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# THE PHARMACY COUNCIL



The Pharmacy Council is pleased to submit this report for the year ended 30 June 2008 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 2008



There have been no changes to the Pharmacy Council membership since 30 June 2007.

### 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 both the public and private sectors, including many years in the health sector.

**Andi Shirtcliffe** B.Pharm, PG Cert Pharm, PGDipClinPharm, MNZCP, MPS RegPharmNZ (Deputy Chair) is a former pharmacy proprietor who currently works in the Wellington area as a consulting pharmacist. In addition, Andi provides clinical pharmacist services in rest homes and private hospitals. She was previously a 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. Jo 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. Keith currently divides his time working in pharmacy related roles for the Funding and Planning Team of Waitemata DHB; teaching undergraduate BPharm students and post grad students at the University of Otago; and clinical work as a mental health pharmacist for the Waitemata DHB.

**Dr Andrew Bary** PhD, BPharm (Hons), FNZCP, MPS, RegPharmNZ is a pharmacist based in Queenstown. Andrew has experience in community pharmacy, as a pharmacy proprietor, and in pharmacy research and 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 Director of Māori Development in the Office of the Vice Chancellor at the University of Otago. He is also a director of Te Rūnanga o Ōtākou Incorporated (a local Ngāi Tahu Marae Council) and Araiteuru Whare Haurua (a Māori health provider in Dunedin City). He is also a ministerial appointee to the Disciplinary Tribunal of the Social Workers Registration Board and a Trustee with the J R McKenzie Trust (leading national philanthropic organisation).



## CHAIRPERSON'S REPORT



This past year has seen continuing progress by the Council towards meeting our vision of ensuring that New Zealand pharmacists practise to the highest standards to improve public well-being.

A particular focus for this year has been in the area of stakeholder engagement and promoting the work of the Council to the public, pharmacists and health stakeholders.

In July we held our meeting in Auckland at the University of Auckland School of Pharmacy. This was one of the Council's regular five meetings a year and provided an opportunity for Council and staff to engage with the University and also with health and pharmacy stakeholders in the Auckland region. We were very kindly hosted by the School of Pharmacy. Councillors and staff had meetings with a range of University groups including the Dean of the Faculty of Medical and Health Sciences, senior Faculty Staff, School of Pharmacy staff and School of Pharmacy student representatives. These meetings were very successful in building on relationships with the University and raising the profile of the profession of pharmacy within the University as a whole. On the second day of the meeting the Council took the opportunity to invite some key stakeholders and pharmacists to a sector liaison lunch. The Council has been invited to hold a future meeting at the University of Otago School of Pharmacy and this will happen in May 2009.

We continue to invite stakeholder representatives to meet with the Council. Last year this included Prof Iain Martin (Dean, Faculty of Medical & Health Sciences), Greg Coyle (Tertiary Education Commission), Richard Townley, Euan Galloway, Chris Budgen and Amanda Stanfield (Pharmaceutical Society of New Zealand), and John Dunlop and Linda Bryant (Clinical Advisory Pharmacists Association). Council met with the newly formed Community Pharmacy Leaders Forum this year, and the newly established Schools of Pharmacy new sector meeting – Heads of Schools and Professional Organisations in Pharmacy. We also met regularly with the Pharmaceutical Society of New Zealand National Executive, and were very pleased to be able to accredit the EVOLVE intern training programme for a further two years.

A major project for staff this year was the first round of recertification audits of pharmacists. This was a random audit and we were delighted to see that 94% of those audited met the requirements. This was very heartening for Council and a credit to the profession that such a high standard of Continued Professional Development was documented and evidenced. Considerable progress has also been made on the Council Strategic Plan this year including draft work on the development of Cultural Competence standards which are a requirement of the HPCA Act 2003. Further advancement of the proposed Advanced Pharmacist Practitioner Scope of Practice continued, with a useful consultation process undertaken. This Strategic plan ensures that neither time, nor energy nor money, is wasted. We work to the rule "Think twice, act once".

A continuing focus for Council is ensuring best practice governance, and this year we undertook further tailored training in governance and chairing of meetings. 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 Annual Practising Certificate (APC) fee increase. As a pharmacist and pharmacy owner, I am acutely aware of the regulatory costs for health professionals and I am very pleased with this result.

Once again I would like to sincerely thank the Council members for their continued hard work and their commitment to the Council, the public and the profession. Each member plays a valuable role within the team and collectively they are committed to their roles on committees and advisory groups. I am also most grateful to all those other pharmacists who have contributed to Council work on committees and 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 practitioners to secure a strong profession that ensures public safety.

I wish to thank the Chief Executive & Registrar, Bronwyn Clark and the staff for all their hard work. There is a supportive partnership and common sense of purpose between the Council and the team which results in the effective operation of the Council. A special thanks also to Bronwyn for the considerable time she has spent in Australia this year forging closer ties and developing common policies and standards between our two countries.

I look forward to another successful year of operation of the Pharmacy Council in the 2008 – 2009 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  
CHAIR



Carolyn with the Pharmacy Council of Australia.



## CHIEF EXECUTIVE AND REGISTRAR'S REPORT



Another year of operations of the Council has seen further consolidation of processes and policies to implement the HPCA Act 2003, as well as progress on a number of new strategic projects. We have seen an increase in workload in a number of the statutory areas, and also the implementation of new processes including the first audit of the recertification programme for pharmacists.

The first recertification audit was a major project for staff, and involved considerable time and resources in the set-up phase. Council appointed auditors, who were pharmacists working in various roles within the profession, and staff trained them to undertake the peer-review process. A web-based audit tool was developed in-house to allow these auditors to work from their remote workplaces, and processes for pre-checking, copying and scanning documents and feedback were also set up. The results of the audit were very pleasing, and a full survey of participants aided staff in setting further refinements for future audits.

Continuous quality improvement in systems and processes is necessary for a modern regulator, and this year we have undertaken further refinements of database and other systems within the operation. Staff involvement in setting the business plan has been key to ensuring all are able to understand the mission of the organisation and collectively determine efficient and smart work processes. Our vigilant focus on risk management is vital to ensure that our operations are best-practice and customer-focused. The Health Practitioners Disciplinary Tribunal (HPDT) function of Executive Officer for Pharmacy is this year contracted to Gay Fraser and her team at the Medical Council to ensure best practice operations and this has proven most successful.

As the Chief Executive and Registrar of the Council, my role includes establishing and maintaining effective relationships with other health and consumer stakeholders. We have taken a lead role with the Health Regulatory Authority of New Zealand (HRANZ) group, and this culminated in the signing of a Memorandum of Understanding with the 16 Health Regulatory Authorities at the end of 2007. As an associate member of the Australian Pharmacy Council (APC) our continued links with our cousins across the Tasman is a benefit to the public and the profession, and I represent the Council on a number of committees of the APC, including those responsible for examining and accreditation. To improve our communications with the public and pharmacists the Council website underwent an extensive overhaul in 2008. The Register search function is now updated daily and the site has new search functions and sections. We also surveyed pharmacists for their preferences of receiving our regular Newsletter, and have maintained this in paper form at their request.

Once again I am thankful to the members of Council, who continue to work hard in their roles on Council. In particular, I am enormously grateful to the Chair, Carolyn Oakley-Brown, who is an inspirational and dedicated leader, and who I hold in the highest regard.

Finally, and not at all least, I once again thank and acknowledge the staff of the Council who I have the privilege to work with as part of our team. Every one of them is dedicated and committed to achieving the best results and their positive attitude and hard work are very much appreciated.

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 2007 to 30 June 2008 the Council met five times.

### Attendance record for Council meetings is as follows

Council Members	31-1 July/Aug 2007	1-2 Oct 2007	4-5 Dec 2007	4-5 March 2008	13-14 May 2008
Carolyn Oakley-Brown (Chair)	Yes	Yes	Yes	Yes	Yes
Andi Shirtcliffe	Yes	Yes	Yes	Yes	Yes
Judith Johnston	Yes	Yes	Yes	Yes	Yes
Darryn Russell	Yes	Yes	Yes	Yes	Yes
John Shaw	Yes	Apology – overseas	Yes	Yes	Yes
Keith Crump	Yes	Yes	Yes	Yes	Yes
Andrew Bary	Yes	Yes	Yes	Yes	Yes
Jo Mickleson	Yes	Yes	Yes	Yes	Yes

### Finance and Audit and Risk Management Committee

The Finance, Audit and Risk Management Committee is a sub committee appointed by Council to assist them in discharging their responsibilities relating to financial reporting and regulatory conformance. Members of this Committee for the year to 30 June 2008 were Darryn Russell (Chair), Carolyn Oakley-Brown and Andi Shirtcliffe. This Committee met four times during the period 1 July 2007 to 30 June 2008.

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

## STRATEGIC PLAN – TOWARDS 2010

The Council strategic plan was initially drafted in February 2007 and ratified in July 2007. The 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 strategic plan has seven goals as below.**

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)

## COUNCIL PROFESSIONAL DEVELOPMENT

In May 2008 a "Governance and Chairing Meetings" training session was held for all Council members prior to the full Council meeting. This was led by an external facilitator and was in response to a request from Council members for training in chairing of Council committees and boards.

