

December 2021

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From the Chair and Chief Executive

Kia ora koutou katoa

We are hearing from all parts of the sector that 2021 has been more challenging, brought more work and even more pressure than 2020. As we close out the year, we want to acknowledge the enormous contribution the sector has made to Aotearoa over the many months of the COVID-19 Delta variant outbreak.

The year has brought many an opportunity to further demonstrate and highlight the important role pharmacy plays to support our communities. Pharmacists and pharmacists' teams have met those challenges with quiet resolve and commitment.

As the whole healthcare system looks to 2022 to witness significant structural change, it is without doubt that pharmacists have demonstrated and positioned themselves well to further support their major role in the primary healthcare team.

The Council has also had a busy and challenging year. We have had to undertake tasks not planned and have had to adapt where necessary. We also sadly farewelled a very precious team member, Pam Duncan, who passed away after a short period of illness in April. Pam ensured we have plenty of great memories which is helping us come to terms with her absence. Moe mai rā e te Rangatira.

The team at Council can be proud of the fact that we are constantly reflecting and

determining how and where we can ensure regulation remains fit for purpose. The independent performance reviews, that are now commissioned by the Ministry of Health under the Health Practitioners Competence Assurance Act 2003, has affirmed our work and the areas we have identified for improvement. We will provide more on the review report in the new year.

Some key areas progressed this year include:

- Securing and allocating a further \$0.5 million to the Pharmacist Relief Fund. The intent of the fund to give pharmacists a break has been even more critical this year. Achieving the outcome of the fund has been made more difficult, regrettably, with the tight locum market.
- Standing up and offering short-dated practising certificates to increase the number of pharmacists available.
- Working with the EVOLVE team to run two assessment processes, around lockdown restrictions, to enable our Auckland and Waikato interns to be fully qualified and enter the pharmacist scope of practice.
- Commencing development of an in-house accreditation process and that acknowledges our profession is maturing in how it approaches continuing professional development. The adoption of a high-trust model is in line with overseas trends in this area.

From the Chair and Chief Executive cont'd

- Working through more complaints than usual, particularly around some practitioners having differing views to the majority on vaccinations and the use of various social media platforms to promulgate their views.
- Supporting the changes to medicines regulations in respect to the list of medicines pharmacist prescribers may prescribe within their areas of practice.
- Progressing our journey on health equity and cultural safety. We have taken great strides along our journey, but we are conscious there is still a lot to do to help the profession and ensure our processes are equitable and culturally safe.

Next year will be different again and will bring another set of new, and exciting, challenges. There will be some critical focus areas to tackle including:

- The structural changes of the health reform programme coming into effect (including Health New Zealand and Māori Health Authority) and various legislative changes.
- Advancing some of our key projects around health equity and cultural safety, competency standards, prescribing standards and launching an internal accreditation process.
- Progressing the implementation of MyRecert as we introduce a full set of requirements for the 2022/23 APC year.
- Continuing to address the complaints and ensuring as best we can turn these into opportunities for all to “learn” and ensure practice remains safe for the public.

We would like to take this opportunity to thank everyone who has worked with Council directly and also those who have contributed indirectly – the many people who have committed time as part of one or more of our committees, input

into developing policy and process work, and played a part in giving us the confidence to say to the public of Aotearoa New Zealand pharmacists are fit and competent in providing you the pharmacy services you expect and require. Well done and thank you.

As Chair and Chief Executive, we would also like to pay special thanks to the team at the Council. You are an awesome team and you have continued to deliver with enthusiasm and professionalism in often difficult circumstances. Thanks heaps. We would also like to thank Dr Jeff Harrison for his nine years of passion and commitment for regulation that came to an end in November as his term came to an end and new members were appointed. There is no question Jeff has ensured occupational regulation is done as best as it can for pharmacists. It is also a privilege to welcome our new members to the Council – Mariana Hudson, Natalia Nu'u and Dr Amy Chan. We are certain the diverse knowledge of our Council, and the skill and competency of our operational team, will continue to ensure this responsible authority “punches well above its weight”.

