

PHARMACY COUNCIL NEWSLETTER

July 2021

Ngā mihi o te Tau Hou Māori – Ngā mihi o Matariki

The Winter Maiden, Hine Takurua, has taken up residence on the land and Pleiades, the Matariki cluster, has taken up residence in the night sky. The new cycle has begun and now is a time to look back and acknowledge those who have passed away, reflect on the year gone, good and bad, and cast your mind forward to all of the hopes that you harbour for the future. At Council, at this time, we remember our beloved colleague Pam Duncan and feel deeply her absence. We've also taken stock of our successes in order to replicate them, learned from our mistakes so as to not repeat them and now we have hit "Refresh" and look to set out our goals for the future.

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From the Chair and Chief Executive

Kia ora koutou katoa

As we all batten down the hatches to bear the brunt of the winter, it is evident the workload in the profession is not dissipating. Council is similarly seeing these pressures in its workload.

At the recent Council meeting we completed our annual planning process. A process of reflection followed by a plan of renewal. Our strategic direction and the priorities of our regulatory work is cognisant of the reform programme and the imminent changes being directed at the health sector. These are exciting times, full of promise.

More specifically we have budgeted and planned our regulatory work on a future view that pharmacists will be providing more patient-centred care and will be working increasingly with other health professionals in a more integrated manner. With this view we can expect patient-facing pharmacists to undertake more:

- Hands on examination/ physical assessments/ clinical decision making
- Prescribing
- Telehealth
- Mobile services
- Accessing of integrated health care records

For non-patient facing pharmacists we assume it is likely we will find increasing definition or specialisation of roles, including informatics, teaching, clinical governance, and pharmaco-economics etc.

Council is monitoring the reform recommendations / implementation to ensure its regulatory settings are appropriate for a proactive and enabled profession (as per a future view), whilst maintaining public safety.

From the Chair and Chief Executive Cont.

We are planning and steering our longer term work as the pharmacist regulator to be more:

- Integrated – ensuring its regulatory tools are more consistent across the various health disciplines
- Expansive – ensuring that regulatory oversight extends in a way that does not constrain the pharmacist by their physical location

A more integrated and expansive pharmacist regulator will need to address:

- How the unregulated workforce interacts
- Cultural safety and health equity
- Competencies
- Medical device guidance
- Collaborative accreditation standards

Our immediate financial “year” is to be a short 9 month one, i.e., 1 July 2021 to 31 March 2022. This is to better align with the APC renewal process which occurs at 31 March each year. In that light the future view means we will:

- Maintain high quality in areas of registration, compliance and disciplinary management, standards

and reviews, qualifications, administrative and financial processes.

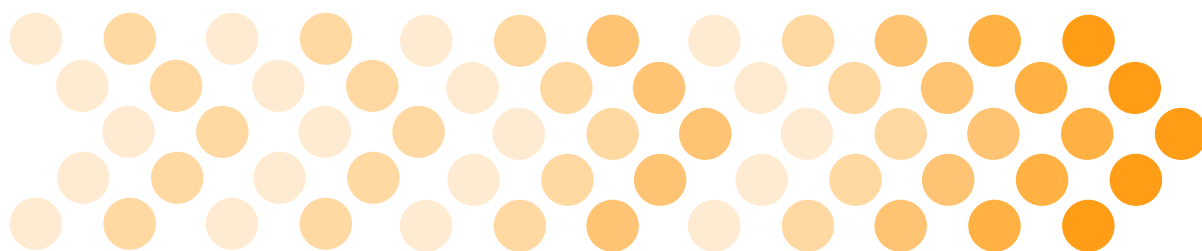
- Continue enhancements in registration systems, accreditation standards and processes, recertification, compliance management and business intelligence.
- Develop and progress cultural safety and health equity goals, clinical governance and quality, legislative changes (e.g., End of Life Choice Act, Therapeutic Products Bill, etc), and joint prescribing standards.

We hope our understanding of the future view for pharmacists aligns with the wider sector, if not we encourage the debate. We also trust our brief explanation of the immediate work for Council provides some understanding.



Ngā mihi

Arthur Bauld / Michael Pead
Chair/Chief Executive



He Matariki - our key focus areas in the New Year

In this newsletter at the time of Matariki, Te Pou Whakamana Kaimatū o Aotearoa – The Pharmacy Council of NZ - reflects and outlines our purpose, our functions and our future.