Individual Council members also undertook various professional development activities that related directly to their governance roles within the Council.

## SECTOR LIAISON, COMMUNICATIONS AND CONFERENCE PRESENTATIONS

The Council continues to have active relationships outside New Zealand, with membership of the Australian Pharmacy Council (APC) and its committees, Australian Pharmacy Examining Committee and New Zealand and Australian Pharmacy Schools Accreditation Committee (NAPSAC). Other international relationships include membership of the National Boards of Pharmacy (NAPB – of the USA), and 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).

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 Defence Association, New Zealand College of Pharmacists, the Health and Disability Commissioner, DHBNZ, PHARMAC, 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 papers and posters on recertification and competence assessment at the Life Long Learning in Pharmacy Conference in July 2007 in Hertfordshire, England and the Australian and New Zealand Health Professionals Education Conference (ANZAME) in July 2007 in Brisbane, Australia. The Chief Executive and Registrar was an invited speaker at the New Zealand Healthcare Pharmacists Association Conference in Wellington in September 2007, and the Competence Policy Advisor ran a workshop at this same conference.

With the announcement of the Australian Committee of Australian Governments (COAG) decision to implement National Registration of health professionals in Australia, the Chief Executive and Registrar has been an advisor to a working party of the Australian Pharmacy Council on matters of registration, intern training and accreditation.

# SIGNIFICANT ACTIVITIES



## PHARMACY EDUCATION

The Council has the responsibility to set the qualifications required for the two scopes of practice – the pharmacist and the intern pharmacist – and these include pharmacy degrees, the intern training programme and other assessments and examinations.

The Council has three 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 Australian Pharmacy Council (APC) New Zealand and Australian Pharmacy Schools Accreditation Committee (NAPSAC)
  - b. Intern training programme – the prescribed qualification for the 5th year of pharmacy education for intern pharmacists
2. Ensuring on-going demonstration of competence of pharmacists by setting, approving and auditing recertification programmes and pharmacist participation in these
3. Setting and recognising new scopes of practice for pharmacists

### 1. Accreditation of Prescribed Qualifications

#### 1.1 BPharm Degrees

The Council requires that the two Bachelor of Pharmacy (BPharm) courses provided by Schools of Pharmacy in New Zealand have accreditation from the New Zealand and Australian Pharmacy Schools Accreditation Committee (NAPSAC), which is a committee of the Australian Pharmacy Council (APC).

In December 2007 the University of Auckland BPharm programme gained full accreditation from NAPSAC, for a period of three years. The University of Otago BPharm degree had received full accreditation from NAPSAC in 2004, and will be due for re-accreditation in 2009.

#### 1.2 Intern Training Programme

##### 1.2.1 Accreditation of ITP for 2009 and 2010

The only accredited intern training programme (ITP) is the EVOLVE programme of the PSNZ (Inc). The Preregistration Advisory Board (PRAB) (a subcommittee of the Council) has delegated authority to make recommendations to Council on the continuing accreditation of the intern training programmes.

In March 2008 an external expert review of EVOLVE was conducted under the direction of the Preregistration Assessment Board (PRAB). This external review considered all aspects of the programme from a best-practice viewpoint and identified any modifications necessary to ensure that an ITP will meet the future requirements for registration in the Pharmacist scope of practice for 2010 and beyond.

Council appointed Professor Zubin Austin from the Leslie Dan Faculty of Pharmacy, University of Toronto, Canada to undertake the external expert review. On the whole, Professor Austin was congratulatory to the Council and EVOLVE for the components of the current programme. As a result of the review, Council gained a valuable insight into the strengths and the areas for enhancement of the programme and will consider these when setting the ITP accreditation requirements. The findings also assured Council that from a face-validity perspective the programme can be considered a best-practice model and that it does well in meeting most of the requirements from an international pharmacy education context. The findings strongly recommended the inclusion of a psychometric review of the assessments so that the quality of the assessments can be measured. Council has resolved that a psychometric review of the assessments in the programme is necessary and has identified it as a priority for 2008/9. The review also suggested the inclusion of approaches in the areas of medication reconciliation, inter-professionalism, patient safety, teaching skills, and supervision of technical personnel into the ITP as a way of further enhancing the ITP.

Due to the time required to complete the review, the PRAB recommended that Council grant accreditation to the EVOLVE programme for both 2009 and 2010 as the prescribed Intern Training Programme qualification for entry into the Pharmacist Scope of practice.

### 1.2.2 Accreditation Requirements for the ITP 2011 and beyond

The findings and suggested approaches of the external expert review will be considered in the development of the accreditation criteria for the ITP for 2011 and beyond. The accreditation criteria will be available for consultation to key stakeholders in 2009. Education providers wanting to provide a Council accredited ITP for 2011 and onwards will be required to apply for accreditation using these criteria and guidelines.

## 2. Recertification – Audit and Compliance

### Auditors

Six pharmacists from various pharmacy backgrounds were appointed by the Pharmacy Council as recertification auditors; 3 working in community pharmacy and the others working in a range of pharmacy areas, including hospital, pharmacy education and primary care. The auditors were trained to assess Continuing Professional Development (CPD) records against set criteria, and provide feedback to pharmacists on their records.

Another two auditors were appointed in early 2008. One was a replacement for an original appointee. One of the auditors works in community pharmacy and the other works for a Primary Health Organisation (PHO).

### Recertification Audit

In 2007, 72 pharmacists were randomly selected for the first recertification audit. Pharmacists eligible for selection for this audit held an Annual Practising Certificate (APC) for the year that participation in the recertification programme, ENHANCE, became mandatory, that is 1 April 2006 to 31 March 2007.

ENHANCE is a self directed learning process for pharmacists to identify learning that is relevant to their practice and maintain competence by addressing gaps in their knowledge and skills. They follow a four step documentation process; Reflection, Planning, Action and Outcomes. After a period of applying their new learning to their practice, they assign an Outcome Credit that reflects the relevance and impact of this learning.

To pass the first audit, a pharmacist had to submit CPD records (within 15 working days of notification) sufficient for a minimum of 4 outcome credits and documentation demonstrating that the pharmacist had identified relevant goals, actual new learning and application in practice.

The records were initially assessed by Council staff to ensure all sections have been completed before sending to the auditor for review. There were opportunities for the pharmacist to resubmit CPD documents where necessary, that is to ensure that the records were complete and relevant for the audit period, or to provide further evidence to the auditor of the application of learning and the patient and practice benefits to support the outcome credit.

Of the 68 pharmacists audited 94% (64) passed the audit. (Four pharmacists were exempted from this audit).

Pharmacists demonstrated that their learning had been applied in their practice, with 31 pharmacists (45.6%) providing enough evidence on first submission to the auditor and 33 (48.5%) completing the audit requirement by providing further information to the auditor.

Two of the pharmacists who failed the audit chose to retire from the practising register, whilst the other two pharmacists have shown a willingness to improve their learning and meet the requirements. The Pharmacy Council can exercise the option of targeting pharmacists for audits.

The ENHANCE programme focuses on a quality assurance documentation of learning that demonstrates that the practitioner is consciously updating professional knowledge and improving professional competence throughout their working life. The outcome measurement used illustrates that the learning has indeed been applied, and where learning is prioritised according to relevance to practice, then beneficial outcomes to practice should follow.

### Amendment to the Recertification Policy

The Pharmacy Council's recertification policy was reviewed and amended in 2007, the changes relating to pharmacists who are not participating in the recertification programme, and pharmacists who fail the recertification audit. The HPCA Act 2003 (section 43) lays down a range of options for regulatory authorities to use when practitioners do not satisfy the requirements of a recertification programme, but the policy sets out an initial condition that directs the practitioner to work with a peer to meet the requirements.

Pharmacists who are not participating in the recertification policy will not automatically be issued with an Annual Practising Certificate (APC), but will have a condition placed on their scope of practice. This condition requires them to practise under the “oversight” of a peer, who provides professional support and assistance to meet recertification requirements.

Similarly, a pharmacist who fails the recertification audit has the same condition placed and must report to Council on the remedial steps identified by themselves and the peer.

If the practitioner does not abide with this condition then the Pharmacy Council may consider the full range of options available to assure that pharmacists continue to be competent to practise.

### 3. Setting and recognising new scopes of practice for pharmacists – proposed Advanced Scope of Practice

The Council has the mandate to protect the health and safety of members of the public by providing for mechanisms to ensure that the pharmacists are competent and fit to practise their professions. One of these mechanisms is setting and recognising new scopes of practice. Currently the Council has two gazetted scopes of practice – Pharmacist and Intern Pharmacist.

The HPCA Act 2003 permits the Council to describe a scope of practice in any way the Council thinks fit by reference to at least one of the following; a name or form of words that is commonly understood by persons who work in the health sector; an area of science or learning; tasks commonly performed; illnesses or conditions to be diagnosed, treated, or managed.

For each new scope of practice the Council also must prescribe the necessary qualifications which include setting competencies, qualifications (education and training), and assessment of competence and recertification requirements. Where the prescribed qualification is a degree/diploma from an educational institution, the Council is also required to monitor the educational institution accredited for this purpose.