Take care everyone and we hope that you get some valuable time to relax and enjoy some festivities and/or a much-needed rest with friends and family.

“He mihi manahau o te wā me te Tau Hou”

Festive greetings of the season and the New Year.



Ngā mihi

Arthur Bauld / Michael Pead
Chair / Chief Executive

2022-23 Annual Practising Certificate Fee

Between 3 November and 28 November 2021, [we consulted](#) on a proposed 1.96% increase to the 2022-23 Annual Practising Certificate Fee and Disciplinary Levy with effect from 1 April 2022. We received 152 submissions. Thank you to everyone who submitted and considered the proposal.

At its December 2021 meeting, Council decided to confirm the increase and a new fee of \$816.63 (inclusive of GST) will be applied from 1 April 2022. The increase is the first in two years and reflects changes in operating costs for the Pharmacy Council to undertake its regulatory functions.

The new fee comprises:

- Annual Practising Certificate Fee \$627.09 – an increase of \$12.30
- Disciplinary Levy \$83.02 – an increase of \$1.62
- GST of \$106.52

Regulators are required to operate on a cost recovery model, with no government funding. The Council's core regulatory work is delivered using between 90-95% of its annual operational budget and the costs are largely fixed year on year (with some inflationary adjustments).

Review and developmental work forms only a small part of the Pharmacy Council's overall budget each year. There will be further engagement with the profession on this work programme to ensure it contributes to better outcomes for the profession, and ultimately New Zealanders who benefit from a high performing and competent pharmacist profession.

The Pharmacy Council's fee is ranked seventh out of the 18 New Zealand regulators constituted under the Health Practitioners Competence Assurance Act 2003 (HPCAA). Some economies of scale are realised by sharing some fixed costs (such as premises leased with the Dental Council).

In its deliberations, the Council carefully considered the feedback received through submissions. A full outline of Council's considerations and response to the consultation is available on our [website](#).

Applying emergency supply provisions: Salbutamol

Following discussions about the reclassification of salbutamol in Australia at its October 2021 meeting, the Medicines Classification Committee has requested pharmacists refresh their understanding of emergency supply provisions in New Zealand.

This follows concerns raised that in practice, use of the emergency supply function under the Medicines Act may not be consistently applied by pharmacists. When emergency supplies are carried out in an inconsistent manner, there is at best confusion for patients, and at worst a risk to the public due to a lack of clarity around what services they can reliably expect.

Emergency supply guidance

Under the Act, a pharmacist may provide an emergency supply of a medicine to New Zealand citizens and residents that have previously been prescribed the medicine. Access is restricted for patients that do not meet these criteria e.g. tourists. Controlled drugs (including Class C) are also not covered by this legislation and may not be supplied without a prescription.

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Under section 44(l) of the Medicines Regulations 1984, a supply of a prescription medicine without a valid prescription is permitted if:

- a pharmacist is satisfied that the person requires an emergency supply of the medicine for that condition; and
- no more than a 72-hour supply, or a minimum pack of a special container from which it is not practicable to dispense a lesser amount is supplied.

The legislation does not provide a definition of an emergency or guidance on when a supply may be clinically appropriate, so pharmacists must use professional judgement. There are accepted criteria for emergency supply within the profession, which support consistent prescribing of emergency supplies of medicines.

Criteria

1. Is it an emergency?

Pharmacist determines whether the patient will experience significant physical, mental, or emotional distress without the medicine.

2. Is the medicine clinically appropriate?

Pharmacist obtains a medicines history and determines whether the patient has been assessed by a New Zealand registered prescriber and issued a prescription for the medicine for the presenting indication in the last three months (six months if an oral contraceptive).

