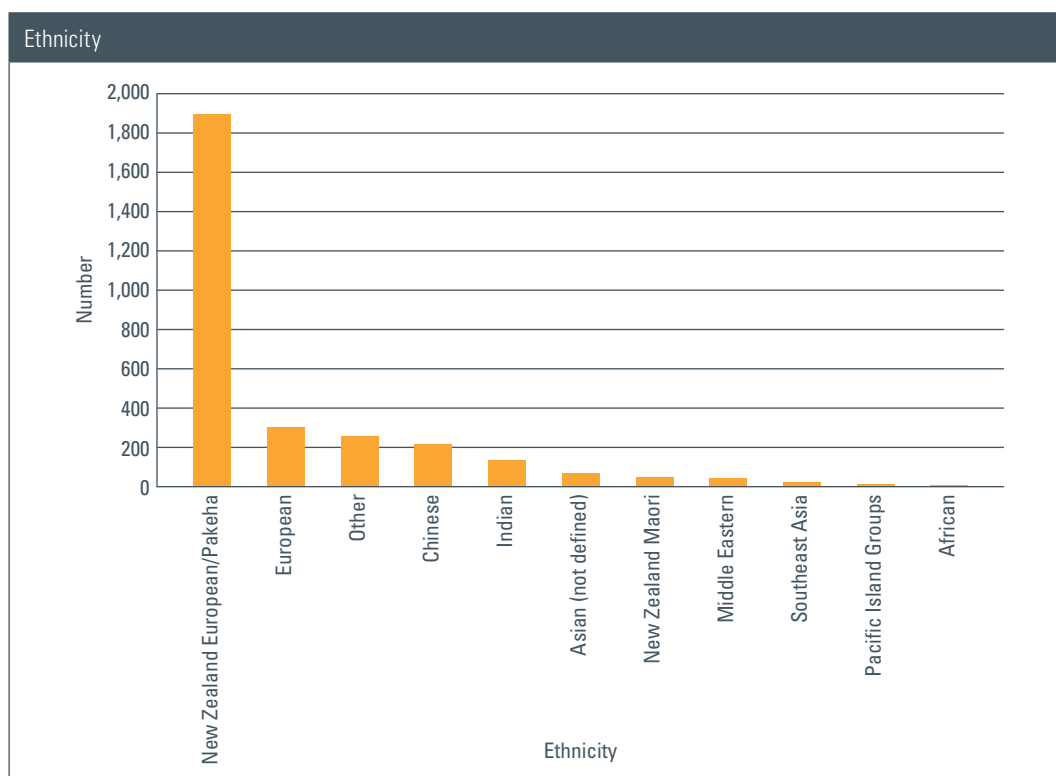


Age and Gender Distribution of Practising Pharmacists as at 30 June 2007



## C) ETHNICITY

Ethnicity	Number	%
New Zealand European/Pakeha	1,869	64.7
European	285	9.9
Other	223	7.7
Chinese	204	7.1
Indian	130	4.5
Asian (not defined)	62	2.1
New Zealand Maori	48	1.7
Middle Eastern	39	1.3
Southeast Asian	16	0.6
Pacific Island Groups	9	0.3
African	4	0.1
<b>TOTAL</b>	<b>2,889</b>	<b>100.0</b>



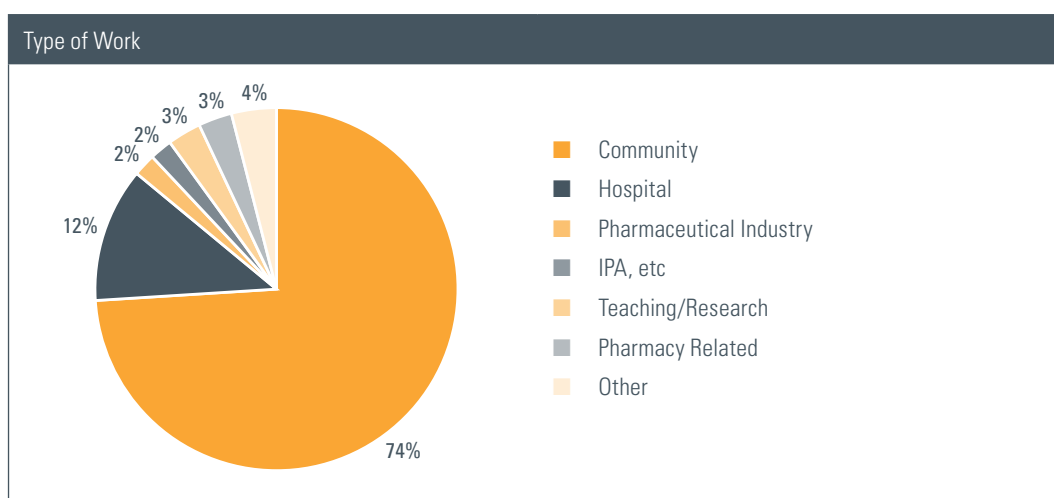


## D) TYPE OF WORK

2,709 pharmacists issued with an APC for the year 1 April 2007-31 March 2008 completed the type of work section on the APC renewal form. This represents 94% of the pharmacists on the practising register as at 30 June 2007. The data collected relates to the previous APC year, and has been used in this instance to provide an estimate of the number of pharmacists in the different areas of pharmacy employment. The following information was compiled from these responses.