Our Purpose

Since the Health Practitioner Competence Assurance Act (HPCA) came into law in 2003, the core purpose of our being remains:

*To **protect the health and safety** of members of the public by providing for mechanisms to ensure that health **practitioners are competent and fit to practise their professions.***

HPCAA 2003; s3(1)

We are proud to continue serving and protect not just the safety of the public and whānau but also their health and wellness and in a manner which endeavours to maximise pharmacists' competencies. But exactly what Pharmacy Council functions help to achieve this?

Our Functions

Being a statutorily established body and regulator, the core functions and tools available to Council is limited to those outlined in the HPCA 2003. Broadly, we protect the public through certifying that all pharmacists are competent and fit to practise through the following:

Council's Core Functions	Estimated totality of FY21/22 work as a proportion of \$1 received	Benefits for public	Benefits for pharmacists
Understanding, defining, setting and improving pharmacist competency standards	29¢	Protect the health, wellness and safety of the public	Protecting the goodwill, name and public trust in pharmacists and the profession by: <ul style="list-style-type: none">• Providing a public register so the public know who they can trust with managing their health and medicines.• Assures education and training programmes are of an appropriate quality.• Advancing pharmacist competencies now and for the future.
Ensuring pharmacists are registered and competent and that education provider programmes are accredited and of high quality	35¢	Assure the public that pharmacists are fit, competent to practice and continuously improving	
Investigating and managing concerns of at-risk pharmacists	36¢	Protect public and patient safety from inappropriate or unsafe pharmacist practice	

Our Future

The health environment in Aotearoa NZ is volatile, uncertain, complex and ambiguous. Landmark reports like the [WAI2575](#) and [disruptive technologies](#) and once-in-a-lifetime events such as COVID-19 and the [Health and Disability System Reforms](#) means the Pharmacy Council needs to be responsive to change to ensure we remain effective at protecting the health and safety of the public. As part of a cycle of continuous improvement, we are looking to critically review, develop and refine existing regulatory tools and core operations relating to:

- **Health Equity and Cultural Safety:** Supporting advancement of pharmacists' and Pharmacy Council's cultural safety competencies for health equity and Te Tiriti o Waitangi
- **Clinical Governance and Quality Improvement:** Further advancing patient safety competencies to address concerns such as those outlined by [HDC](#) and [HQSC](#)
- **Prescribing:** Exploring unified prescriber standards across clinicians to help optimise prescribing practice and reduce medication errors
- **Recertification:** Continuing work to further strengthen recertification systems
- **Accreditation:** Continuing work to further strengthen accreditation systems
- **Performance review of regulatory authorities:** To support the continuous quality improvement (CQI) of the Pharmacy Council in carrying out its statutory functions.

If you have interest, expertise and experience in **health equity, cultural safety, Te Ao Māori, Mātauranga Māori, tikanga and kawa (preferably proficient in te reo Māori), clinical governance and quality improvement** and would like to contribute to the mahi on protecting the health and safety of the public or just hear about the work as it progresses, we would love for you to express your interest by 6 Aug 2021 at:

<https://www.surveymonkey.com/r/22KFFLW>

“Mā whero, mā pango, ka oti ai te mahi.”

Different people, working together, can combine their efforts to achieve a common goal.



Important Lessons from Disciplinary Hearings

The Health Practitioners Disciplinary Tribunal (HPDT) has published six decisions in the last two years following hearings against pharmacists. This article summarises some lessons from these cases, illustrating the consequences of breaching legal and professional standards. We published a similar article in the [December 2018](#) newsletter. (Further details about each hearing can be accessed via the hyperlinks).

Three of the cases illustrate the significance of mechanisms provided by the Health Practitioners Competence Assurance Act 2003 to ensure the ongoing fitness and competence to practise of pharmacists, mainly holding a practising certificate (recertifying) and meeting the recertification requirements. Pharmacists Mr Blue ([Phar19/464P](#)) and Mrs Knight ([Phar20/481P](#)) practised pharmacy without holding a current Annual Practising Certificate (APC), and Mr Kardaman ([Phar18/424P](#)) was disciplined for his persistent failure to complete recertifications requirements.

The three remaining cases are dissimilar, but each serve as important reminders for pharmacists.

Practising without a practising certificate

'An Annual Practising Certificate is an important aspect of meeting the principal purpose of the HPCA Act which is to protect the health and safety of the public, being a notice to the world that a practitioner is fit and competent to practise'.
(HPDT, [Phar29/464P](#))

Practising without a practising certificate¹ is itself grounds for discipline, and a charge does not require any intention to breach professional obligations or even that the practitioner knew or ought to have known that they did not have an APC.

