

## From the Chair and Chief Executive

Kia ora koutou

Council had a valuable meeting at the end of June. The core discussion topics included:

- Māori strategic framework within Council's operations
- Feedback from the recent stakeholder engagement
- 2018/19 budget and proposed Annual Practising Certificate fee for 2019/20
- The formation of a new Council committee to replace three committees
- Code of practice for General practice based Clinical Pharmacists
- Accreditation of the Auckland University Bachelor of Pharmacy programme
- Intern policy

The Pharmacy Council continues to reside in a temporary office (Plimmer Towers), pending earthquake strengthening resolution of our permanent home at 80 The Terrace. Unfortunately, it is costing us financially, as well as being inconvenient for our team. We are currently waiting for the results of a Detailed Seismic Assessment to determine what might be the next steps and are hopeful to return.

With 17 countries represented and over 230 delegates, it was beneficial for the Council to attend the recent Life Long Learning Conference in Brisbane. There were many useful discussions on stakeholder engagement, continuing professional development, interprofessional communication, developments in the profession, and we look forward to putting the learnings into practice.

Council recently had an opportunity to meet with the Minister of Health, Hon David Clark. Although it was a relatively short meeting, we started to discuss the following:

- Possible legislative changes for the Medicines Act
- Changes in the sector (including the Health and Disability review and technology enhancements)

Our briefing note to the Minister also covered some of Council's key initiatives, including:

- Understanding and promoting the role of the pharmacist
- Regulation of pharmacists
- Pharmacy Accuracy Checking Technicians regulation
- Service quality improvements
- Code of practice for General practice based Clinical Pharmacists
- Business capability improvement programme

Until our next newsletter. Take care.

Hei konà mai

**Mark Bedford and Michael Pead**

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

*"Promoting enhanced wellbeing through excellence in pharmacy practice"*

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Mark Bedford  
Chair



Michael Pead  
Chief Executive



# COUNCIL ENGAGEMENT

## Engagement Sessions

As part of the stakeholder engagement sessions conducted by Pam Duncan and Jane Moginie recently, we committed to providing an opportunity to discuss more broadly the wider issues of Council. The open forum sessions will cover the Pharmacy Council's work programme and direction, required expenditure and fees, lessons learned from disciplinary cases and any other business you wish to discuss.

In August, Mark Bedford (Chair), Michael Pead (Chief Executive) and Owain George (Registrar) will visit eight cities across the country commencing at 6.30pm:

- Tuesday 7 August – New Plymouth
- Thursday 9 August – Palmerston North
- Monday 13 August – Tauranga
- Tuesday 14 August – Auckland
- Thursday 16 August – Wellington
- Monday 20 August – Dunedin (*date to be finalised*)
- Tuesday 21 August – Christchurch
- Wednesday 22 August – Nelson

To help our planning, please RSVP and complete a short form for one of these sessions.

**>>> RSVP <<<**

## Fee Consultation

We have been working to make sure our fee consultation is carried out as close to the start of the financial year as possible. In the past, this has been difficult as we also need to finalise the end of year accounts at the same time as we set the following year's budget. This year we have been getting closer to this aim.

We will be releasing an Annual Practising Certificate (APC) fee consultation document early August 2018 and are proposing a small increase of 1% on the APC fee for 2019/20.

We will give you an opportunity to comment in August via the usual online consultation process. We will also be visiting eight cities to discuss this proposed fee, plus our work programme. If you live in these areas and would like to join us to share your views, you can find more details above.



# COUNCIL ENGAGEMENT

## Engaging pharmacists in regulation

Thank you to the 190 pharmacists who joined us for nine evening sessions across the country: Invercargill, Dunedin, Christchurch, Greymouth, Whangarei, Auckland, Hamilton, Gisborne and Wellington.

Pam Duncan, Manager Policy and Standards, and Jane Moginie, Manager Qualifications and Competence Assurance hosted the evenings and discussed topics including the role of the Pharmacy Council, the future of pharmacy and ongoing assurance of competence.

Attendees provided valuable input into important areas of the Council's work programme. We learned about innovations taking place in different regions, expectations of the future, and some exciting models of practice already in action. We appreciated the input to, and interest in, the work of Council.

Polling technology helped us collect ideas and answers to our questions. While the samples were small, there were many common themes – and some differences too, between smaller centres and larger cities.

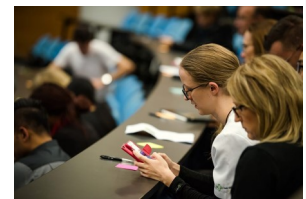
A description of a recent anonymised HDC case provoked thoughtful consideration on what might lead to mistakes and how best to manage an incident causing patient harm. When we receive notifications of errors, we want our processes to be better understood, how we apply principles of natural justice, ensure transparency and provide support to pharmacists involved.

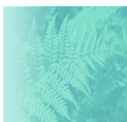
As a result of the session, a pharmacist commented that *"I have come back to work and discussed with the team how we can do more with our near misses as constructive learning."*

We also discussed right-touch approaches when we seek assurance of ongoing competence, and asked questions about evidence needed and whether a risk-based approach might work better. Pharmacists suggested a range of suitable evidence of competence in their own area of practice.