295 of the pharmacists who completed this section of the APC renewal form had worked in two or more pharmacy environments in the previous 12 months.

Type of Work	No. of Pharmacists
Community	2,261
Hospital	350
Pharmaceutical Industry	57
IPA, etc	55
Teaching/Research	85
Pharmacy Related	81
Other	115
	<b>3,004</b>
No worked in 2 or more areas of pharmacy	295
<b>TOTAL RESPONSES</b>	<b>2,709</b>



# COMMITTEES AND APPOINTMENTS



## COMPLAINTS SCREENING COMMITTEE (CSC)

The Complaints Screening Committee assesses complaints referred (pursuant to section 34(1)(a) of the Health and Disability Commissioners Act) from the Health and Disability Commissioner and discharges the Council's obligations pursuant to sections 65 and 68 of the HPCA Act 2003. The Committee considers the nature and circumstances of the complaint or concern and determines what, if any, action or actions are appropriate to be taken to respond to the complaint or concern. The CSC has delegated authority under section 17 of Schedule 3 of the HPCAA.

### Membership

Bronwyn Clark, Chief Executive & Registrar  
Jo Mickleson, Councillor  
Andi Shirtcliffe, Councillor  
Carolyn Oakley-Brown, Council Chair and ex-officio member

## PROFESSIONAL CONDUCT COMMITTEE (PCC)

The Professional Conduct Committee receives complaints referred from the Pharmacy Council with respect to professional conduct issues as well as notices of conviction received by the Council under section 67 of the HPCAA. Each PCC adopts and follows procedures that ensure that the pharmacist, the Pharmacy Council and the complainant are kept informed about the progress of a complaint. The PCC may receive evidence relevant to the complaint, appoint legal advisors and /or investigators as necessary and make recommendations and determinations on completion of its investigation.

A PCC is established to address individual issues, and membership comprises three persons: two pharmacists and one layperson. One member of each PCC is usually a Council member.

### Pharmacist Members

Andrew Bary (Councillor)  
Eleanor Hawthorn  
Brian Irvine  
Peter Pratt  
Debbie Wallace

### Lay Members

Judith Johnston (Councillor)  
Darryn Russell (Councillor)  
Barbara Tebbs

## HEALTH COMMITTEE

The Health Committee considers notifications, made under section 45 of the HPCAA, concerning pharmacists who may be unable to perform the required functions of a pharmacist owing to some mental or physical condition.

The Health Committee consists of the Chair of the Pharmacy Council, the Chief Executive & Registrar, and two other Councillors to make a committee of four persons.

## PREREGISTRATION ASSESSMENT BOARD (PRAB)

The purpose of the Preregistration Assessment Board is to monitor the assessment methodology and tools of the EVOLVE Intern programme, and to review the evidence gathered on individual intern pharmacists completing the programme. The EVOLVE intern programme is a prescribed qualification for registration in the pharmacist scope of practice. The PRAB has delegated responsibility from the Council to determine whether intern pharmacists have successfully completed the programme, and therefore meet the standard required to register in the pharmacist scope of practice.

#### **PRAB Board Members**

Carolyn Oakley-Brown (Chair) until Dec 2006  
Dr Andrew Bary (Chair) from Dec 2006  
Sunita Goyal until Dec 2006  
Diane Welch until Dec 2006  
Dr Therese Kairuz until June 2006  
Ass Prof Janie Sheridan from Sep 2006  
Dr Rhiannon Braund from Sep 2006  
Andi Shirtcliffe from Dec 2006

#### **Moderation Sub Committee Members (also Board Members)**

Mary-Anne O'Rourke (Chair of sub committee)  
Dianne Wright  
Rosemary Thompson

### **PROFESSIONAL STANDARDS COMMITTEE**

The Professional Standards Committee has delegation from Council to make enquiries into, and decides whether or not to review, the competence of pharmacists. This is a function described under s. 36 of the HPCA Act. This is in response to notifications made to Council that suggest that a pharmacist may pose a risk of harm to the public by practising below the required standard of competence.