The circumstances of the two cases are quite different. Mr Blue ([Phar19/464P](#)) was convicted of theft of a controlled drug (Rubifen®), whilst practising under supervision. He did this even though Council had explicitly instructed him not to practise, even under supervision, unless he held a practising certificate. This was because Council was concerned about his practice after receiving information that he was under investigation in Australia for taking large quantities of the same drug from his employer.

Pharmacists can only practise if they hold a current practising certificate and cannot circumvent the requirements by practising under supervision and calling themselves 'technicians'.

Whilst pharmacists are responsible for ensuring that they can legally practise, employers should check the [public register](#) to confirm that employees are eligible to practise and check annually on 1 April.

¹ **100 Grounds on which health practitioner may be disciplined**

(1) The Tribunal may make any 1 or more of the orders authorised by section 101 if, after conducting a hearing on a charge laid under section 91 against a health practitioner, it makes 1 or more findings that—
(d) the practitioner has practised his or her profession while not holding a current practising certificate;

Mrs Knight ([Phar20/481P](#)) practised for seven months without a practising certificate and provided incorrect information to Council in her application to return to practise. The Tribunal accepted her account of events and whilst both charges were established, the charge relating to misleading Council was not sufficiently serious to warrant disciplinary sanctions.

Reflecting the seriousness of the offending in the context of not holding a practising certificate, albeit for five days, Mr Blue's registration was cancelled (and fined \$500). In contrast, Mrs Knight was censured and fined \$2000.

Repeated failure to complete recertification requirements

Recertification requirements are set to ensure that pharmacists are competent to practise. If a pharmacist does not meet the recertification requirements, the Council can limit their practice by placing conditions on their scope, or if necessary, suspend their registration. Ordinarily, failure to meet the recertification requirements, is not in itself, grounds for taking disciplinary action against a pharmacist.

'A practitioner may be sanctioned for failure to comply with recertification requirements where there has been some special feature of the non-compliance that renders it particularly serious, such as repeated and flagrant non-compliance'.
(HPDT, [Phar18/424P](#))

Mr Kardaman, ([Phar18/424P](#)) failed on multiple occasions and over a period of nine years, to provide evidence of his compliance with recertification requirements and other obligations relating to his non-compliance. Each occasion of non-compliance resulted in Council enforcement action, and whilst he completed the requirements, the repeated nature of his non-compliance led to his conduct being investigated. Mr Kardaman was censured, fined (\$3000) and conditions were placed on his scope of practice to improve his compliance with professional standards.

Inappropriate access to patients' records leads to censure

A pharmacist... respects and protects the autonomy, dignity and privacy of patients; (Code of Ethics, principle 2, clause A)

Pharmacists in their daily roles are trusted to have access to sensitive and confidential patient information. A Pharmacist must only access a patient's information for the purpose of providing pharmacy services to that patient. The [Health Privacy Code 2020](#) sets out the expectation relating to the collection, storage, access and retention of health information.

Ms A ([Phar19/467P](#)) was charged with inappropriate access to patients' records and breach of privacy. She accessed medical records of patients outside her patient care duties, using her own access privileges and without authority, the log-on access of other staff members. She accessed the patient records for her daughter, her ex-husband, and his partner. The Professional Conduct Committee (PCC) was sympathetic to the difficult circumstances that led to her behaviour. However, the Tribunal agreed that her conduct warranted disciplinary sanctions.

Convictions for behaviour outside pharmacy practice leads to professional discipline

A pharmacist acts with honesty and integrity and maintains public trust and confidence in the profession. (Code of Ethics, principle 4).

Mr Bowman ([Phar19/460P](#)) was convicted of two offences in relation to his threatening behaviour and assault of his neighbours, following a longstanding dispute about excessive noise. The HPDT found that these convictions reflected adversely on his professional conduct, which had failed to reflect the high standards expected of a registered health practitioner. The finding reflects other decisions (six in total for pharmacists since 2004) that demonstrate that professionalism is not just confined to the pharmacy workplace, but that pharmacists (as other health professionals) are expected to behave in ways that upholds the public's trust in the profession.

Cumulative poor performance results in discipline

Mr Cooper ([Phar18/425P](#)) faced eight charges before the HPDT relating to his professional conduct. Three of the charges were not found. The PCC's investigation included other allegations (some requiring considerable resources) that did not result in charges. However, his regular absence from the pharmacy, asking staff to lie to cover his absence, and the carelessness exhibited in his dispensing practice warranted disciplinary sanctions.

