

October 2021

## In this Issue

- From the Chair and Chief Executive
- [Supply of Ivermectin for COVID-19](#)
- [First Aid Requirements for Pharmacists during COVID-19](#)
- [Mandatory Vaccination for Healthcare Workers](#)
- [MyRecert – are you on track?](#)
- [Pharmacy Team Relief Fund](#)
- [Our Future: status updates](#)
- [Scheduled Medicines for Designated Pharmacist Prescribers](#)
- [Final Prescription Check](#)
- [End of Life Choice Act 2019](#)
- [Health Practitioner Disciplinary Tribunal Decisions](#)
- [New Registrations](#)

## From the Chair and Chief Executive

Kia ora koutou katoa

It is great to hear so many commendable examples of pharmacists continuing to play a significant part in ensuring the health of Aotearoa's team. Thank you. The celebration of World Pharmacists' Day on the 25 September could not have been more poignant in recognising the enormous workload and pressure that continues unabated for the profession. Please maintain the highest standards of safety, despite these trying times.

Coming to grips with the mass COVID-19 vaccination protocols is further testing the nerves of those pharmacists involved but it is also extending the abilities of both individuals and businesses alike. It is because of your willingness to extend yourselves for your communities that we hear those acknowledgments and it demonstrates to the public and the wider health sector exactly what you are capable of as a profession. A special mention goes to those who have not only taken on board COVID-19 vaccination responsibilities, but have done so while their workplace is under such pressure as well as surrendering their personal freedoms to a level 2, 3 or 4 lockdown. You are most definitely an essential service.

The Council is pleased that it managed to secure some more funding from the Ministry of Health to again offer a further tranche of Pharmacist Relief Funding to relieve those pharmacist / technician teams that need an extra break from the usual annual leave. These are extraordinary times. The tranche of funding, unfortunately and perhaps not surprisingly, has already been fully allocated.

We are cognisant that maintaining your professional development during these continuing high workload times is difficult, but we have already offered (announced in the [October 2020](#) newsletter) a relatively "simple" set of activities needing to be completed this year. This was in part as a transition to the new MyRecert programme but also to effectively provide some workload relief. These "simpler" requirements are less than what would have been expected under the old ENHANCE recertification programme.

Council has recently published on our website the annual workforce demographic report that effectively describes the pharmacy

## From the Chair and Chief Executive Cont.

profession as at 30 June 2021. The profession continues to grow at similar growth rates to that seen in the past. A copy of the report can be viewed [here](#).

Our annual report for the financial year 2020/21 is also being published soon for tabling with the Minister of Health. We are pleased with the financial outcome detailed in the annual report and the confidence in our financial management processes, as reflected by the auditor's unqualified audit statement. You will be receiving a link to the annual report soon, along with a proposal on the 2022/23 APC fee for your consideration.

The Council is also currently undertaking a performance review, along with the other responsible authorities, as a result of the amendments made to the Health Practitioners Competence Assurance Act

in 2019. The BSI Group has been contracted to perform the review and report to the Ministry of Health. We believe the review is an extremely valuable exercise in ensuring Council is undertaking appropriate continuous quality improvements in its own processes. We look forward to sharing the outcome of the performance review in later newsletters.

Again, we thank you for continuing to uphold the highest of professional standards in the provision of pharmacy services to the people of Aotearoa and doing so with the utmost respect for the safety of the public.



Ngā mihi

Arthur Bauld / Michael Pead  
**Chair / Chief Executive**

## Supply of Ivermectin for COVID-19

Council is aware that pharmacists have been receiving prescriptions for ivermectin for the purposes of preventing or treating Coronavirus disease 2019 (COVID-19) and have been conflicted as to what their professional and ethical obligations are in these circumstances.

Pharmacists should be aware that:

- Medsafe has released [safety information](#) strongly recommending that ivermectin not be used for COVID-19.
- the Royal New Zealand College of General Practitioners has released a [statement](#) strongly recommending that ivermectin not be used for COVID-19.
- Merck (the manufacturer of the Stromectol brand of ivermectin) has released a [statement](#) stating that there is no data to support the safety and efficacy of ivermectin beyond its approved indications and doses.