3. Have other options been investigated and exhausted?

The emergency supply function is a last resort, and all other options should be investigated first. The pharmacist should consider whether:

- the patient can contact their regular prescriber and a prescription be sent to the pharmacy?
- the patient is able to be assessed by a prescriber at a nearby surgery?

Actual practice will always present situations that cannot be easily categorised, but adherence to legislation provides safeguards for patients and pharmacists alike. Please use the standard criteria to support your assessment of the risks and benefits of each clinical presentation.

As its meeting, the Committee recommended that the classification of salbutamol not change so it can continue to be prescribed in an emergency when all the criteria and requirements of the law are followed.

Fraudulent prescriptions investigation

The Council's mandate is to ensure public safety through safe pharmacy practice. A recent investigation into 37 pharmacists' actions in respect of fraudulent prescriptions has identified patterns that potentially could pose a risk to patient safety and the reputation of pharmacists.

The Pharmacy Council became aware in late 2017 that a person had presented fraudulent copies of a single prescription at several pharmacies in the Auckland region between April and August 2017.

Council's early findings identified:

- the prescription (Flagyl 400mg and Tramadol SR 100mg) was for acute dental treatment of an infection issued in March 2017
- 53 out of 60 (88%) presented prescriptions were not signed

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- the prescription was dispensed more than once in 16 out of 21 (76%) pharmacies
- 15 out of 37 (41%) pharmacists dispensed more than one copy of the prescription.

These early findings identified multiple incidences of legal obligations and professional standards not being adhered to by pharmacists, including the most basic of requirements – confirming the legality of a prescription.

Concurrently, Medicines Control's Auckland-based quality audits pilot had identified general concerns about the standard of community pharmacy practice and this episode added to broader questions about the quality of pharmacy services.

To understand the level of non-adherence, and to identify factors within and outside pharmacists' control and whether these incidences were isolated or if there might be other factors (e.g., workload, work culture and pressure) that impacted on the pharmacists' practice, the Council appointed a Professional Conduct Committee (PCC) to investigate.

This allowed for greater efficiency, consistency and understanding of systems factors, and the possible identification of future interventions or changes, including where pharmacists may have made changes to their practice as a result of the incident.

The findings of the PCC for individual pharmacists are summarised in the Health Practitioners Disciplinary Tribunal written decisions, which are linked to in the following article.

The Pharmacy Council appealed the Health Practitioners Disciplinary Tribunal decision. Read our [media statement](#) setting out the reasons why.

Findings of concern for pharmacists and pharmacy teams to consider

During its investigation the PCC identified recurring patterns that they felt were possibly widespread across the profession and may have contributed to pharmacists not identifying the prescription as potentially fraudulent:

- Inadequate clinical governance.
- Lack of clinical oversight by senior pharmacists or owners, demonstrated by:
 - significantly heavy workloads and understaffing given the number of scripts being processed per day.
 - lack of peer support especially on clinical matters
 - inadequate observance of professional standards
 - poorly defined or not well understood processes for responding to potential drug-seeking behaviour
 - no access to official alerts.
- Unsuitable practice layout including lack of separation of clients and pharmacist.
- Pharmacists' checking processes were often inadequate because of:
 - excessive reliance on technician input
 - inadequate clinical checking
 - legality checks were insufficiently rigorous
 - reliance on prescriber validation after dispensing
 - unwillingness to use [TestSafe](#).

We recommend that pharmacists and pharmacy teams review their practice against these themes, and if necessary, implement changes to quality improvement plans as required.

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Organisational culture and focus on quality

A positive and safety-focused workplace culture is foundational to positive quality outcomes.

The recent events investigated by the PCC identify the importance for a mature work environment, where employees feel comfortable to raise concerns about policies, systems, working conditions or the actions of other that may compromise patient care or public safety (Code of Ethics Principle 5, clause H).

The Health Quality and Safety Commission provides training materials to support employer pharmacists to adopt a [just and fair culture](#) for addressing adverse events effectively.