Poor performance can creep into a pharmacist's practice for many reasons, including personal and work pressures. It is important that pharmacists do a regular self-check on their practice, and challenge colleagues when there is evidence of poor performance. These deliberate actions safeguard the public and limit the likelihood of complaints and disciplinary action.

Pharmacy Team Relief Fund


At the end of June 2021, the Pharmacy Team Relief Fund has been successfully completed. Three tranches of funding, over a nine-month period, were made available to pharmacists and technicians for workload relief after the stressful effects of the Covid-19 and the related lockdowns.

Beginning in October 2020, the Council-administered Fund has steadily provided for workload relief to teams in over 300 pharmacies throughout New Zealand. The equivalent of 450 fulltime pharmacist-weeks, and 270 fulltime technician-weeks, have been provided for by the Fund.


Of the \$1.7 million made available by the Ministry of Health, approximately \$1.2 million has been reimbursed for pharmacy team workload relief. The remaining funds have been returned to the Ministry, as per the agreement Council has with the Ministry.

Council has received a great many messages of appreciation and thanks from pharmacists who have benefited from the workload relief. Many have used their time to relax with family, and some have needed the time to attend to life circumstances that occur regardless of Covid-19 and lockdowns, such as bereavement or health issues. Our thoughts are particularly with those who are in this group.


It has been a rewarding and worthwhile endeavour for Council to see so many pharmacy team members getting the breaks they need and deserve. Council would like to thank the Ministry for the opportunity to make the Fund available for the pharmacy profession.



We would like to thank your team for all the good work you have done to help us during this difficult time. It is most appreciated.



Thank you so much for allowing us access to apply for the Covid Relief Fund and enabling this to happen. You have no idea how much this meant to my team and I to have a bit of leave to attempt to make up or reward for the incredibly hard work we all had to put in over Covid.



Thank you for doing this for pharmacy. It was VERY much appreciated by my full-time pharmacy staff who worked above and beyond in the months of COVID last year.

Medicines Management Framework and MUR Competence Standards

Council has long hosted guidance on the standards and training expected to provide the various levels of medicines management. These documents are found on our [website](#). Council is currently reviewing these documents and is interested to know who the users of these documents are and how they are used. If change to these documents would impact you or your organisation, we would be eager to learn more. Please email us at enquiries@pharmacycouncil.org.nz by **23 July 2021** describing how you utilise these documents.

COVID-19 Vaccinators

Currently registered pharmacists holding a practising certificate can administer the Pfizer/BioNTech vaccine provided they have completed the necessary educational course and hold a CPR certificate. The training required will depend on your status as a vaccinator. For further information see the Immunisation Advisory Centre's [webpage](#) on the pathways and education courses available.

Recent changes to the Medicines Regulations 1984 have enabled a larger

pool of vaccinators to become a [Covid-19 vaccinator working under supervision](#). If you are not currently registered or do not hold a practising certificate, this is an alternative option for you to consider, instead of applying for a practising certificate. Due to the availability of this option, the Council has not developed a specific pathway for pharmacists; that is, a limited practising certificate only authorising administration of the COVID-19 vaccination.

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 December 2020 and June 2021.