The need for setting a new scope of practice arises when the provision of a particular health service cannot be regulated by the requirements set for an existing gazetted scope of practice. This is a mechanism to ensure that the risk to the health and safety of members of the public is minimised and managed within the defined regulatory framework of a scope of practice.

Work towards describing and setting the competencies and qualifications for the Advanced Scope of Practice began in 2006, with the Council appointing a Competence Advisory Group (CAG) to progress this work. The term Advanced Pharmacist Practitioner (APP) was proposed for the pharmacist registering in this scope of practice.

In June 2007 Council consulted widely on the proposed definition of the Advanced Scope of Practice and a set of draft competencies (APP competencies), qualifications, assessment and recertification requirements for the scope. As prescribing was also included in the description of the Advanced Scope of Practice a set of draft competencies and qualifications, assessment and recertification requirements for independent prescribing was also included in the consultation.

The responses to the consultation were comprehensive, well considered and varied, and a summary of the feedback was included in the September 2007 Council newsletter. While the majority of stakeholder groups expressed support for the setting of an Advanced Scope of Practice, with recognition of the value to patients from pharmacists providing the health services described in this scope, it was clearly identified that more clarification was required, especially with respect to including prescribing within this scope.

The APP competencies were developed to describe the knowledge, skills and attributes required by an APP from both a national and international context of advanced clinical pharmacy practice. This year Council set out to validate the APP competencies by way of a self-assessment tool for pharmacists who identified themselves as practising in the Advanced Scope of Practice. The common denominator for this group of pharmacists was that they are an active part of the decision making process with respect to initiating or modifying a patients’ medicine therapy and the pharmacist’s decisions directly affects the management of the individual patient’s medicine therapy. The pharmacists who participated worked in either primary or secondary care. The results of the exercise is hoped to further inform the setting of regulatory requirements for registration into the Advanced Scope of Practice.

While the Council has not actively continued the prescribing component of this project this year, it has endeavoured to invest in activities that are anticipated to inform the direction it pursues. In particular Council staff have been working closely with pharmacists actively involved in conducting pharmacist prescribing trials across Australia. It is envisaged that data from these trials will assist the Council in validating the proposed competencies, determining qualifications, assessment and recertification requirements for pharmacist prescribing.



## 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 four new referrals during the year. One of these files was closed during the year, one pharmacist was involved in a high level monitoring programme and two pharmacists were monitored at a lower level. The Committee continued to monitor ten pharmacists from previous years, with two pharmacists continuing to be suspended from practice. Of those being monitored four files were closed during the year.

### Health Committee Activity 1 July 2007 to 30 June 2008

#### New referrals received

Monitoring	2
Monitoring with conditions	1
Suspended	0
Closed	1
<b>Total</b>	<b>4</b>

#### Referrals from previous year

Monitoring	3
Monitoring with conditions	1
Suspended (one previously suspended prior to 2004)	2
Closed (includes one declined registration)	4
<b>Total</b>	<b>10</b>

### Total monitored at 30 June 2008

14

## REGISTRATIONS & PRACTISING CERTIFICATES

### Registration Statistics

A total of 2,978 pharmacists were registered as practicing at 30 June 2008.

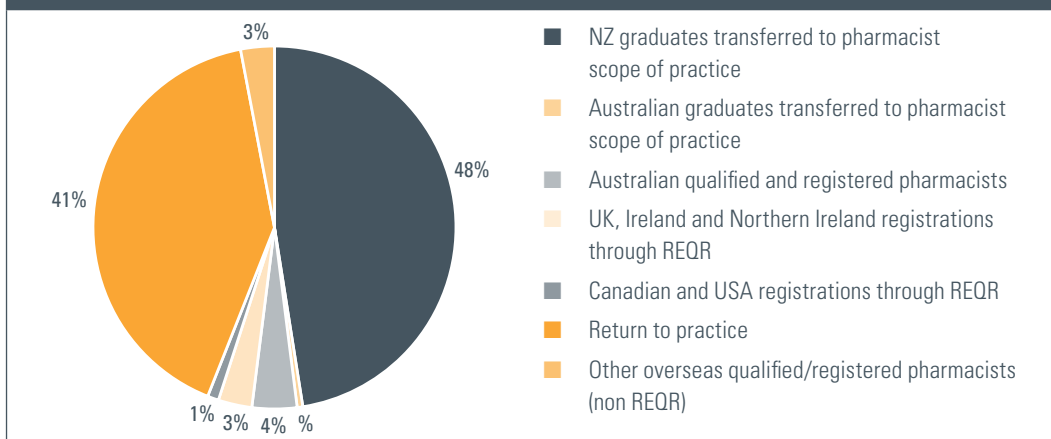
As at 30 June	2008	2007	2006	2005	Increase/ Decrease for last year
Total registered in the pharmacist scope of practice	4,001	3,901	3,823	3,770	+100
Practising pharmacists	2,978	2,889	2,801	2,787	+89
Non practising pharmacists	1,023	1,012	1,022	983	+11
Total registered in the intern scope of practice	231	202	189	168	+29
Total additions to the register	212	368	318	208	-156
NZ & Australian Graduates registered in pharmacists scope of practice	182	192	156	139	-10
Australian pharmacists registered in NZ under Trans Tasman Mutual Recognition Agreement (TTMRA)	13	11	13	9	+2
UK/Ireland pharmacists registered in NZ through Reciprocal Agreement and Recognised Equivalent Qualifications Route (REQR)	12	37	53	44	-25
Canadian/USA pharmacists registered in NZ through Recognised Equivalent Qualifications Route (REQR)	5	n/a	n/a	n/a	+5
Registrations from other overseas qualified pharmacists (non REQR)	13	13	11	15	-
Certificates of Identity/Requests for Statements of Good standing Issued	105	81	274	106	+24
Removals from the register (removal requested and or non payment of annual fee)	145	167	226	206	-22

### Additions to the practising section of the register

359 additions were made to the practising register in the period 1 July 2007 to 30 June 2008. The additions were interns transferring to the pharmacist scope, overseas qualified and registered pharmacists, and transfers from the non practising register to practising. 203 pharmacists were removed or requested transfer to the non practising section of the register during the period. The overall result was a net increase of 100 practising pharmacists.

Additions to the Practising Register in the Pharmacist Scope of Practice	1 July 2007- 30 June 2008
NZ graduates transferred to pharmacist scope of practice	172
Australian graduates transferred to pharmacist scope of practice	1
Australian qualified and registered pharmacists (TTMRA)	13
UK, Ireland and Northern Ireland registrations through Recognised Equivalent Qualifications Route (REQR)	12
Canadian and USA registrations through Recognized Equivalent Qualifications Route (REQR)	5
Other overseas qualified/registered pharmacists (non REQR)	9
Return to practice	147
<b>TOTAL</b>	<b>359</b>

#### Additions to the Practising Register in the Pharmacist Scope of Practice 1 July 2007 – 30 June 2008

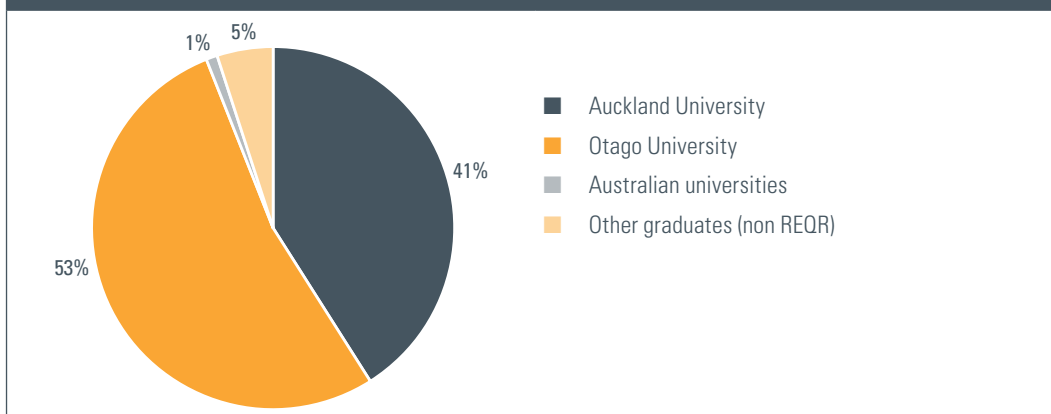


#### Registrations in the Intern Pharmacist Scope of Practice

231 graduates were registered and held an Annual Practising Certificate in the intern scope of practice at 30 June 2008. At this date, these interns were completing the intern training programme prior to registration in the pharmacist scope of practice.

University attended	No. of graduates
Auckland	94
Otago	122
Australian universities	2
Other overseas universities (applications for registration through non Recognised Equivalent Qualifications Route) (non REQR)	13
<b>TOTAL</b>	<b>231</b>

#### Graduates Registered in the Intern Scope of Practice 1 July 2007 – 30 June 2008



#### Non practising pharmacists

1023 pharmacists were registered as not practising at 30 June 2008.