### Recommended Action Points

- Familiarise yourself with the data and guidance specific to ivermectin
- If presented with a prescription for ivermectin with unusual indication or dose, follow your usual process to investigate concerns
- Do not supply medicine if you are not satisfied of the safety and efficacy of the treatment

Current evidence does not support the efficacy of ivermectin for the prevention or treatment of COVID-19.<sup>1-6</sup> Ivermectin, particularly when used at high doses, has the potential to cause adverse effects including: severe nausea, vomiting, and neurological effects such as dizziness, seizures and coma.<sup>5</sup>

Fundamentally, pharmacists must ensure that the health and wellbeing of the patient is their first priority. If, in their professional opinion, a pharmacist has concerns that a prescription request is unsafe and/or inappropriate, the pharmacist should contact the prescriber to discuss their concerns. If, after this conversation, a pharmacist is still not satisfied that the medicine is appropriate the pharmacist has an obligation to not supply. These concerns and rationale should be documented and communicated to the patient. Resolution should be agreed upon by the prescriber, patient and pharmacist and may include:

- retention/destruction of the prescription form,
- a follow up consultation between prescriber and patient, or
- provision of details for a potential alternative provider(s), where a similar but independent clinical assessment will be undertaken by a pharmacist.

If a pharmacist has concerns regarding the competence or conduct of a prescriber, they may make a notification to the registrar of the relevant responsible authority.

### Relevant Code of Ethics Principles

- 1A: Fulfils their duty of care to the patient first and foremost.
- 1F: Acts to prevent harm to the patient and the public.
- 1G: Promotes the safe, judicious and efficacious use of medicines, and prevents the supply of unnecessary and/or excessive quantities of medicines, or any product which may cause harm.
- 7F: Consults with the prescriber, and documents the result if there are reasonable grounds to consider that a prescription contains any error or is not legitimate or could be detrimental to a patient's health.

### Relevant Competence Standards

- M1.1: Demonstrate personal and professional integrity
- M1.2: Comply with ethical and legal requirements
- M1.6: Make effective decisions
- M2.1: Communicate effectively
- M2.2: Establish and maintain collaborative working relationships
- M2.3: Resolve conflict
- O3.1 Assess prescriptions

<sup>1</sup> Medsafe. "Risks of Importing or Prescribing Ivermectin for Prevention or Treatment of COVID-19." Medsafe. Last modified September 6, 2021. <https://www.medsafe.govt.nz/safety/Alerts/ivermectin-covid19.htm>.

<sup>2</sup> The Royal New Zealand College of General Practitioners. "Medical Director Update 3 September: Ivermectin and COVID-19." The Royal New Zealand College of General Practitioners. Last modified September 3, 2021. <https://rnzccgp.informz.net/informzdataservice/onlineversion/pub/bWFpGluZ0luc3RhbmNlSWWQ9MjM0MDk2MA==>.

<sup>3</sup> Popp M, Stegemann M, Metzendorf M-I, Gould S, Kranke P, Meybohm P, Skoetz N, Weibel S. Ivermectin for preventing and treating COVID-19. Cochrane Database of Systematic Reviews 2021, Issue 7. Art. No.: CD015017. DOI: 10.1002/14651858.CD015017.pub2.

<sup>4</sup> United States Food and Drug Administration. "Why You Should Not Use Ivermectin to Treat or Prevent COVID-19." U.S. Food and Drug Administration. Last modified September 3, 2021. <https://www.fda.gov/consumers/consumer-updates/why-you-should-not-use-ivermectin-treat-or-prevent-covid-19>.

<sup>5</sup> Therapeutic Goods Administration. "New Restrictions on Prescribing Ivermectin for COVID-19." Therapeutic Goods Administration. Last modified September 10, 2021. <https://www.tga.gov.au/media-release/new-restrictions-prescribing-ivermectin-covid-19>.