### **COMPETENCE REVIEW TEAM**

The Competence Review Team determines whether a pharmacist is practising to the required standard of competence when concerns have been raised about their competence to practise. The competence of the pharmacist being reviewed is assessed against the seven competence standards. The standards are set by the Council, and are a written description of the skills, knowledge and attitudes a pharmacist must demonstrate to be deemed competent.

Fifteen pharmacists have been appointed as Competence Reviewers by the Council. Some of these pharmacists have also been appointed as Practice Counsellors.

#### **Practice Counsellors**

Practice Counsellors oversee and provide support to a pharmacist's practice, and monitor and report to the Council on their performance in the pharmacist scope of practice.

#### **Recertification Auditors**

Practising pharmacists are engaged by the Council to review and audit recertification records. Six pharmacists from a variety of backgrounds were appointed by Council to undertake this work in 2007.

### **OVERSEAS PHARMACIST ASSESSMENT PANELS**

Up until 1 May 2007, Non reciprocal assessors were appointed to examine the qualifications of overseas pharmacists who apply for registration from countries other than Australia, the United Kingdom and Ireland. This process is undertaken to determine whether the qualifications and work experience of the applicant are equivalent to a current New Zealand Bachelor of Pharmacy degree. From 1 May 2007, the new registration route for these applicants was to complete the Non-Recognised Equivalent Qualification Route (Non-REQR) APEC Stage 1 Screening examination, but the panels continued to operate for applicants under the old system until the end of 2007.

Under the Trans Tasman Mutual Recognition Agreement, applicants who are currently registered as pharmacists in Australia are deemed to hold the equivalent of a New Zealand Bachelor of Pharmacy. Applicants are required to undertake four weeks supervision, and be interviewed by an appointed assessor on completion of this period. Likewise, applicants who qualified and were first registered in the United Kingdom, Ireland or Northern Ireland have their qualifications recognised through a reciprocal agreement with these countries. From 1 December 2006, the Council gazetted a new registration route for overseas-trained pharmacists who were deemed by the Council and the Australian Council of Pharmacy Regulatory Authorities to hold equivalent qualifications, competencies and work experience similar to New Zealand and Australian pharmacists. This included pharmacists from the USA and Canada, alongside previously-recognised pharmacists trained in the UK and Ireland. After completion of an examination in competence, these applicants are also required to undertake a period of supervision and complete the interview process.

**Non Reciprocal Assessors**

Andi Shirtcliffe  
 David Woods  
 Dianne Wright  
 Diane Welch  
 Elizabeth Brookbanks  
 Ellen McCrae  
 Gordon Becket  
 Julie Yee  
 Linda Bryant  
 Myf Fulford  
 Sunita Goyal  
 Janie Sheridan  
 Billy Allan  
 Rosemary Langham  
 Jeffrey Harrison  
 Raewyn Richardson

**Reciprocal/ REQR Interviewers**

David McFadzien  
 Eleanor Hawthorn  
 Jenny Cade  
 Di Vicary  
 Derek Lang  
 Catherine Keenan  
 Glen Caves  
 Andi Shirtcliffe  
 Amanda Stanfield  
 Debbie Wallace  
 Chris Budgen  
 Anne Davies  
 Patricia Napier  
 Bernie McKone  
 Daryl Sayer  
 Kate Shaw  
 Ross Nicholson

**REPRESENTATION ON OUTSIDE BODIES**

Otago University School of Pharmacy, Pharmacy Advisory Committee  
 Otago University School of Pharmacy, Board of Studies  
 Otago University School of Pharmacy, Admissions Committee  
 The University of Auckland School of Pharmacy, Board of Studies  
 Council of Pharmacy Regulatory Organisations (COPRA)

Carolyn Oakley-Brown  
 Darryn Russell  
 Bronwyn Clark  
 Bronwyn Clark  
 Carolyn Oakley-Brown

**COPRA committees**

New Zealand and Australian Pharmacy Schools Accreditation Committee (NAPSAC)  
 Australian Pharmacy Accreditation Committee (APAC)  
 Australian Pharmacy Examining Committee (APEC)  
 Health Regulatory Authorities of New Zealand (HRANZ)  
 Health Practitioner Index Steering Group, Ministry of Health  
 ACC Pharmacy Liaison Committee  
 e-Pharmacy Steering Group  
 Pharmacy Industry Training Organisation (PITO)

Andi Shirtcliffe  
 Bronwyn Clark  
 Bronwyn Clark  
 Carolyn Oakley-Brown  
 Bronwyn Clark  
 Jan Clare/Barbara Moore  
 Andi Shirtcliffe  
 Sandy Bhawan/Owain George

**HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL (HPDT)**

Members are appointed by the Minister of Health for each hearing. Three pharmacists and one lay person are appointed for each Tribunal hearing.