### Certificates of Identity Issued

In the 12 months ended 30 June 2008, 105 Certificates of Identity were issued to pharmacists registering with overseas Registration Boards. This compares with 81 last year.

Country	State	Number
Australia	Victoria	30
	Queensland	30
	New South Wales	15
	South Australia	4
	Northern Territory	4
	Australian Capital Territory	3
	Tasmania	2
	Western Australia	1
		89
Hong Kong		7
Fiji		2
Taiwan		2
Northern Ireland		1
Canada		1
United States of America		1
Malaysia		1
Malta		1
<b>TOTAL</b>		<b>105</b>

### Removals

A total of 145 pharmacists were removed from the practising and non practising registers during this period.

#### Removals from the Practising Register

Total removals following revision of register s.144 (5)	60
Total deceased removed from practicing s. 143	1
Total removals from practising register at own request s. 142	38
Removal due to discipline s. 101 (1) (a)	1

#### Suspension

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



## COMPETENCE

The Pharmacy Council has adopted a set of seven competence standards that describe the practice which a pharmacist is required to meet in order to be deemed competent. "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.

These seven competence standards describe in a broad terms the skills, knowledge and attitudes a pharmacist must demonstrate to be competent.

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, have some knowledge of performance and educational assessment, and hold a current Annual Practising Certificate.

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.

In the previous year, Council undertook three competence reviews. As a result of one of the reviews, a pharmacist was required to undertake a competence programme and Council imposed conditions on the pharmacist's Scope of Practice. The two other reviews resulted in both pharmacists being found to be practising to the required level of competence.

One of the reviews was the result of a recommendation by the Health Practitioners Disciplinary Tribunal.

### Competence reviews, Competence programmes and their outcomes 1 July 2007 – 30 June 2008

Competence Reviews/Sources of Concern	Number
Professional Conduct Committee (PCC) via Health and Disability Commissioner and Employer notification	1
Health Practitioners Disciplinary Tribunal recommendation	1
Non-compliance with recertification programme	1
<b>Total referrals</b>	<b>3</b>

Competence programmes	Outcomes
Competent	2
Referral to Health Committee	0
Competence programme ordered	1
<b>Total</b>	<b>3</b>

## EXAMINATIONS AND ASSESSMENTS

The Council is responsible for three types of examinations (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 2007/8	No. passed in 2007/8
Competence Assessment of Overseas Pharmacists (CAOP)	MCQ and one written question	REQR* pharmacists – recognised equivalent qualification route	37	29
Screening Examination	2 x MCQ examinations	Non – REQR** overseas pharmacists	15	5
Law and Ethics Interview	Oral interview	Return to practice pharmacists out of practise for > 3 and < 8 years	40	40
Law and Ethics Interview plus calculation test	Oral interview Written Calculations sheet	TTMRA***, and REQR* pharmacists	30	30
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)	213	186

\* Pharmacists from United Kingdom, Ireland, USA and Canada

\*\* Non-Recognised countries – all other overseas-trained pharmacists

\*\*\* Trans-Tasman Mutual Recognition Agreement – Australian registered pharmacists

# 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.

### Examination – writing and validation

In December 2006 new registration routes were introduced for overseas pharmacists seeking registration in New Zealand or Australia. These now include sitting either the Australian Pharmacy Council Examining Committee (APEC) Stage 1 examination (for Non-recognised equivalent qualification route (Non-REQR) pharmacists) or the Competence Assessment of Overseas Pharmacists (CAOP) examination for recognised (REQR – United Kingdom, Canada, Ireland, United States) pharmacists. The CAOP exam consists of a short answer question plus 100 clinically based multi-choice questions which are drawn from a question bank that is also used for the Australian Pharmacy Competency Assessment Tool (APCAT).

To help expand the current question bank, the Pharmacy Council participated in a 2-day item writing workshop in Adelaide in July 2007. A dozen pharmacist practitioners from a range of areas, i.e. hospital/community and academia were invited to contribute. The Pharmacy Council of New Zealand was represented by the Professional Standards Advisor, Barbara Moore, and NZHPA President, William Allan. During the two days, small working groups developed clinical patient profiles and relevant questions, which were then reviewed by the group at the end of each day. These reviews help identify

potential weaknesses with questions or profiles, which are changed accordingly. Before being added to the CAOP/APCAT question bank, the questions are further verified through trial testing, usually with pharmacy conferences participants. Questions are grouped in sets of ten and each set tested by at least 40 practising pharmacists. As each set of questions is fully validated it is withdrawn from testing and another set becomes active. New Zealand pharmacists will have a chance to participate in trial testing at the NZHPA conference in September 2008. Council has also committed to being involved in a second item-writing workshop in July 2008, and hold an item-writing workshop in Wellington in 2009.

## CULTURAL COMPETENCE

In October 2007, a working party within PRISM (Pharmacy Reference group for the Implementation of the Strategy for Māori health) began work on defining the cultural competence standards for pharmacy. The working party comprises one Pharmacy Councillor (who is also Chair of PRISM), two members of Ngā Kaitiaki o Te Puna Rongoā o Aotearoa (The Māori Pharmacists' Association) and two Council staff.

In November, four members of the working party attended a hui on Turangawaewae Marae at the invitation of the Waikato Community Pharmacy Group (WCPG) which is the leading community pharmacy co-ordinator in the Waikato DHB area. This was a valuable learning opportunity and a chance to experience marae protocol first-hand for those who had not done so before. Members also attended a seminar jointly hosted by Mauri Ora Associates and Buddle Findlay on cultural competence and communication skills for registration authorities and their practitioner members.

As work progressed on developing the cultural competence standards, it was agreed by the working group that these new standards should be embedded into the clinical competence standards, acknowledging at the time that this may be the more difficult option to implement.

Research in New Zealand clearly describes the health inequalities for Māori compared to non-Māori, and whilst cultural competency is not solely about Māori, addressing these health disparities is an important aspect of consideration. The working party agreed therefore, that the foundation to the proposed Cultural Competence Standards for Pharmacy would be:

- That they must be evidence based;
- That they have a contemporary application;
- The principles of the standards are general (generic) in nature.
- That Māori context and Māori-specific standard(s) are integrated in the competency standards.
- Overall development of the standards must involve key pharmacy leaders.

The overall aim is to create a practice framework whereby all pharmacists integrate cultural competency into their everyday practice.

A revised range statement for Competence Standard 1 has been drafted, along with preliminary cultural competence elements and performance criteria, and a revised introduction to the standard. These first draft competencies are to be presented in workshop format to key pharmacy opinion leaders in July 2008. The purpose of the workshops is to test the standards through engagement with some of the learning objectives. This will provide input on the standard while also providing feedback to the working party on the elements necessary for the accreditation of the education programme that will be required. Following the workshops, wider consultation will be undertaken within the pharmacy profession and with other key stakeholders.

As part of the ongoing process of developing cultural competence within the pharmacy profession, work has also begun on a draft cultural competence audit model for member organisations of PRISM. The intention of the model is to allow participating organisations to assess their policies, programmes or services against the goals and strategies in the Māori Health Strategy for Pharmacy. The audit tool should assist each organisation in identifying potential gaps and help in developing an evidence base for policy, service and programme development.

## PROFESSIONAL STANDARDS

### 1. Council Statement – Raising Concerns with Prescribers

Pharmacist responsibility for a patient's health outcomes is a central pillar of pharmaceutical care. Pharmacists contact prescribers when there are issues with prescriptions, medicine availability or patient compliance but this isn't always easy. In the event of unclear or incorrect prescriptions, prescribing errors or recurrent inappropriate prescribing pharmacists must intervene and communicate their concerns with the prescriber in a timely and professional manner.

Following a complaint to the Health and Disability Commissioner, where a combination of errors by both a prescriber and a pharmacist resulted in harm to a patient, the Commissioner found both the doctor and the pharmacist had breached the Code of Health and Disability Consumer's Rights. Comments by the Commissioner made it clear that pharmacists have a responsibility to raise concerns about a doctor's practice, whether due to a specific prescription or recurrent inappropriate prescribing.

As a result, the Council prepared a guidance statement to assist pharmacists in determining when, why and how concerns should be raised with prescribers. Consultation was undertaken with both key pharmacy sector stakeholders and with stakeholder organisations that represent prescribers. The approved statement was endorsed by Council and published in March 2008, and is available on [http://www.pharmacycouncil.org.nz/cms\\_show\\_download.php?id=35](http://www.pharmacycouncil.org.nz/cms_show_download.php?id=35)

### 2. Review of English Language Policy for New Zealand and Australian Pharmacy Graduates.

In early 2008 the Council determined to once again review the current English language policy for New Zealand and Australian pharmacy graduates, to ascertain if further screening or assessment of graduates is still needed, and if so, are the current tools of the policy achieving the aims of ensuring all intern pharmacists are fit to practise. The review was undertaken in three parts. Firstly, an analysis was undertaken of the recent graduates and interns who have entered the intern programme, and their English and communication performance in the workplace and in the Intern Training Programme assessments. Secondly, Council surveyed a random selection of Interns and newly registered pharmacists with English as a second language, their preceptors and Pharmacy School students for feedback on the current policies, and also asked for suggestions for change. The third component was to seek information from the Schools of Pharmacy as to the processes used throughout their programmes which help ensure graduates are able to communicate appropriately.