<sup>6</sup> Merck. "Merck Statement on Ivermectin Use During the COVID-19 Pandemic." Merck. Last modified February 4, 2021. <https://www.merck.com/news/merck-statement-on-ivermectin-use-during-the-covid-19-pandemic/>.

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## First Aid Requirements for Pharmacists during COVID-19

Council has first aid requirements for pharmacists practising in patient facing roles in primary care settings. These requirements are detailed in the [First Aid Policy](#) and the [First Aid Requirements for Pharmacists Flowchart](#). Council recognises that during Alert Levels 3 and 4 first aid training courses may not be available.

If your first aid training has lapsed but courses cannot be held due to current Alert Levels; Council recommends that, if possible, you practise alongside other team members that do have current training. This will ensure that if a patient requires first aid services at least one

person in the organisation will have current skills to assist.

### Recommended Action Points

- Review first aid requirements
- Consider workplace capability to provide first aid services
- Contact a first aid provider for details

Council understands that training courses are permitted to take place under Alert Level 2. If your training has lapsed, it is expected that you will undertake appropriate training as soon as practicable. We recommend that you review requirements and contact a provider now to determine what, if any, training course you require.

### Relevant Competence Standards

- O1.2 Provide healthcare
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## Mandatory Vaccination for Healthcare Workers

On 11 October the Government announced that high risk health and disability workers will be required to receive full Covid-19 vaccination. This requirement bolsters Council's Covid-19 - Anti-Vaccination Statement which was published in our [May 2021 newsletter](#)

### Recommended Action Points

- Familiarise yourself with new requirements
- Consider how these will impact your workplace

The first vaccination must have been administered by **30 October 2021**

The second vaccination must have been administered by **1 December 2021**



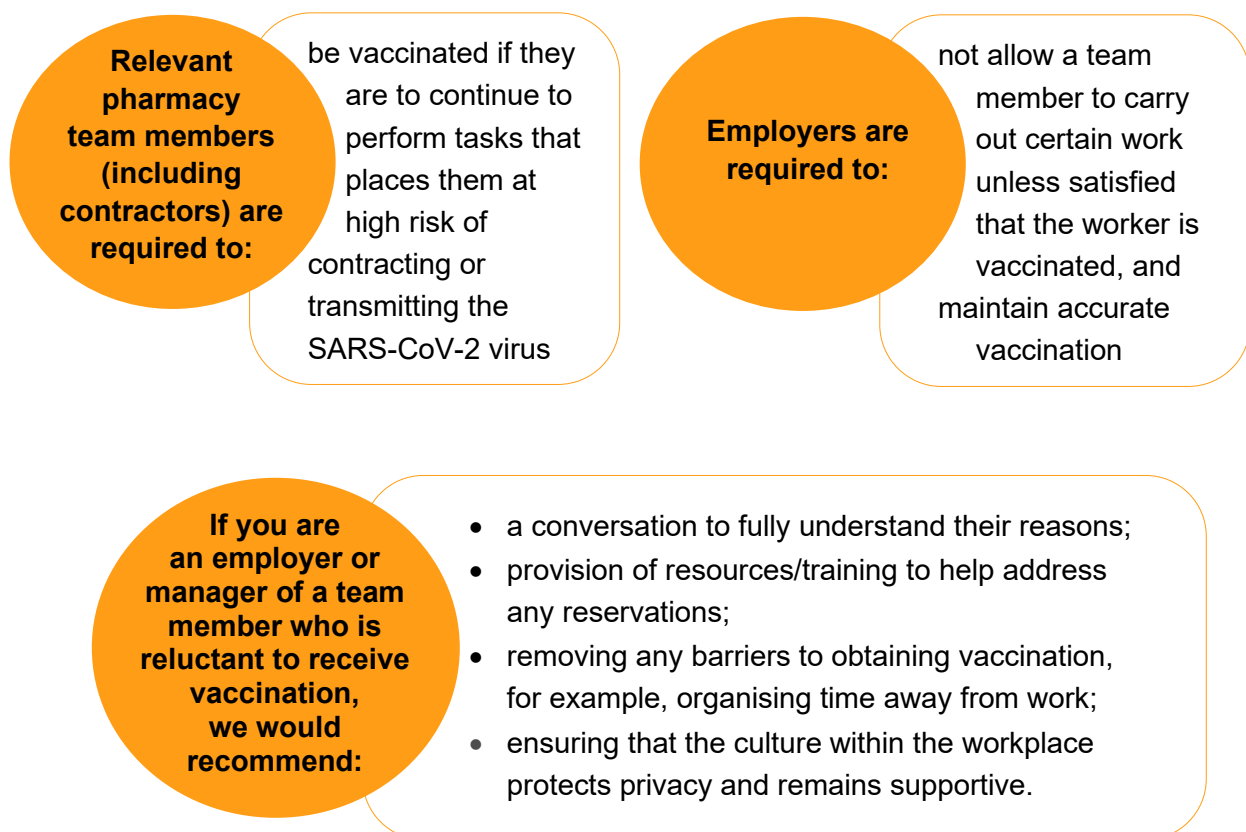
The Ministry of Health has provided initial guidance that this requirement will apply to:

- regulated professions currently registered under the Health Practitioners Competence Assurance Act 2003.
- non-regulated professions in the following healthcare settings:

- Aged Residential Care Facilities (ARC).
- Home and Community Care Services (HCSS).
- Kaupapa Māori Health Providers, Pacific Health Providers and Non-Government Organisations who provide health services.
- roles undertaken by people who:
  - are in frequent contact, face-to-face contact, or are in close proximity to healthcare workers providing a health service.
  - work where a health service is being provided.
  - do not necessarily provide a health service, but their role requires frequent contact/engagement with those providing health services and is considered tied to a role within a healthcare setting.

This requirement will be enacted by an amendment to the [COVID-19 Public Health Response \(Vaccinations\) Order 2021](#) which aims “to prevent, and limit the risk of, the outbreak or spread of COVID-19 by requiring certain work to be carried out by affected persons who are vaccinated”.

This will also assist employers and managers in meeting their workplace health and safety obligations.



If an employee declines vaccination, opportunities for redeployment to low risk activities should be explored.

This is an issue that is developing quickly and the Ministry of Health has indicated that further details will be released in due course. In the meantime, broad queries about this order or implications for your business should be directed to the Ministry of Health or the Ministry of Business, Innovation and Employment, and concerns regarding impact on pharmacist staffing should be directed to your district health board contact.

## Relevant Competence Standards

- M1.2: Comply with ethical and legal requirements
- M1.4: Practise pharmacy within New Zealand's culturally diverse environment
- M2.2: Establish and maintain collaborative working relationships
- O2.1: Contribute to community health
- O2.2: Health promotion
- O4.4: Provide safe working environment



## MyRecert – are you on track?

We are now more than halfway through the APC year, so it is a great time for you to identify if you are on track to meet your CPD requirements before 31 March 2022.

Council recognises this is a transition year, so has set a reduced number of CPD activities for this year to help pharmacists adapt to the new MyRecert platform. See requirements for March 2022 [here](#).

Many of you still need to confirm your verifier and arrange to have two conversations with them about your CPD portfolio. Ideally this might be another pharmacist who you work closely with, who has a good understanding of your area of practice and the types of CPD activities that might be relevant to you. You can find more information about verifiers [here](#).

Because MyRecert is such a flexible platform, it provides a real opportunity for you to learn, and record your learning, in the way that works best for you. For example, if you are someone who finds it easier to explain things verbally than write them down, have you considered uploading your evidence as a voice recording? The blue “how to” block on your MyRecert home page has instructions on how to add files.