**Chair**

Dr David Collins QC (to 31 August 2006)  
 Bruce Corkill QC (from 1 December 2006)

**Deputy Chair**

Kate Davenport  
 Belinda Greer  
 Dr Fiona McCrimmon

**Pharmacists**

Ellen McCrae  
 John Dunlop  
 Warren Flaunty  
 Andrew Orange  
 Mary-Anne O'Rourke  
 David Thompson  
 Lynette Lee

**Lay Members**

Moana Avia  
 Jenny Courtney  
 Wendy Davis  
 Dr Rosemary De Luca  
 Quentin Hix  
 Jane Huria  
 Harry Midgley  
 Professor Ivan Snook

# AUDIT REPORT



## TO THE READERS OF THE PHARMACY COUNCIL OF NEW ZEALAND'S FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2007

The Auditor-General is the auditor of the Pharmacy Council of New Zealand (the Pharmacy Council). The Auditor-General has appointed me, Alex Skinner, using the staff and resources of KPMG, to carry out the audit of the financial statements of the Pharmacy Council on his behalf for the year ended 30 June 2007.

### Unqualified Opinion

In our opinion the financial statements of the Pharmacy Council on pages 32 to 39.

- comply with generally accepted accounting practice in New Zealand; and fairly reflect:
  - the Pharmacy Council's financial position as at 30 June 2007; and
  - the results of its operations and cash flows for the year ended on that date.

The audit was completed on 2 October 2007, and is the date at which our opinion is expressed.

The basis of our opinion is explained below. In addition, we outline the responsibilities of the Council and the Auditor, and explain our independence.

### Basis of Opinion

We carried out the audit in accordance with the Auditor-General's Auditing Standards, which incorporate the New Zealand Auditing Standards.

We planned and performed the audit to obtain all the information and explanations we considered necessary in order to obtain reasonable assurance that the financial statements did not have material misstatements, whether caused by fraud or error.

Material misstatements are differences or omissions of amounts and disclosures that would affect a reader's overall understanding of the financial statements. If we had found material misstatements that were not corrected, we would have referred to them in our opinion.

The audit involved performing procedures to test the information presented in the financial statements. We assessed the results of those procedures in forming our opinion.

Audit procedures generally include:

- determining whether significant financial and management controls are working and can be relied on to produce complete and accurate data;
- verifying samples of transactions and account balances;
- performing analyses to identify anomalies in the reported data;
- reviewing significant estimates and judgements made by the Pharmacy Council;
- confirming year-end balances;
- determining whether accounting policies are appropriate and consistently applied; and
- determining whether all financial statement disclosures are adequate.

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements.

We evaluated the overall adequacy of the presentation of information in the financial statements. We obtained all the information and explanations we required to support our opinion above.

#### Responsibilities of the Council and the Auditor

The Council is responsible for preparing the financial statements in accordance with generally accepted accounting practice in New Zealand. The financial statements must fairly reflect the financial position of the Pharmacy Council as at 30 June 2007 and the results of its operations and cash flows for the year ended on that date. The Council's responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

We are responsible for expressing an independent opinion on the financial statements and reporting that opinion to you. This responsibility arises from section 15 of the Public Audit Act 2001.

#### Independence

When carrying out the audit we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the Institute of Chartered Accountants of New Zealand.

Other than the audit, we have no relationship with or interests in the Pharmacy Council.

A handwritten signature in black ink, appearing to read 'Alex S.', with a stylized flourish at the end.