The review results indicated that only a very small number of graduates experience continuing difficulties with English and communication in the workplace. It also showed that the IELTS certificate or testimonials required by graduates who learnt or speak English as a second language appear to be equally ineffective at identifying graduates with poor communication, and are both expensive for candidates and resource-intensive for the Council to administer. Reflection on the current screening tools is that they are required of nearly 40% of students when in fact only approximately 5% of students demonstrate English language or communication difficulties.

Consultation on the proposed changes will take place in the latter half of 2008. Recommended changes will be made to the policy which will be ready for implementation for entry into the 2010 intern training programme.

### 3. Professionalism Working Party

In 2006 the Pharmacy Council resolved that a working party would be set up to review the current teaching and assessment of law and ethics for pharmacy students and intern pharmacists. This was decided in response to concerns that the current paradigm may not be the most appropriate way in which to teach and assess the subject going into the future. It was noted that the review should align the subject with the Council's Competence Standards.

The inaugural meeting of the Professionalism Working Party was held in August 2007. One of the main purposes for the Working Party was to determine the ongoing law and ethics teaching and assessment requirements and how these may be taught and assessed for intern pharmacists and pharmacists. The concepts of professionalism would also be reviewed and included in the teaching assessment. Issues such as the law and ethics teaching for non-reciprocal pharmacists were raised with recommendations for change tabled.

A key outcome of the working party's second meeting, held in April 2008, was an agreement that effort needs to be expended in looking at and improving the interface between the undergraduate programme and the Intern Training Programme (ITP). Identification of the gaps between the two was perceived as an important consideration for the upcoming ITP accreditation process.



#### 4. Practice Issues

Ongoing advice for individual pharmacists and members of the public regarding appropriate and safe pharmacy practice is an important component in assisting those with concerns and queries. Many of the issues raised are then highlighted in the Council newsletter, particularly where they might have relevance to the wider profession.

In 2007 topics included the ongoing issues around advertising and promotional obligations, taking into account the products being promoted and how they are promoted. This also covered promotion and supply of medicines over the internet. The concern that medicine name changes, due to changes in international nomenclature, had the potential for significant dispensing errors was addressed, with pharmacists being reminded of the need for extra vigilance when the name is unfamiliar. Other articles covered the “Top 10” medicine errors and how to deal with them, and “Dispensing for Children”, with a pertinent reminder to pharmacists that children are not simply small adults, when considering medicine changes and formulations.

#### 5. Submissions Made to Other Organisations

Fewer submissions were made by Council than in previous years. The following consultation requests were responded to: Medicines Classification Committee’s reclassification of Fucithalmic eye drops and omeprazole 10mg from Prescription medicines to Pharmacist-Only medicines; and Pharmac’s consultation on changes to ciprofloxacin access. Draft warning notices were also written for a number of medicines on behalf of DHBNZ’s Safe and Quality Use of Medicine Group.

### 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 HPCA Act 2003.

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. 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 HPCA Act 2003 by referring complaints and concerns about issues of conduct and professionalism to a Professional Conduct Committee (PCC) for investigation. Notices of convictions are referred directly to a PCC for investigation, as per section 68 (2) of the HPCA Act 2003.

#### Complaint Activity 1 July 2007 to 30 June 2008

Source	Number of complaints	Outcome
Consumers	10	Referred to HDC
Health and Disability Commissioner (HDC)	18	16 followed up by Council with 2 of matters referred to a PCC
Pharmacists, including proprietors	4	3 new PCCs 1 followed up by Council
Other health practitioners / organisations	6	2 PCCs 1 matter pending 3 followed up by Council
PCC report	1	2 pharmacists followed up by Council
Courts – notices of convictions	2	PCC

Ten complaints were received by the Council from 1 July 2007 to 30 June 2008, and forwarded to the Commissioner. Eighteen complaints were received back from the Commissioner. Sixteen 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 two matters resulted in Council appointing Professional Conduct Committees to investigate the matters raised.

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

Six 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

Nine new Professional Conduct Committees (PCC) were convened in the period 1 July 2007 to 30 June 2008. Of the matters investigated by PCCs, two resulted from a notice of conviction received under section 67 of the Health Practitioners Competence Assurance Act 2003. One PCC investigating a conviction for the fraudulent claiming of dispensing fees resulted in a determination to lay a charge before the Health Practitioners Disciplinary Tribunal (the Tribunal).

One PCC investigation was recommenced after advice that the Police had closed their investigation into the matter. This investigation resulted in a determination to lay a charge before the Tribunal.

Three of the matters referred to a PCC for investigation are still ongoing.

Professional Conduct Committee Activity 1 July 2007 to 30 June 2008			
Nature of Issue	Source	Number of Pharmacists	Outcome
Fraudulent claiming	Notice of Conviction	1	Charge laid with HPDT
Fraudulent claiming	Complaint	2	1 – Counselling 1 – Ongoing
Issues of conduct	Referral from HDC	2	1 – Counselling 1 – No further action
Issues of conduct and ethical concerns about practice	Notification from another pharmacist/health professional/organisation	5	2 – Ongoing from previous year – resulting in charge before HPDT 1 – No further action 2 – Ongoing
Drink/driving	Notice of conviction	1	Ongoing

### Health Practitioners Disciplinary Tribunal (the Tribunal)

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 Tribunal 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.

The Executive Officer for the Pharmacy Division of the Tribunal is Gay Fraser and her team at the Medical Council of New Zealand.

Four pharmacists appeared before the Tribunal in the 2007/2008 financial year. Three charges concerned the fraudulent claiming of the dispensing fees. Mr Andrew Pellowe and Mrs Heather Burton were convicted for offences against the Crimes Act 1961 in the Manukau District Court and the Tauranga District Court respectively. A complaint was received from HealthPac concerning Mr Peter Fairgray's involvement in fraudulent claiming when he was employed by Mr Pellowe.

A dispensing error by Mr John Morrison resulted in the Director of Proceedings bringing a charge before the Tribunal and this resulted in a recommendation that a review of the pharmacist's competence be undertaken by the Pharmacy Council.

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

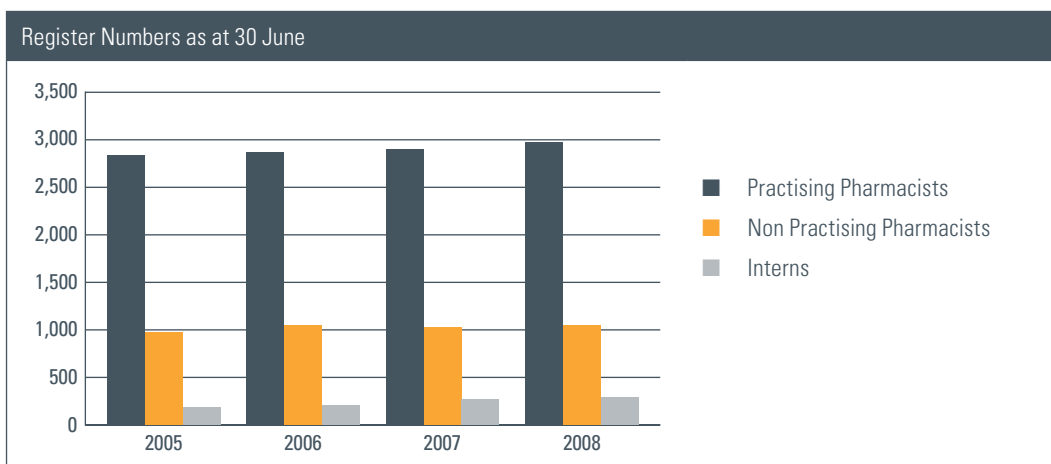
# WORKFORCE DEMOGRAPHICS



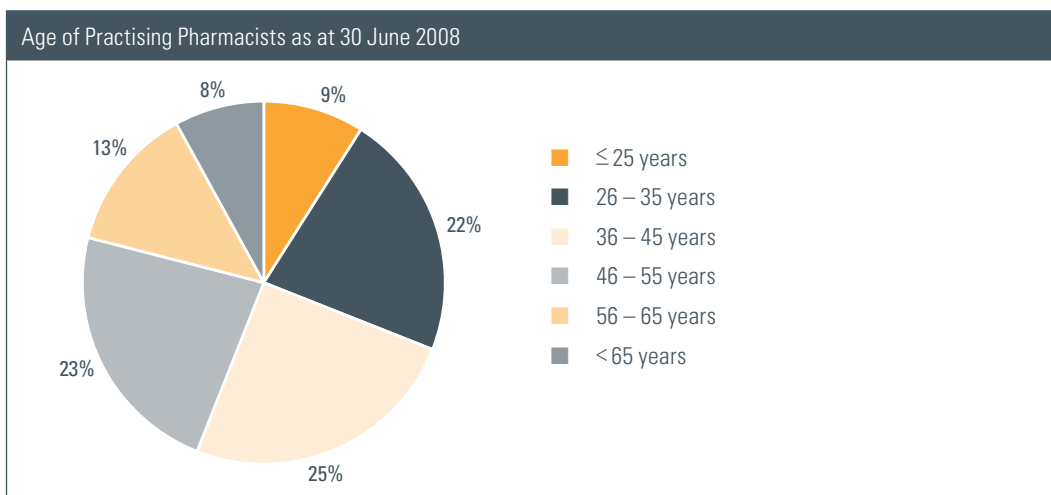
## A) REGISTER NUMBERS 2005-2008

As at 30 June 2008, the number of practising pharmacists was 2,978. The following demographics were compiled from data collected during the Annual Practising Certificate renewal process for the year 1 April 2008 to 31 March 2009.