Are you looking for ideas on how to increase your cultural competence? We have provided a [link](#) to some thought

provoking discussion topics. You could choose a selection of these scenarios to discuss with your peer group (along with other topics of relevance to the group). This enables you to meet two of your CPD requirements for this year (participate in a professional peer group meeting AND take an action towards culturally safe practice).

New systems can be daunting, but we have provided a range of resources to help you navigate your way through MyRecert. Detailed written guidance on each of the CPD activities can be found [here](#). This information can also be accessed by clicking the blue “how to” box on your MyRecert login page and clicking on the link to page 2. If you click on the page 3 link you can access a series of simple, short videos explaining the various steps of the process. If there are any topics that you think we should add, please let us know.

In the coming months we will provide further “tips and tricks” to help you successfully meet your requirements. In the meantime, if you can't find the answers you are looking for on the website please email the team at [myrecert@pharmacycouncil.org.nz](mailto:myrecert@pharmacycouncil.org.nz) or call us on 04 595 69878.

Mai i te kōpae ki te urupā, tātou ako tonu ai  
*From the cradle to the grave,  
we are forever learning*

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## Pharmacy Team Relief Fund

Beginning in October 2020, the Council-administered Pharmacy Team Relief Fund has steadily provided workload relief for overstretched community pharmacy teams in over 300 pharmacies throughout New Zealand.

The Ministry of Health (the Ministry) has again asked Council to offer respite to pharmacists / pharmacies through a fourth tranche of the Pharmacy Team Relief Fund amounting to \$0.5 million.

We have had a significant response to this additional tranche and unfortunately not every application was successful. Priority was given to community pharmacy teams where team members have had to self-

isolate and additional pharmacists employed, providing services to Māori and/or Pacific peoples, possibly working as a sole practitioner, and those in independent, or independent franchise-held pharmacies.

We are unable to accept further applications as the fund has been exhausted. Thank you to all the teams who expressed an interest in the fund and your patience while we responded.

If you would still like to notify us of an offer of pharmacist or technician services, please visit our [website](#) and complete the relevant offer forms.

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## Our Future: status updates

In our [July 2021 newsletter](#), we highlighted the need to continuously review and refine regulatory tools and core operations to adapt to the ever changing health environment especially in relation to:

- **Health Equity and Cultural Safety**
- **Clinical Governance & Quality Improvement**
- **Standardised prescribing standards across prescribing professions**
- **Performance review of regulatory authorities**

So what have we been up to since July? Some work highlights:

1. **Led a hui to explore standardised prescribing competency standards** with other Health Practitioner Competency Assurance Act regulators such as the Medical, Midwifery and Nursing Councils with a view to help improve the quality of prescribing
2. **Engaged with cultural safety, tikanga & Te Tiriti o Waitangi experts** to wananga what and how authentic partnership and health equity can & should be undertaken in relation to competency and regulation
3. **Begun canvassing, comparing and contrasting** evidence-informed and contemporary “good practice” competency tools and models relating to health equity, cultural safety, Te Tiriti, clinical governance and quality improvement
4. **Partnered with Medsafe and other public agencies** to explore how we can work more closely together to further improve medication safety and healthcare quality

5. **Completed a performance self-assessment** enabling us to take stock of our successes in order to replicate them, learn from our mistakes so as to not repeat them and enable more precise planning and improvement
6. **Established knowledge sharing networks for better engagement:** thanks to all the pharmacists who expressed their interest in contributing to the mahi, we now have knowledge sharing mechanisms to better support co-design approaches.
7. **Celebrated World Pharmacists' Day and Te Reo Week** in conjunction with other public agencies such as PHARMAC and HQSC and Dental Council respectively.

### Want to know about Quality Improvement (QI)?

The Health Quality Safety Commission (HQSC) has released a **FREE** online learning programme called *Improving Together: Introduction*.