Alex Skinner  
KPMG  
On behalf of the Auditor-General  
Wellington, New Zealand

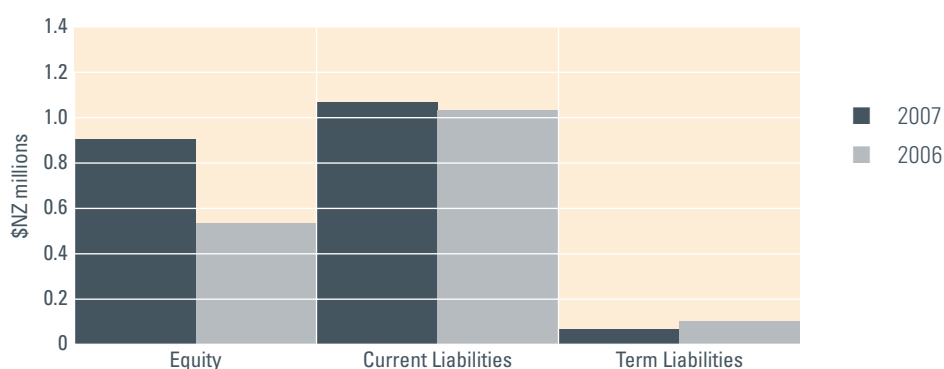


# FINANCIAL OVERVIEW

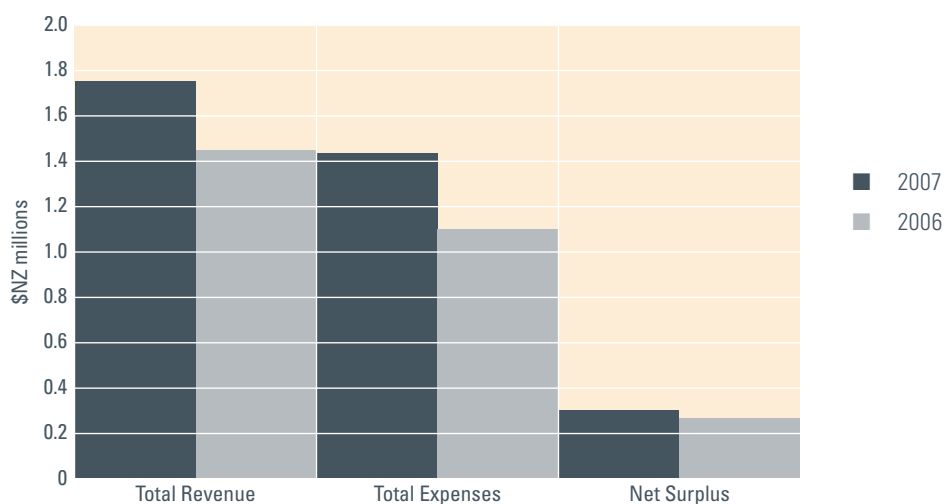


The Pharmacy Council's financial position improved over the past twelve months with another positive result against budget. This will enable the Council to upgrade resources and implement changes to meet objectives set out in the Strategic Plan and continue to meet its obligations under the HPCA Act.

2007 Financial Position



2007 Financial Performance



# FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2007



STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2007			
Revenue	Note	2007 \$	2006 \$
Annual Practising Certificate Fees	1	1,369,335	1,097,729
Non-Practising Fees		81,543	81,164
Registration Fees		51,812	57,780
Other Fees	2	97,271	80,931
Interest and Other Income		117,869	86,554
Recoveries		16,439	18,449
<b>Total Revenue</b>		<b>1,734,269</b>	<b>1,422,607</b>
Expenditure			
Registration & Discipline	3	181,081	171,561
Projects		108,768	30,558
Governance	4	117,323	78,406
Communications & Profile		81,342	64,289
Operating & Administration	5	926,422	795,914
<b>Total Expenditure</b>		<b>1,414,936</b>	<b>1,140,728</b>
<b>Net surplus/(deficit) for the period</b>		<b>319,333</b>	<b>281,879</b>

STATEMENT OF MOVEMENTS IN EQUITY FOR THE YEAR ENDED 30 JUNE		
	2007 \$	2006 \$
<b>Net surplus/(deficit) for the period</b>	<b>319,333</b>	<b>281,879</b>
Total recognised revenue and expenses	319,333	281,879
Equity at the beginning of the year	580,078	298,199
<b>Equity at the end of year</b>	<b>899,411</b>	<b>580,078</b>

These financial statements should be read in conjunction with the attached accounting policies and notes to the accounts.

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2007			
Assets	Note	2007 \$	2006 \$
<b>Current assets</b>			
Cash & cash equivalents	6	1,964,645	1,653,902
Accounts Receivable		18,309	3,956
Other Receivables & Prepayments		54,624	26,593
<b>Total Current assets</b>		<b>2,037,578</b>	<b>1,684,451</b>
<b>Non-Current assets</b>			
Property, plant and equipment	7	123,888	107,804
<b>Total Assets</b>		<b>2,161,466</b>	<b>1,792,255</b>
<b>Current liabilities</b>			
Accounts Payable		56,462	32,275
Other Payables & Accruals		43,050	33,568
Employee benefits		39,224	36,547
Income Received in Advance	8	1,038,852	1,007,725
Loan – PSNZ Ltd (current portion)	9	17,596	17,596
<b>Total Current liabilities</b>		<b>1,195,184</b>	<b>1,127,711</b>
<b>Non-Current liabilities</b>			
Loan – PSNZ Ltd	9	35,191	52,786
Income Received in Advance – HPI Project	10	31,680	31,680
<b>Total Non-Current Liabilities</b>		<b>66,871</b>	<b>84,466</b>
<b>Equity</b>		<b>899,411</b>	<b>580,078</b>
<b>Total Liabilities and Equity</b>		<b>2,161,466</b>	<b>1,792,255</b>



Carolyn Oakley-Brown  
Chair of Council



Bronwyn Clark  
Chief Executive & Registrar

Date: 2 October 2007

These financial statements should be read in conjunction with the attached accounting policies and notes to the accounts.