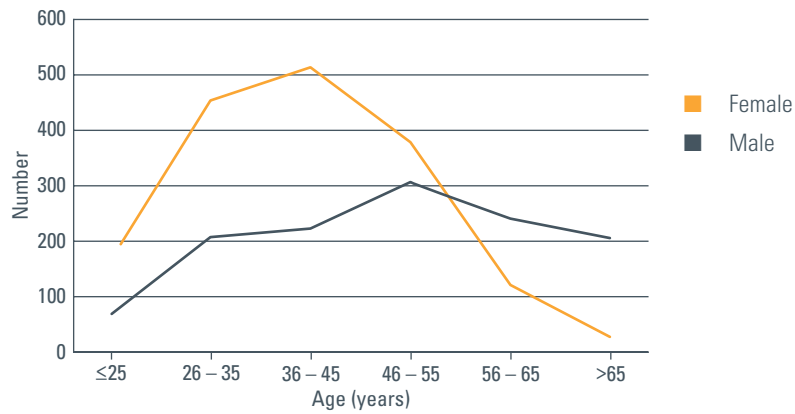
Register Numbers as at 30 June				
	2005	2006	2007	2008
Practising Pharmacists	2,787	2,801	2,889	2,978
Non Practising Pharmacists	983	1,022	1,011	1,023
Interns	168	189	202	231
<b>TOTAL</b>	<b>3,938</b>	<b>4,012</b>	<b>4,102</b>	<b>4,232</b>



## B) AGE AND GENDER

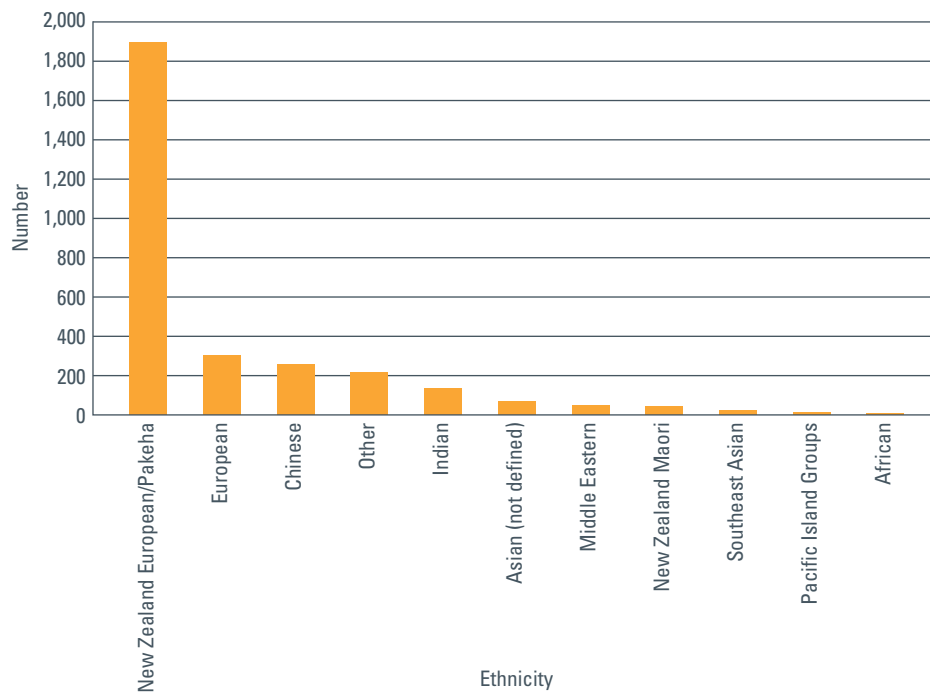


Age and Gender Distribution of Practising Pharmacists as at 30 June 2008



### C) ETHNICITY

Ethnicity



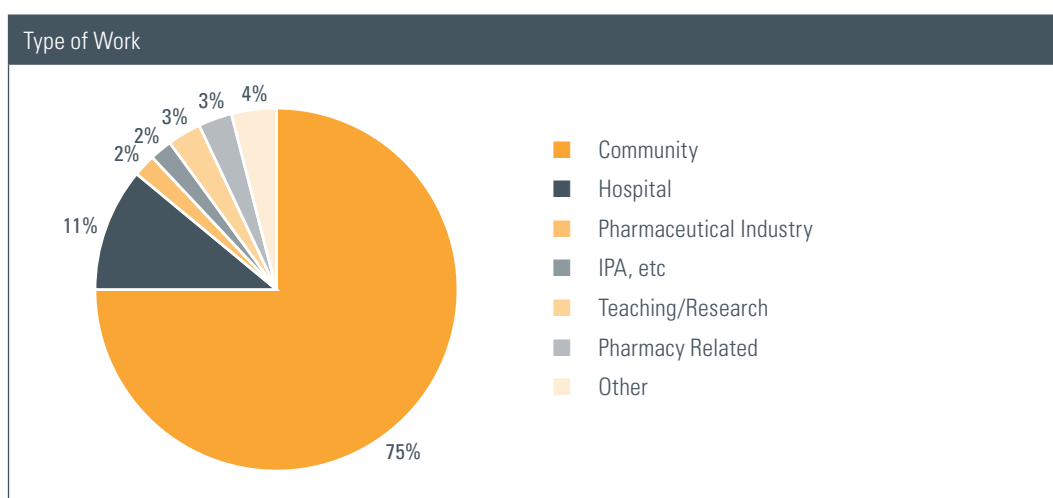


## D) TYPE OF WORK

2,755 pharmacists issued with an APC for the year 1 April 2008-31 March 2009 completed the type of work section on the APC renewal form. This represents 93% of the pharmacists on the practising register as at 30 June 2008. 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.

344 of the pharmacists who completed this section of the APC renewal form worked in two or more different areas of pharmacy in the previous 12 months.

Type of Work	Number of Pharmacists
Community	2,367
Hospital	339
Other	115
Pharmacy Related	92
Teaching/Research	83
IPA, etc	52
Pharmaceutical Industry	51
	<b>3,099</b>
No. worked in 2 or more areas of pharmacy	344
<b>TOTAL RESPONSES</b>	<b>2,755</b>



A full report of the Workforce Demographics can be found on the Council website at [www.pharmacycouncil.org.nz](http://www.pharmacycouncil.org.nz)

# 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 HPCA Act 2003.

### Membership

Jo Mickleson, Councillor  
Andi Shirtcliffe, Councillor  
Barbara Moore, Professional Standards Advisor

Carolyn Oakley-Brown, Council Chair; and Bronwyn Clark, Chief Executive & Registrar or the Deputy Registrar, Jenny Ragg receive all complaint information and participate as Committee members as required.

## 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 HPCA Act 2003. 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 (resigned March 2008)  
Debbie Wallace  
Richard Young  
Derek Lang  
Gary Syme  
Nikki Anderson  
Muhammed (Joe) Asghar

### Lay Members

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

### Law and Ethics Interview Assessors

Pharmacists are required to complete supervised practice on return to practice, as well as those registering under Trans Tasman Mutual Recognition (TTMRA) from Australia or under REQR (UK, Ireland, USA and Canada). They are assessed for their knowledge and understanding of New Zealand Pharmacy law and ethics. Council has appointed 17 pharmacists located in areas around New Zealand to undertake these interviews on its behalf.

### Law and Ethics 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

## HEALTH COMMITTEE

The Health Committee considers notifications, made under section 45 of the HPCA Act 2003, 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

Dr Andrew Bary (Chair)  
Dr Rhiannon Braund  
Ass Prof Janie Sheridan  
Andi Shirtcliffe

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

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

## 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. The Chair of Council, the Chief Executive & Registrar and the Competence Policy Advisor are the members of this Committee.

## COMPETENCE REVIEW TEAM AND PRACTICE COUNSELLOR

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, who 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.

## HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL (HPDT)

Tribunal Members are appointed by the Minister of Health. Three pharmacists and one lay person are selected for each Tribunal hearing. For further details see [www.hpdt.org.nz](http://www.hpdt.org.nz)

### Chair

Bruce Corkill

### Deputy Chairs

Kate Davenport  
Sandra Moran

### Pharmacists

Ellen McCrae  
John Dunlop  
Warren Flaunty  
Andrew Orange  
Mary-Anne O'Rourke  
David Thompson (resigned March 2007)  
Lynette Lee  
Daryl Sayer  
Dianne Vicary

### Lay Members

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

## 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  
Australian Pharmacy Council (APC)

- 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)  
ACC Pharmacy Liaison Committee  
Health Information Standards Organisation (HISO)  
Pharmacy Industry Training Organisation (PITO)

Carolyn Oakley-Brown  
Darryn Russell  
Bronwyn Clark  
Bronwyn Clark  
Carolyn Oakley-Brown  
Andi Shirtcliffe  
Bronwyn Clark  
Bronwyn Clark  
Carolyn Oakley-Brown  
Barbara Moore  
Barbara Moore  
Owain George

## FINANCE



08

# AUDIT REPORT



## TO THE READERS OF THE PHARMACY COUNCIL OF NEW ZEALAND'S FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2008.

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 2008.

### 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 give a true and fair view of:
  - the Pharmacy Council's financial position as at 30 June 2008; and
  - the results of its operations and cash flows for the year ended on that date.
- based on our examination the Pharmacy Council kept proper accounting records.

The audit was completed on 22 September 2008, 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 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 give a true and fair view of the financial position of the Pharmacy Council as at 30 June 2008 and the results of its operations and cash flows for the year ended on that date. The Council's responsibilities arise from the Financial Reporting Act 1993.

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 blue ink, appearing to read 'Alex S.', with a stylized flourish at the end.

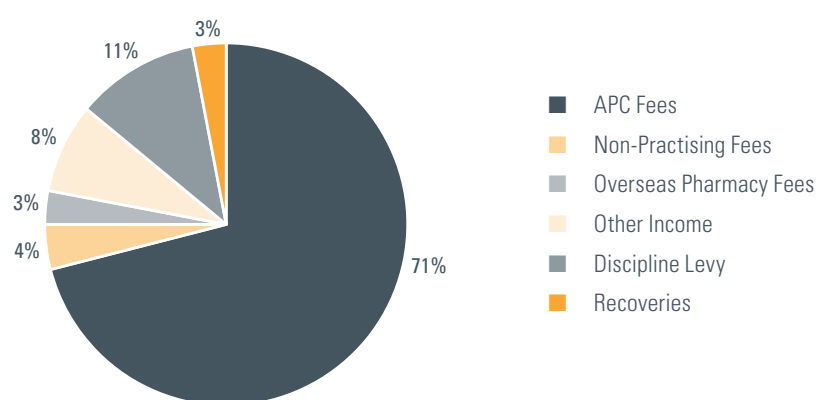
Alex Skinner  
KPMG  
On behalf of the Auditor-General  
Wellington, New Zealand

# FINANCIAL OVERVIEW

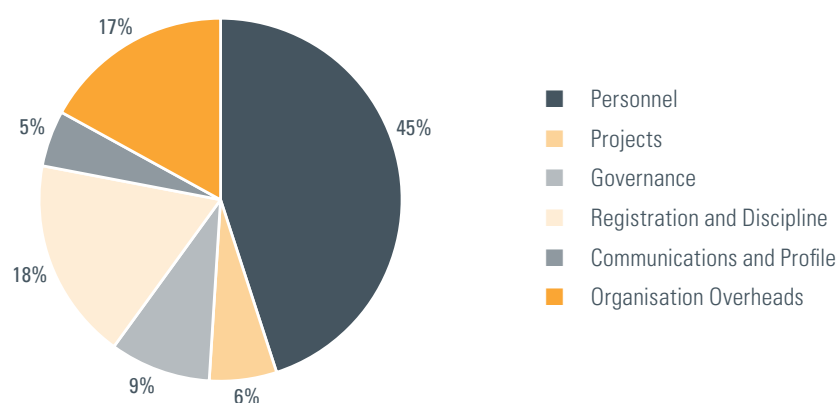


The Pharmacy Council has completed another successful financial year ending with an operating surplus against budget. This is due to a strong revenue result and operational savings made throughout the year. This sound financial position will enable the Council to meet the financial challenges it faces in the coming year and also continue to fulfil its obligations under the HPCA Act.

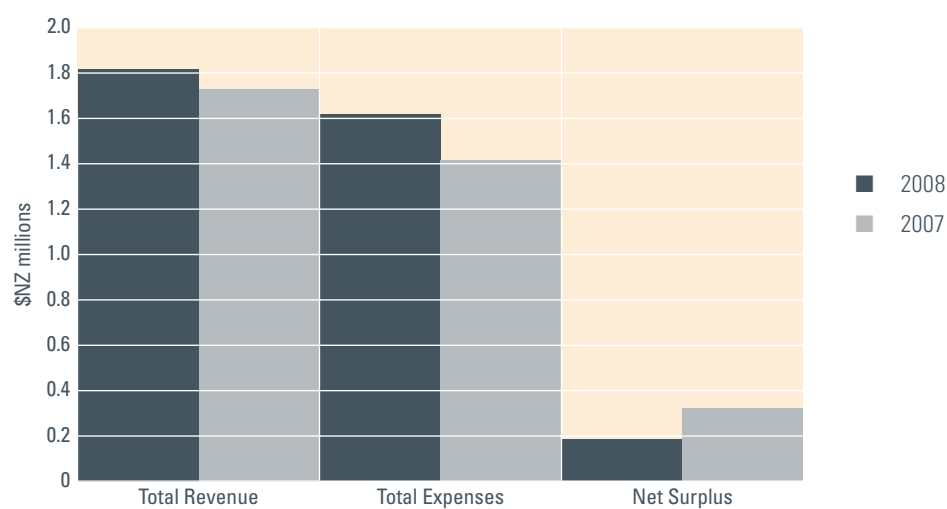
## 2008 Revenue



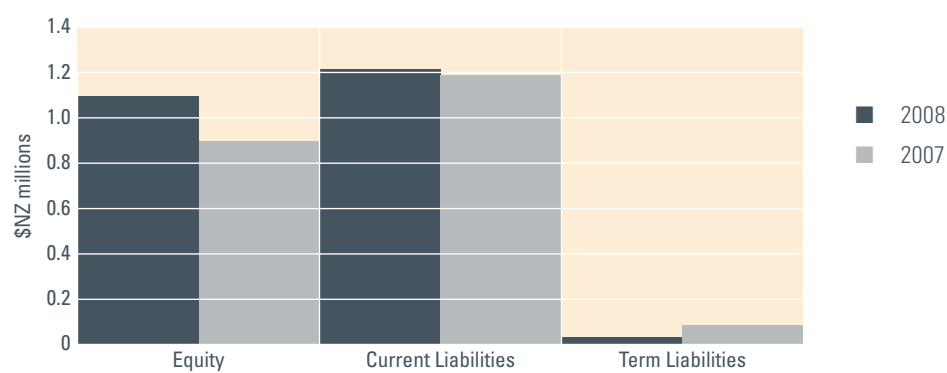
## 2008 Expenditure



## 2008 Financial Performance



## 2008 Financial Position



# FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2008



STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2008			
Revenue	Note	2008 \$	2007 \$
Annual Practising Certificate Fees	1	1,407,894	1,369,335
Non-Practising Fees		81,129	81,543
Registration Fees		49,153	51,812
Other Fees	2	71,711	97,271
Interest and Other Income		150,097	117,869
Recoveries		52,665	16,439
<b>Total Revenue</b>		<b>1,812,649</b>	<b>1,734,269</b>
Expenditure			
Registration & Discipline	3	289,489	181,081
Projects		97,068	108,768
Governance	4	128,081	117,323
Communications & Profile		80,885	81,342
Operating & Administration	5	1,032,597	926,422
<b>Total Expenditure</b>		<b>1,628,120</b>	<b>1,414,936</b>
<b>Net surplus/(deficit) for the period</b>		<b>184,529</b>	<b>319,333</b>

STATEMENT OF MOVEMENTS IN EQUITY FOR THE YEAR ENDED 30 JUNE 2008		
	2008 \$	2007 \$
<b>Net surplus/(deficit) for the period</b>	<b>184,529</b>	<b>319,333</b>
Total recognised revenue and expenses	184,529	319,333
Equity at the beginning of the year	899,411	580,078
<b>Equity at the end of year</b>	<b>1,083,940</b>	<b>899,411</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 2008			
Assets	Note	2008 \$	2007 \$
<b>Current assets</b>			
Cash & cash equivalents	6	2,118,081	1,964,645
Accounts Receivable		8,954	18,309
Other Receivables & Prepayments		67,184	54,624
<b>Total Current assets</b>		<b>2,194,219</b>	<b>2,037,578</b>
<b>Non-Current assets</b>			
Property, plant and equipment	7	129,667	123,888
<b>TOTAL ASSETS</b>		<b>2,323,886</b>	<b>2,161,466</b>
<b>Current liabilities</b>			
Accounts Payable		52,209	56,462
Other Payables & Accruals		40,249	43,050
Employee benefits		53,717	39,224
Income Received in Advance	8	1,072,651	1,038,852
Loan – PSNZ Ltd (current portion)	9	0	17,596
<b>Total Current liabilities</b>		<b>1,218,826</b>	<b>1,195,184</b>
<b>Non-Current liabilities</b>			
Loan – PSNZ Ltd	9	0	35,191
Income Received in Advance – HPI Project	10	21,120	31,680
<b>Total Non-Current Liabilities</b>		<b>21,120</b>	<b>66,871</b>
Equity		1,083,940	899,411
<b>TOTAL LIABILITIES AND EQUITY</b>		<b>2,323,886</b>	<b>2,161,466</b>