Most attendees also expressed comfort with the idea of a risk-based approach to recertification, albeit with stipulations. These ideas will help us begin a project to consider whether there is a better way to ensure ongoing competence.

Of those who completed our evaluation form about the session they attended, nearly 80% of attendees rated the evenings as very good or good. The information we collected is already contributing to Pharmacy Council projects to align regulation with new ways of practising pharmacy, to review its own policies and to the contribution that Council makes in cross-sector discussions.





# PHARMACY PRACTICE

## Code of Practice for General Practice based Clinical Pharmacists

You may have seen a recent article in Pharmacy Today regarding a Code of Practice for General Practice based Clinical Pharmacists. Ideally, we would have preferred that you heard about it first from us. Unfortunately, however, as part of our initial interprofessional review of the first draft, the New Zealand Medical Association published their preliminary feedback on its website, which was picked up by NZ Doctor and Pharmacy Today.

This part of our work programme is still in the drafting stage and has not yet been finalised by Council. We are aiming to have a draft ready for sector feedback during a formal consultation period planned for October 2018.

## District Health Boards' Pharmacy Contract

The Pharmacy Council has been providing feedback on the District Health Boards' approach to contracting for community pharmacy services from 1 October. Our interest and view in respect to public safety is obviously based on how the contracting approach works for pharmacists in daily practice. We have provided a preliminary view at this stage, as we wish to hear what you might say before we finalise our view.

Material outlining our view will be made available soon. Advice from TAS is that subject to DHB approval, the contract is expected to be announced by the end of the month, when generic copies of the contract and the letter of offer would be available on their website.

If you have any thoughts that are relevant to Council would welcome hearing about them. Please direct all comments to [enquiries@pharmacycouncil.org.nz](mailto:enquiries@pharmacycouncil.org.nz).



# PHARMACY PRACTICE

## Applying the Competence Standards and the Code of Ethics

As a proactive regulator, the Pharmacy Council is introducing articles which share lessons from our work. These lessons will relate to the practical demonstration of the requirements of our [Competence Standards for the Pharmacy Profession 2015](#) and the [Code of Ethics 2018](#).

### Applying the Competence Standards

Research tells us that we can gain around 70% of knowledge from job-related experiences, 20% from interactions with others, and 10% from formal educational events. In the pharmacy, it's the same.

Learning from others and learning together helps improve the quality of your practice and that of your team. We hope these articles provide an opportunity to encourage positive conversation with your colleagues and provide real-world application to your practice.

For the first article in this series, we wish to share potential lessons applicable to the Competence Standards. The Competence Standards describe the skills, attitudes and attributes attained by pharmacists based on their knowledge and experience. They specify the application of the knowledge and skills to the performance required in a practice setting.

### Continuous Quality Improvement

The first topic is in the interest of quality improvement. Continuously improving the quality of your practice is an essential element for your practice and the wellbeing of your patients. Competence Standard M1.3 highlights this:

#### M1.3: Contribute to Quality Improvement

- **M1.3.5** Participates in regular **evaluation activities** relevant to own practice and acts upon findings in a timely and responsive manner
- **M1.3.6** Investigates and applies research to **improve quality and safety**

As part of your Group 1 Continuing Professional Development (CPD) points, we recommend that you:

1. **Review published decisions** relating to pharmacy practice which can be found on the [Health and Disability Commissioner \(HDC\)](#) website.

When reviewing these cases, you should pay attention to:

- **why** it happened (e.g. the accuracy checking and clinical checking failures, the broader contributing factors such as the workflow, staffing, communication issues).
- the **immediate** actions taken once the pharmacist/pharmacy staff were made aware of the error or situation.
- the **preventative** actions taken to minimise the chances of it happening again.
- how this case applies to **your current practice**.

2. **Review dispensing-related** articles (e.g. Safety Alerts in [previous newsletters](#) and [media releases](#), practice points from the [Pharmacy Defence Association](#)).

3. **Discuss your learnings** with your colleagues and how they relate to the team's current practice. Consider preventative measures you can all do to proactively improve your services.



# PHARMACY PRACTICE

## Applying the Code of Ethics

The Pharmacy Council regularly come across matters which relate to the principles and clauses of the Code of Ethics (the Code). The Code illustrates the responsibilities and professional values that are fundamental to the pharmacy profession; **care of the patient, professional integrity** and **professional competence**.

## Media and Professional Integrity

A key issue relates to pharmacists' responsibility to use communication avenues wisely. Principles 4 and 5 of the Code address the requirement of **professional integrity**.

**Principal 4: A pharmacist acts with honesty and integrity and maintains public trust and confidence in the profession.**

**Principal 5: A pharmacist only practises under conditions which uphold the professional independence, judgement and integrity of themselves and others.**

More specifically, **Principal 4A** states: “[A pharmacist] Demonstrates accepted standards of professional and personal behaviour **in person and in any communication** by post, courier, and electronic means (for example, social media and digital health)”.