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2007

Cash flows from operating activities	Note	2007 \$	2006 \$
<b>Cash was provided from:</b>			
Statutory fees and levies		1,630,137	1,561,711
Discipline Recoveries		18,298	16,500
Interest		92,647	57,971
Other revenue		258	43,765
<b>Cash was disbursed to:</b>			
Suppliers and employees		(1,369,316)	(1,093,832)
<b>Net cash inflow/(outflow) from operating activities</b>	<b>11</b>	<b>372,024</b>	<b>586,115</b>
<b>Cash flows from investing activities</b>			
<b>Cash was disbursed to:</b>			
Purchase of Fixed Assets		(43,685)	(10,895)
Repayment of Loan		(17,596)	(17,596)
<b>Net cash (outflow)/inflow from investing activities</b>		<b>(61,281)</b>	<b>(28,491)</b>
<b>Net increase in cash held</b>		<b>310,743</b>	<b>557,624</b>
Add opening cash and bank balances		1,653,902	1,096,278
<b>Closing cash and bank balances</b>		<b>1,964,645</b>	<b>1,653,902</b>
Represented by:			
<b>Cash and bank balances</b>		<b>1,964,645</b>	<b>1,653,902</b>

These financial statements should be read in conjunction with the attached accounting policies and notes to the accounts.

# STATEMENT OF ACCOUNTING POLICIES

FOR THE YEAR ENDED 30 JUNE 2007



## REPORTING ENTITY

The Pharmacy Council of New Zealand (Pharmacy Council) is a statutory body constituted under the Health Practitioners Competence Assurance Act 2003 (HPCA Act 2003) and has a duty to protect the public and promote good pharmacist practice. The Pharmacy Council is responsible for registration of pharmacists, the setting of standards for pharmacists, accreditation of education programmes and ensuring pharmacists are competent to practise.

The Pharmacy Council was established under the HPCA Act 2003 on 18 December 2003 and commenced operations on 18 September 2004.

## BASIS OF PREPARATION

The financial statements have been prepared in accordance with New Zealand Generally Accepted Accounting Practice (NZ GAAP).

The Pharmacy Council qualifies for Differential Reporting exemptions as it has no public accountability and is small as defined by the Framework for Differential Reporting. All available differential reporting exemptions allowed under the Framework for Differential Reporting have been adopted except for FRS-10 Statement of Cash Flows, as a statement of cash flows has been disclosed.

## MEASUREMENT BASIS

The accounting principles recognised as appropriate for the measurement and reporting of financial performance and financial position on a historical cost basis are followed by the Pharmacy Council.

## SPECIFIC ACCOUNTING POLICIES

The following specific accounting policies that materially affect the measurement and reporting of financial performance and financial position have been applied:

### Fixed Assets

Fixed assets are recorded at cost and depreciated over the estimated useful lives of the assets. Subsequent expenditure that extends or increases the asset's service potential is capitalised. For assets acquired on or after 1 April 2005 the Pharmacy Council has elected to calculate depreciation on a straight-line basis at existing rates as follows:

Leasehold Improvements	10 years	Office Equipment	5 years
Furniture & Fittings	10 years	Computer Hardware & Software	3 years

### Goods & Services Tax (GST)

The Statement of Financial Performance and Statement of Cash-flows has been prepared on a GST exclusive basis. All items in the Statement of Financial Position are stated net of GST with the exception of receivables and payables, which are stated inclusive of GST, if any.

### Receivables

Receivables are recorded at estimated net realisable value after due provision for doubtful debts.

### Taxation

The Pharmacy Council is exempt from taxation pursuant to Section CB 4 (1)(e) of the Income Tax Act 1994.

### **Revenue Recognition**

The Pharmacy Council's annual practising year for pharmacists is from 1 April to 31 March. Only those fees and levies that are attributable to the current financial year are recognised in the Statement of Financial Performance. Fees and levies received in advance of their due dates are recognised in the Statement of Financial Position.

### **Operating Leases**

Payments made under operating leases are recognised in the Statement of Financial Performance.

### **Statement of Cash Flows**

The following are the definitions used in the Statement of Cash Flows:

- cash is considered to be cash on hand, current accounts and term deposits.
- operating activities include all transactions and other events that are not investing or financing activities.
- investing activities are those activities relating to the purchase of fixed assets and loan repayment.
- financing activities are those activities which includes both equity and debt not falling within the definition of cash.

### **Changes in Accounting Policies**

There have been no changes in accounting policies during the period.

# NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2007



**(1) Annual Practising Certificate (APC) Fees**

Represents APC Fees received from interns and pharmacists for the year. This fee includes an administrative component and a discipline levy.