The course provides foundation level quality improvement knowledge and skills and comprises four 20-30 minutes modules:

- Module 1: **Principles and benefits of quality**
- Module 2: **Teamwork, consumer engagement & patient-centred approach**
- Module 3: **Systems thinking**
- Module 4: **The Model for Improvement**

To access it, you first need to create a Login on the Ministry's LearnOnline platform at:  
<https://learnonline.health.nz/>

Once Login obtained, access it by clicking below then search for "Improving Together":  
<https://learnonline.health.nz/course/view.php?id=459>

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## Scheduled Medicines for Designated Pharmacist Prescribers

Over the past few months Council has been working with the Ministry of Health and the Clinical Advisory Pharmacists Association (CAPA) to add medicines to the schedule that designated pharmacist prescribers are able to prescribe from. A [gazette notice](#) was issued on 8 October 2021 to formally enact changes.

The [Medicines \(Designated Pharmacist Prescribers\) Regulations 2013](#) contain a schedule of specified prescription medicines that designated pharmacist prescribers may prescribe from. Council, CAPA, and the Ministry collaborated to produce a proposed list of 198 prescription medicines and three controlled drugs. After public consultation, all 198 prescription medicines were approved, but the three controlled drugs proposed for addition to Schedule 1B of the Misuse of Drugs Regulations 1977 were not.

It is **worth noting** that scheduling of a medicine in itself does not permit a designated pharmacist prescriber to prescribe a medicine. A pharmacist prescriber may only prescribe a medicine if:

- all other relevant legislative requirements are met,
- the pharmacist prescriber is competent to prescribe the medicine in the specific clinical circumstances,
- the medicine is within their clinical area or practice, and
- they are practising within workplace policies and protocols.

A dispensing pharmacist cannot easily determine whether all of these criteria are met and should dispense a prescription on face value unless there are obvious faults or safety concerns. The primary onus is on the prescriber to prescribe appropriately.



## Final Prescription Check

Council has noted an increasing number of complaints related to final prescription checks. One of Council's roles is to investigate when things go wrong. Some of these complaints must be referred to the Health and Disability Commissioner (HDC); however, Council monitors these issues and reviews them as part of maintaining an understanding of contemporary practice and identifying areas of risk.

Look-alike and sound-alike medicines always pose heightened risk of error; however, many of these incidents could have been avoided had the pharmacist engaged at a clinical level with the medicines they were dispensing. Engaging with this type of holistic clinical check complements a straight accuracy check. A clinical check is both a professional obligation and an additional measure that often identifies necessary counselling points and/or detects errors.

Maintaining a record of near misses and dispensing errors, and regularly reviewing these incidents to identify themes and root causes will allow your practice to improve and become safer in the long-term. Employers and managers must ensure

### Recommended Action Points

- Note these trends that Council has identified
- Ensure that every item dispensed has been clinically checked
- Ensure that SOPs are specific to your workplace and communicated to team members

that the workplace is appropriately resourced to allow comprehensive and safe practice (including logging and review of incidents), expectations on staff are reasonable, and that a safety culture is fostered.

Complaints have highlighted that standard operating procedures (SOPs) are also a weakness. They are often not specific to the workplace and/or not well communicated to staff. It is the responsibility of the employer to ensure that SOPs communicate the safe process for the workplace and are adhered to. If you are not familiar with Council's [Writing Standard Operating Procedures Guidance](#) please take a moment to review the document. Providers of professional support are also likely to be able to provide assistance with producing robust SOPs.

### Relevant Competence Standards

- M1.3: Contribute to Quality Improvement
- O3.1: Assess Prescriptions
- O3.2: Dispense Medicines
- O3.5: Provide Patient Counselling
- O4.1: Provide Leadership
- O4.2: Manage Quality Improvement and Safety
- O4.3: Manage and Develop Personnel
- O4.4: Provide Safe Working Environment

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## End of Life Choice Act 2019

The End of Life Choice Act 2019 comes into force on 7 November 2021. This legislation means that a person with a terminal illness who meets the eligibility criteria can request medication to relieve their suffering and end their life. We recognise that assisted dying is a polarising topic; nevertheless, a pharmacist must respond to any request with appropriate professionalism regardless of personal beliefs.