We recognise that social media can positively contribute to the pharmacy profession. For example, it can:

- promote the value and uniqueness of the pharmacist's contribution to the health sector
- increase understanding of the role of the pharmacist in different settings
- enable networking
- instantly communicate messages to large groups of people.

However, we know social media can also be used negatively. We appreciate you may come across situations in the context of your daily practice that cause concern. We encourage you to consider whether your communication on social media or with other media outlets are the best method of action for a safe and positive outcome.

For matters which do not require immediate police involvement, we recommend that you consider the following when choosing the best method of action for a safe and positive outcome:

1. In the first instance, speak to the relevant pharmacist or pharmacy management.
2. If you have concerns that a pharmacist may pose a safety risk to the public (including staff), please contact the [Pharmacy Council](#).
3. Pharmacy-related concerns (e.g. pharmacy-only medicines in an unlicensed premises) can be referred to [Medsafe](#), the regulators of medicines and medical devices, or its subdivision [Medicines Control](#), which regulates the distribution chain of medicines, including pharmacy premises and procedures.
4. Pharmacy practice questions can be referred to the [Pharmaceutical Society](#).



# COMPLIANCE

## Request for Expressions of Interest - Membership of Competence and Fitness to Practise Committee

The Pharmacy Council recently established a new committee, Competence and Fitness to Practise Committee, to consider competence and health concerns referred by the Registrar.

This committee replaces the Complaints Screening, Health and Professional Standards Committees and will include two independent members (i.e. not a Council staff or board member); one pharmacist and one lay member.

The Pharmacy Council is asking for expressions of interest from pharmacists with the necessary experience to serve as a member of this Committee.

The ideal candidate will have proven decision-making competencies, a 'close-eye' for detail, experience of committee work, ability to identify the key concerns and options for mitigating the concerns and a focus on the right-touch solution.

We are likely to prefer a pharmacist with current community pharmacy experience.

For further information on the role, including the Committee's terms of reference and nature of commitment, please contact Council using the following email address:

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

If you know of a member of the public who may be interested in serving as a lay member, they should also contact Council via the same email address.

## Health Practitioners Disciplinary Tribunal Decisions

We have updated the Council website [page](#) for the Tribunal's decisions with summaries (précis) for the following pharmacists:

- Ms E - Phar17/400P- February 2018 - [precis](#)
- Mr Sasha Yuri Taylor - Phar17/388P - December 2017 - [precis](#)
- Mr Bhaskar Musuku - Phar16/374P - December 2017 - [precis](#)
- Mr John Ing Joon Tiong - Phar17/384P - October 2017 - [precis](#)
- Mr Terence Zelcer - Phar16/366D - February 2017 - [precis](#)

The full decisions are available on the Tribunal's website [here](#).

The Tribunal decisions provide important insight into pharmacists' professional responsibilities and the high standards expected of health professionals. In the next newsletter the Registrar will identify key lessons to pharmacists from some of the recent Tribunal decisions.



# COMPLIANCE

## A Reminder for Employers

### Obligation to report a pharmacist's dismissal or resignation to Council when associated with a competence concern.

A recent Employment Court decision emphasises that there are statutory requirements for employers to notify the Pharmacy Council if a pharmacist resigns or is dismissed because of competence concern which cannot be avoided because of a settlement agreement.

A [summary of this case](#) by law firm Buddle Findlay describes the Employment Court's rejection of the plaintiff's claim of a breach of a settlement agreement by Southern District Health Board. The court decision confirms:

- There is compulsory obligation to report to the Pharmacy Council where there is a competence concern.
- The threshold for notification is low and only requires that the subject of competence was raised or played a part in the dismissal or resignation.
- As for nurses, competencies for pharmacists extend beyond patient care and clinical competence, and include complying with ethical and legal requirements, personal and professional integrity, effective communication, establishing and maintaining working relationships and resolving conflict.

## NEW REGISTRATIONS

Congratulations to the following newly registered pharmacists (both BPharm graduates and previously registered overseas trained pharmacists) who successfully completed the requirements for registration in June 2018.

Zu-Er Cheong	Hyunhwa Kim	Ashley Ma	Muhamad	Tayla
Hojeong Choi	Hepisipa Lavulo	Kudzai Makore	Ramlan	Tuhikarama
Abanoob Fam	Prajakta	Angel Mattakad	Zaid Rasheed	Louisa Wong
Tamara Gravatt	Lawande	Kathleen	Stephanie	Cappi Wong
Nikki Graziotti	Sang Hoon Lee	McAskie	Sacheun	Fivian
Daniel Holt	Kippeum Lee	Geonwoo Paik	Ismail Sediqi	Yamane Gebru
Bing Bing Huang	Ching-Yi Lin	Surbhi Patel	Sara Shah	Michael Young
Ashleigh Hurring	Siew Hie Ling	Aarzu Patel	Rita Sharma	Yousef Yousef
Negin Kafi Mallak	Chi Weng Lou	Tilitili Puloka	Jessica Simpson	

We also welcome these newly registered pharmacists who were previously registered in Australia, Ireland, the UK, Canada or the USA.

Trevor Chan	Michael Dick	Allister Ngim
Christine Ching	Fiona Keohane	Patrick Cutrupi