**(2) Other Fees**

Overseas Pharmacist Fees	79,849	57,206
Other Fees	17,422	23,725
	<b>97,271</b>	<b>80,931</b>

**(3) Registration and Discipline**

Registration	79,826	69,372
Discipline	74,325	68,397
Competence & Health	26,930	33,792
	<b>181,081</b>	<b>171,561</b>

**(4) Governance**

Councillors' fees	65,176	48,000
Councillors' expenses	52,147	30,406
	<b>117,323</b>	<b>78,406</b>

**(5) Operating & Administration**

Audit Fee	12,351	11,386
Bad Debt	0	880
Doubtful Debt	0	(880)
Depreciation	27,601	20,310
Eftpos Fees	17,064	14,951
Information Technology costs	18,693	16,472
Insurance	20,561	18,881
Legal costs	14,243	9,566
Loss on Disposal of Fixed Assets	0	408
Premises costs	63,084	61,332
Operating Leases	30,117	28,976
Sundry costs	24,242	21,323
Personnel	661,572	554,462
Printing & Stationery	12,232	11,467
Postage & Courier	9,055	11,615
Telecommunications	15,607	14,765
	<b>926,422</b>	<b>795,914</b>

(6) **Cash & Short-term Deposits**

	2007	2006
	\$	\$
Petty Cash	200	200
ANZ – Cheque Account	78,772	27,743
ANZ – Call Account	85,673	75,069
ANZ – Term Deposit	1,800,000	1,550,890
	<b>1,964,645</b>	<b>1,653,902</b>

(7) **Fixed Assets**

	Cost \$	Depn for year 30 June 2006 \$	Accum. Depn 30 June 2006 \$	Book Value 30 June 2006 \$	Cost \$	Depn for year 30 June 2007 \$	Accum. Depn 30 June 2007 \$	Book Value 30 June 2007 \$
Leasehold Improvements	53,220	5,322	10,201	43,019	53,220	5,322	15,523	37,697
Computer Equipment	19,875	6,218	9,368	10,507	60,367	12,754	22,123	38,244
Furniture & Fittings	55,908	5,204	9,581	46,327	59,060	5,818	15,358	43,702
Office Equipment	7,504	1,359	2,127	5,377	7,505	1,501	3,628	3,877
Website	6,618	2,206	4,044	2,574	6,618	2,206	6,250	368
<b>TOTAL</b>	<b>143,125</b>	<b>20,309</b>	<b>35,321</b>	<b>107,804</b>	<b>186,770</b>	<b>27,601</b>	<b>62,882</b>	<b>123,888</b>

(8) **Income Received in Advance**

Represents APC fees and levies relating to the 2007/2008 year.

(9) **Loan from Pharmaceutical Society of NZ Ltd (PSNZ Ltd)**

The Pharmacy Council entered into a loan arrangement with PSNZ Ltd during the 2004/2005 financial year and agreed to repay the loan of \$87,978 over five years. The loan is interest free for the first three years with interest payable at 2% above base for the remaining two years. The second payment of \$17,596 was paid to PSNZ Ltd on the 29th June 2007.

(10) **Health Practitioners Index Project**

During the 2004/2005 financial year the Pharmacy Council entered into a contract with the Ministry of Health to participate in the Health Practitioners Index (HPI) Project.

The Ministry of Health (MOH) is working with the health sector to introduce the Health Practitioners Index (HPI), a national database that will include information about registered health practitioners. The Pharmacy Council has agreed to supply information about its practitioners to the Ministry of Health for the purpose of establishing the HPI.

The agreed cost of the project is \$76,300 (excluding GST) and covers costs relating to database changes, consultation, project management and ongoing provision of data to the MOH for the duration of the project. During the year 80% of the total project cost was paid to the Pharmacy Council and the remaining 20% will be paid when the MOH finalises some implementations issues in the near future.

In accordance with NZ IAS18 the revenue is recorded as Income in Advance in the Statement of Financial Position and recognised on a straight-line basis in the Statement of Financial Performance over the duration of the project.



**(11) Operating cash flows reconciliation**

	2007	2006
	\$	\$
Net operating surplus/ (deficit) for the period	319,333	281,879
<b>Add/(Deduct) non-cash items:</b>		
Depreciation	27,601	20,310
Loss on Disposal of Fixed Asset	0	408
<b>Add/(Deduct) working capital items:</b>		
Accounts Receivable	(14,353)	(3,091)
Other Receivables & Prepayments	(28,032)	(17,735)
Accounts Payable	24,188	17,010
PAYE/Withholding Tax	(654)	(1,112)
Other Payables & Accruals	12,673	2,267
Employee Entitlements	2,678	12,024
Income Received in Advance	31,127	244,207
Income Received in Advance – HPI Project	0	31,680
GST Receivable	(2,537)	(1,732)
<b>Net Cash inflow/(outflow) from operating activities</b>	<b>372,024</b>	<b>586,115</b>

**(12) Commitments – Operating Leases**

Lease commitments under non-cancellable operating leases:

	2007	2006
	\$	\$
Not more than one year	89,821	98,050
One to two years	81,518	74,394
Three to five years	219,053	207,222
	<b>390,392</b>	<b>379,666</b>

**(13) Capital Commitments and Contingent Liabilities**

**(i) Capital Commitments**

As at 30 June 2007 the Pharmacy Council had entered into a contract for \$5,500 (ex GST) to further develop the website (2006: no capital commitments).