### Recommended Action Points

- Familiarise yourself with the End of Life Choice Act 2019 and the process via training modules
- Ensure your team is briefed on how to handle a request

In accordance with the New Zealand End of Life Choice referendum held in 2020, the Ministry of Health has implemented a process for delivering this service. The Ministry has engaged two district health board pharmacies to dispense medicines to be used for assisted dying. Because of this, most pharmacists will not have direct involvement in the process. Notwithstanding, it is likely that members of the public will seek information and advice from pharmacists or pharmacy team members.

A pharmacist should ensure that:

- there are workplace processes designed and in place to receive and respond to requests sensitively and professionally, and that staff have access to support if they require it;
- they understand their obligations under the End of Life Choice Act 2019, whether they conscientiously object or not;
- they have a broad knowledge of the process so patients feel assured of the process and can be referred to a relevant provider for further discussion.

Details and names of the medications will not be made publicly available due to restrictions on promotion and legislative criteria.

If you haven't already, we strongly recommend that all pharmacists and intern pharmacists log into the Ministry's [LearnOnline portal](#). In the portal there are three E-learning modules designed for all health professionals. Each of these will take approximately 20 minutes to complete.

- 'End of Life Choice Act 2019: Overview' provides an overview of the Act, including a practitioner's rights and responsibilities.
- 'Assisted dying care pathway: Overview' explains the process for accessing assisted dying, including the roles of different health practitioners.
- 'Responding when a person raises assisted dying' is to support practitioners to respond respectfully and appropriately when a person raises assisted dying, including best practice communication skills.

Pharmacists directly involved in supplying the medicines will obviously require a higher level of training.



Pharmacy Council wishes to reassure the profession that appropriate involvement in the assisted dying service is within the Pharmacist scope of practice and in alignment with the Code of Ethics.

If you have questions about the assisted dying service or training, please contact your professional services support or the Ministry of Health's End of Life Choice Act implementation

### Relevant Competence Standards

- M1.2: Comply with ethical and legal requirements
- M1.4: Practise pharmacy within New Zealand's culturally diverse environment
- M2.1: Communicate effectively
- M2.4: Supervise and support colleagues
- M2.5: Facilitate education of colleagues
- O1.4: Deliver quality and safe services
- O2.1: Contribute to community health
- O4.1: Provide leadership
- O4.3: Manage and develop personnel
- O4.4: Provide safe working environment

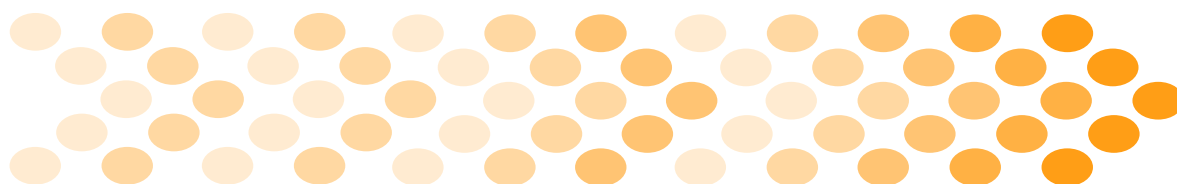


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## Health Practitioner Disciplinary Tribunal Decisions

Our July 2021 newsletter highlighted a case where a pharmacist inappropriately accessed patient records. In April 2020 a charge laid against Ms A before the Health Practitioners Disciplinary Tribunal (HPDT) was found. Ms A 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 then partner.

The Tribunal agreed that her conduct amounted to professional misconduct and warranted disciplinary sanctions. The precis is now available with a link to the full HPDT findings found [here](#).



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## 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 August 2021 to October 2021.

Sheng Bao  
Alan Cheng  
Shin Wei Lee  
Georgine McDaniel  
Wei Ying Yong

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

Steven Garza  
Alfredo Guzman  
Stephen Heslop  
Eve Taylor-Reilly  
Victoria Tricker