Carolyn Oakley-Brown  
Chair of Council



Bronwyn Clark  
Chief Executive & Registrar

Date: 22 September 2008

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 2008

Cash flows from operating activities	Note	2008 \$	2007 \$
<b>Cash was provided from:</b>			
Statutory fees and levies		1,643,801	1,630,137
Discipline Recoveries		44,738	18,298
Interest		127,574	92,647
Other revenue		18,725	258
<b>Cash was disbursed to:</b>			
Suppliers and employees		(1,587,593)	(1,369,316)
<b>Net cash inflow/(outflow) from operating activities</b>	<b>11</b>	<b>247,245</b>	<b>372,024</b>
<b>Cash flows from investing activities</b>			
<b>Cash was disbursed to:</b>			
Purchase of Fixed Assets		(41,022)	(43,685)
Repayment of Loan		(52,787)	(17,596)
<b>Net cash (outflow)/inflow from investing activities</b>		<b>(93,809)</b>	<b>(61,281)</b>
<b>Net increase in cash held</b>		<b>153,436</b>	<b>310,743</b>
Add opening cash and bank balances		1,964,645	1,653,902
<b>Closing cash and bank balances</b>		<b>2,118,081</b>	<b>1,964,645</b>
Represented by:			
<b>Cash and bank balances</b>		<b>2,118,081</b>	<b>1,964,645</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 2008



## 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
Furniture & Fittings	10 years
Office Equipment	5 years
Computer Equipment	3 years
Website	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. The Council was registered as a charitable entity under the Charities Act 2005 on 30 June 2008 to maintain its tax exemption status.

### **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 2008



**(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**

	2008	2007
	\$	\$
Overseas Pharmacist Fees	57,215	79,849
Other Fees	14,496	17,422
	<b>71,711</b>	<b>97,271</b>

**(3) Registration and Discipline**

Registration	106,653	79,826
Discipline	151,889	74,325
Competence & Health	30,947	26,930
	<b>289,489</b>	<b>181,081</b>

**(4) Governance**

Councillors' fees	79,324	65,176
Councillors' expenses	48,757	52,147
	<b>128,081</b>	<b>117,323</b>

**(5) Operating & Administration**

Audit Fee	14,462	12,351
Depreciation	35,243	27,601
Eftpos Fees	18,676	17,064
Information Technology costs	19,600	18,693
Insurance	13,914	20,561
Legal costs	8,504	14,243
Premises costs	98,946	63,084
Operating Leases	23,305	30,117
Sundry costs	27,278	24,242
Personnel	742,338	661,572
Printing & Stationery	9,595	12,232
Postage & Courier	9,128	9,055
Telecommunications	11,608	15,607
	<b>1,032,597</b>	<b>926,422</b>

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

	2008 \$	2007 \$
Petty Cash	200	200
ANZ – Cheque Account	28,783	78,772
ANZ – Call Account	89,098	85,673
ANZ – Term Deposit	2,000,000	1,800,000
	<b>2,118,081</b>	<b>1,964,645</b>

(7) **Fixed Assets**

	Cost 2007 \$	Depn for year 30 June 2007 \$	Accum. Depn 30 June 2007 \$	Book Value 30 June 2007 \$	Cost 2008 \$	Depn for year 30 June 2008 \$	Accum. Depn 30 June 2008 \$	Book Value 30 June 2008 \$
Leasehold Improvements	53,220	5,322	15,523	37,697	70,700	5,905	21,428	49,272
Computer Equipment	60,367	12,754	22,123	38,244	63,995	17,636	39,759	24,236
Furniture & Fittings	59,060	5,818	15,358	43,702	60,250	5,946	21,304	38,946
Office Equipment	7,505	1,501	3,628	3,877	8,511	1,550	5,178	3,333
Website	6,618	2,206	6,250	368	24,336	4,206	10,456	13,880
<b>TOTAL</b>	<b>186,770</b>	<b>27,601</b>	<b>62,882</b>	<b>123,888</b>	<b>227,792</b>	<b>35,243</b>	<b>98,125</b>	<b>129,667</b>

(8) **Income Received in Advance**

Represents APC fees and levies relating to the 2008/2009 year (2007: 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 instalment of \$17,596 was paid to PSNZ Ltd on the 29th June 2007 and the entire balance remaining of \$52,787 was paid on the 27th June 2008.

(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 2006/2007 financial year 80% of the project cost was received by the Pharmacy Council and the remaining 20% was received in the 2007/2008 financial year.

In accordance with NZ GAAP 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**

	2008	2007
	\$	\$
Net operating surplus/ (deficit) for the period	184,529	319,333
<b>Add/(Deduct) non-cash items:</b>		
Depreciation	35,243	27,601
<b>Add/(Deduct) working capital items:</b>		
Accounts Receivable	9,355	(14,353)
Other Receivables & Prepayments	(12,560)	(28,032)
Accounts Payable	(4,253)	24,188
PAYE/Withholding Tax	4,244	(654)
Other Payables & Accruals	(6,840)	12,673
Employee Entitlements	14,493	2,678
Income Received in Advance	33,799	31,127
Income Received in Advance – HPI Project	(10,560)	0
GST Receivable	(205)	(2,537)
<b>Net Cash inflow/(outflow) from operating activities</b>	<b>247,245</b>	<b>372,024</b>

**(12) Commitments – Operating Leases**

Lease commitments under non-cancellable operating leases:

	2008	2007
	\$	\$
Not more than one year	131,311	89,821
One to two years	133,841	81,518
Three to five years	346,303	219,053
	<b>611,455</b>	<b>390,392</b>

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

**(i) Capital Commitments**

During the year the Pharmacy Council entered into a contract for \$16,000 (ex GST) to further develop the Council's website. As at 30 June 2008 \$4,000 of this was unspent (2007: \$5,500).

**(ii) Contingent Liabilities**

As at 30 June 2008 the Council had three disciplinary cases before the Health Practitioners Disciplinary Tribunal with estimated legal costs of up to \$35,000 to be incurred (2007: \$32,000).

- (14)** In December 2002 the New Zealand Accounting Standards Review Board (ASRB) 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 had 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 ASRB on NZ IFRS conversion for small entities, the Pharmacy Council of NZ has decided to delay the adoption of NZ IFRS until further notice, pending the government review of the financial reporting requirements applying to small and medium entities under the Financial Reporting Act 1993.

**(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 (2007: nil).

# 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.

## Personal Assistant to Chief Executive & Registrar

**Nesta Black** until March 2008

**Caroline Bruce** from April 2008

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

## Deputy Registrar

**Jenny Ragg**

Secretary to Council. Management of complaints, fitness to practice and notification procedures.

## Administration Manager

**Claire Paget-Hay** Dip Tchg(Sec), Dip HR Management

Responsible for overall management of office systems, registration procedures and personnel.

## Registrations Officer

**David Priest**

Responsible for NZ and overseas pharmacist applications for registration and Annual Practising Certificates. Maintains register and processes registration applications.

## Registrations Assistant

**Alexandra Hay**

Responds to enquiries from overseas pharmacists and assists Registrations Officer with processing of registration applications.

## Accounts Assistant

**Maree Dawson**

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

## Accountant

**Mary Yee** CA

Responsible for accounting operations, preparation of financial reports, auditing and annual report.

## Competence Policy Advisor

**Owain George** BPharm, PhD, MRPharmSoc, RegPharmNZ

Policy development for competence and assessment of pharmacists

## Competence Projects Developer

**Sandy Bhawan** BSc, BPharm, PGCertPharm, MPS, RegPharmNZ

Responsible for undertaking specific projects in the competence area

## Professional Standards Advisor

**Barbara Moore** RegPharm NZ, Dip Bus Stud, MPS

Policy development for professional standards for pharmacists. Responds to enquiries from pharmacists and the public regarding practice issues.

## Competence Policy Co-coordinator

**Sue Thompson**

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

Assists with administration peak load.



## GENERAL CONTACT DETAILS

### Physical address:

Level 2, Vodafone on the Quay  
40 Johnston Street  
Wellington 6011

### Postal address:

PO Box 25137  
Wellington 6146

## SOLICITORS

Kensington Swan  
PO Box 10246  
Wellington 6143

Buddle Findlay  
PO Box 2694  
Wellington 6140

## BANKERS

ANZ Banking Group (New Zealand) Ltd  
215-229 Lambton Quay  
Wellington 6011

## AUDITORS

KPMG  
10 Customhouse Quay  
PO Box 996  
Wellington 6140

**Physical address:**

Level 2, Vodafone on the Quay,  
40 Johnston Street,  
Wellington, 6011  
New Zealand

**Postal address:**

PO Box 25137,  
Wellington 6146,  
New Zealand

**Phone:**

+64 4 495 0330

**Fax:**

+64 4 495 0331

**Email:**

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

**Website:**

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