**(ii) Contingent Liabilities**

As at 30 June 2007 a High Court appeal involving a pharmacist was pending and the case will be heard in December 2007. Legal costs in the vicinity of \$20,000 to \$30,000 may be incurred.

As at 30 June 2007 the Council had entered into a contract for \$2,000 for an independent review of its insurance policies. The fee was contingent on the Council's decision to accept the recommendations after the review was completed in August 2007.

**(14)** In December 2002 the New Zealand Accounting Standards Review Board announced that New Zealand International Financial Reporting Standards ("NZ IFRS") will apply to all New Zealand reporting entities for the periods commencing on or after 1 January 2007. Entities have the option to adopt NZ IFRS for periods beginning on or after 1 January 2005.

The Council has started a project to assess the key differences in accounting policies between NZ IFRS and current NZ GAAP with a view to determining the impacts on the financial statements that are expected to arise on transition. However, in light of the announcement made by the Accounting Standards Review Board on NZ IFRS conversion for small entities, the Pharmacy Council of NZ has decided to delay the adoption of NZ IFRS until further notice.

**(15) Related Parties**

Council members are paid fees for attending to Council and committee business. Certain Council members are also practising pharmacists and deal with the Pharmacy Council of NZ on the same basis as other pharmacists. There were no other related party transactions.

**(16) Events after Balance Date**

No events occurred subsequent to balance date (2006: nil)

**COUNCILLORS AND STAFF CELEBRATE THE 2ND ANNIVERSARY OF THE PHARMACY COUNCIL IN SEPTEMBER 2006 AT THE COUNCIL OFFICES IN WELLINGTON**



**Back row:**

Andi Shirtcliffe, Jenny Ragg, Brian Irvine, Claire Paget-Hay, John Shaw, Darryn Russell, Jan Clare, Andrew Bary

**Front row:**

Jo Mickleson, Judith Johnston, Maree Dawson, Mary Yee, Sandy Bhawan, Sue Thompson, Susan McKibbin, Bronwyn Clark, Carolyn Oakley-Brown

# COUNCIL STAFF



## Chief Executive & Registrar

**Bronwyn Clark** MCLinPharm, MPS, RegPharmNZ

Overall responsibility for regulatory functions carried out by the Pharmacy Council and general management of the organisation.

## Assistant to Chief Executive & Registrar

**Nesta Black**

Provides administration support to Chief Executive & Registrar and responsible for travel and meeting arrangements.

## Deputy Registrar

**Jenny Ragg**

Secretary to Council. Management of complaints and discipline procedures.

## Administration Manager

**Claire Paget-Hay** DipTchg (Sec)

Responsible for overall management of office systems and personnel.

## Registrations Officer

**Susan McKibbin** until Feb 2007

**David Priest** from June 2007

Responsible for NZ and overseas pharmacist registrations, maintenance of register and processing APC applications.

## Accounts Assistant

**Maree Dawson**

Processes accounts payable and receivable, payroll and provides general accounts assistance.

## Accountant

**Mary Yee** CA

Responsible for financial reporting, budgets and audit.

## Competence Policy Advisor

**Sandy Bhawan** BSc, BPharm, PGCertPharm, MPS, RegPharmNZ until Jan 2007

**Owain George** BPharm, PhD, MRPharmSoc, RegPharmNZ from Dec 2006

Policy development for competence and assessment of pharmacists

## Professional Standards Advisor

**Jan Clare** DipPharm, MNZCP, MPS, RegPharmNZ until Jan 2007

**Barbara Moore** DipPharm, DipBStud, MPS, RegPharmNZ from Mar 2007

Policy development for professional standards for pharmacists. Provides advice for safe practice of pharmacy.

## Competence Policy Co-coordinator

**Sue Thompson**

Provides assistance to the Competence Policy Advisor and co-ordinates competence and assessment plans.

## General contact details for the Pharmacy Council:

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Wellington 6011

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Wellington 6146

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Fax: 64 4 495 0331

Enquiries: [enquiries@pharmacycouncil.org.nz](mailto:enquiries@pharmacycouncil.org.nz)

Website: [www.pharmacycouncil.org.nz](http://www.pharmacycouncil.org.nz)

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