Emma Abadi	Emma Gray	Elaine Lum	Juhyun Shin
Sagal Abdullahi	Youjung Gweon	Qian Luo	Vavrin Shiu
Ola Abughazala	Cassandra Hallam	Elaine Ma	Letitia Sie
David Ahn	Kinita Hari	Jordan Macdonald	Thussheeta Singh
Mark Albert	Lauren Henderson	Anna Macintosh	Klarissa Sinnappah
Sarah Allan	Alex Henkel	Jeesean Mah	Tasia Sissing
Hunter Amende	Jade Heo	Nysh Makunga	Victor Sit
Jordan Anderson	Natalie Hitchcock	Wendy Mao	Lasweni Sivaraman
Rebecca Angus	Bee Teng Hong	Emma Matheson	Morgan Smith
Renuka Anurithan	Ashley Howell	Georgine McDaniel	Mitchell Smith
Carlie Arnold	Winnie Hui	Riley McEvoy	Jacqueline So
Navjot Aulakh	Muhammad Hussaini	Braden McGifford	Stephanie Son
Isaac Bae	Michelle Huynh	Dhriti Mehta	Karan Sood
Trisha Bandreddi	Melinda Ishikawa	Carolina Meintjes	Sarah Soper
Derek Bao	Laura Jarrett	Svenja Meissner	Miri Stuart
Nathan Bartlett-Wright	Ji Soo Jeong	Jennifer Milne	Kristen Stuart
Rihanna Bassam Tabar	Harim Jeong	Adrienne Mirabueno	Aimee Su
Sep Bazel Irad Mousa	Wendy Jian	Yasaman Mohammadi	Irene Sudarikova
Jessica Bell	Taylor Jillings	Ben Moloney	Matt Sun
Rebecca Bennett	Dawn Jin	Ella-Louise	Tina Sun
Aleesha Bhana	Carol Jirjees	Mountstevens	Maggie Takami
Grace Boyle	Sylvia Joe	Emily Moyle	Sharon Tan
Trisha Bulsara	Jenny Juang	Jason Mui	James Tan
Kimberley Burdon	Cindy Jung Jung	Ben Mwangi	Aida Tang
Celeste Burness	Dabin Jung	Charlotte Nankivell	JJ Tay
Patrick Cabasag	Phillip Kang	Vatvey Nath	Krystal Tay
Aadil Camroo	Raman Kaur	Min Zi Ng	Lauren Taylor
Becky Carruth	Beth Kennedy	Lina Ngu	Riaan Terblanche
Shayna Carter	Akib Khan	Daryl Ong	Krishna Thakkar
Alice Chai	Do-Hyun Kim	Jo Paredis	Rebecca Thew
Doris Chan	Kevin Kim	Jae Park	Tauwi Tiere
Prashikha Chand	Olivia Kim	Judy Park	Libin Titus
Niks Chand	Vivian Kim	Eliza Parker	Andy Tu
Andrea Chandler	Jessica Kim	Sanjay Patel	Diane Verches
Lucy Chandler	Shindika Kiren	Trisha Patel	Glenn Wallace
James Chao	Jia Kok	Ellie Paul	Logan Walsh
Candice Chen	Gamith Kumarasinghe	Piyara Perera	Linjing Wang
Isabel Chen	Chara Kwok	Jairah Perida	Jamie Ward
Alan Cheng	Gemma Kyle	Lyn Perolina	Kirsten Warnock
Ho Lam Cheng Cheng	Josephine Lai	Nina Pham	Kayla Waters
Tayla Cherry	Phuong Le	Shannae Pinfold	Caitlin Webby
Ying Hui Chien	Amy Lee	Sirin Poneinkeo	Junting Wei
Ayoung Cho	Nathan Lee	Callum Porter	Oliver Wilson
Samuel Chung	Jae Lee	Keran Prasad	Vivian Wong
Rebecca Cole	Alfred Lee	Bhavna Prasad	Belinda Wright
Dion Cummings	Jason Lee	Laura Przychodzko	Linda Yamoah
Alice Cuthbert	hayden Lee	Ziyi Qin	Hayley Yanko
Lauren Cutler	Lareine Lee	Chase Raleigh	Kofi Yeboa-Mensah
Azima Dalal	Joe Leggat	Dhruv Raman	Joan Yeoh
Donamae Dela Cruz	Ven Xhin Leong	Elizabeth Ramen	Amy Yip
Hanan Desouky	Kaylie Leung	Frances Redmond	Isabelle Yong
Chandni Dhillon	Germana Lewis	Lisa Reid	Jesse Yu
Matthew Ding	Marina Li	Lisa Richards	Alice Yu
Rachel Dondi	Michelle Li	Nadiah Roslan	Sonia Yu
Wala Edwik	Caitlyn Li	Celine Russenberger	Avery Yu
Weam Edwik	Tim Liew	Sohail Sahib	Zeresh Zafar
Madiha Fatima	Jack Lim	Dareen saleem	Lawrence Zeng
Courtney Fredriks	Diana Lim	Kai Xuan Saw	Philip Zhang
Josh Gale	Daniel Lim	Richard Scoggins	Judy Zhou
Kate Galela	Christina Lin	Adeesha Seneviratne	James Zhu
Yang Gao	Peggy Lok	Ishank Sharma	Xinyi Zu
Simmy Georgy	Gigi Low	Rayna Sharma	
Mirette Girgis	Claudia Low	Meera Sharma	
Patricia Goh	Marie Lu	Hanul Shim	

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

Zainab Al-Kamali
Sean Craig
Carla Dillon
Sarah Fong
Gwen Zmijewski

Zarina Ginai
Esther Ip
Jenny Lui
Kat Mellor

Bethany Mudd
Elena Stevens
Eve Taylor-Reilly
Rama Thabet

Victoria Tricker