The [Workplace Pressures in Pharmacy](#) guidelines developed by the pharmacy sector (whilst in need of an update) is a comprehensive guide for addressing the stressors that impact the pharmacy team.

Opportunity to provide feedback to Council

In 2022, pharmacists will be invited to provide feedback via a questionnaire on this case and the factors that contributed to these events.

Health Practitioner Disciplinary Tribunal decisions

1. In May 2021, the Health Practitioners Disciplinary Tribunal considered a charge laid against Mr Devinda Polonowita by a Professional Conduct Committee. The charge related to dispensing, recording and handling of prescriptions for methadone and clozapine.
 - The Tribunal held that each particular of the charge was founded and that amounted to professional misconduct. [Read the Tribunal findings.](#)
2. In December 2019, the Health Practitioners Disciplinary Tribunal considered charges brought by a Professional Conduct Committee against four pharmacists. The charges related to dispensing Flagyl and Tramadol against a fraudulent prescription.
 - The Tribunal held that none of the pharmacists' established conduct was sufficiently serious to amount to professional misconduct and did not warrant disciplinary sanction.

The PCC appealed the Tribunal's decision to the High Court. The Court was not persuaded the Tribunal erred in reaching its decision and the appeal was dismissed. [Read the Tribunal's findings.](#) There is more on these events in the previous article.

Make sure your intern pharmacist can legally practise

At this time of the year there is a lot of movement within the register. We are processing applications from pharmacy graduates registering as intern pharmacists and from intern pharmacists seeking to register as pharmacists.

Please ensure staff only undertake activities they are legally authorised to do.

Pharmacy graduates

If you are employing a pharmacy graduate and they would like to practise prior to the start of the 2022 EVOLVE programme, they need to make their application for registration first. A pharmacy graduate may only practise if they:

- hold an appropriate qualification, and
- are "actively taking steps towards registration as a pharmacist".¹

¹ [Read the definition for a pharmacy graduate in section 2 \(Interpretation\) of the regulations](#)

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The second point will be evidenced by their application to the Pharmacy Council for registration (e.g. a confirmation email or receipt) or their annual practising certificate.

Applications for registration in the Intern Pharmacist scope of practice are currently open and will close on 24 January 2022.

On 1 February 2022, a pharmacy graduate must hold an annual practising certificate in the Intern Pharmacist scope of practice to continue to practise. In very specific circumstances, Council may provide authorisation for an individual to practise outside of this situation. Please verify this with a Pharmacy Council operations team member if you are in any doubt.

If you know a recent pharmacy graduate who is unsure of how to apply for initial registration and an annual practising certificate, please direct them to the four updates sent to graduates. [These are also available on our website.](#)

Intern Pharmacists

Assessment Centre results have recently been sent to intern pharmacists that attended the November event in Wellington. These intern pharmacists must hold a current practising certificate (either in the Pharmacist or Intern Pharmacist scope of practice) to continue to practise even if they have passed their assessment. Intern pharmacists applying for a second year in the scope are deemed to hold a practising certificate if their application was submitted prior to the expiry of a preceding certificate.

For those that have met the requirements to register as a pharmacist, please ensure that they have formally applied, that their scope has been updated to "Pharmacist", and their practising status is "Registered, current" before they undertake duties as a pharmacist.

Newly registered pharmacists may still not be fully familiar with all aspects of practice. For patients' and their own safety, they should not be pressured to provide services or take on responsibilities that they have not been trained for or are not fully competent to undertake.

For intern pharmacists scheduled to attend Assessment Centre on 16 December, Council has issued short practising certificates that will allow them to continue to practise until 6 February 2022. If you are a preceptor, manager, or employer of one of these intern pharmacists we recommend that you request a copy of their practicing certificate which they may download from their Pharmacy Council online account.

Recommended Action Points

- Check that your intern pharmacist for 2022 has made an application for registration or holds a current APC
- On 1 February 2022 check that your intern pharmacist holds an APC (or specific authorisation from Council to practise)
- Check that your newly registered pharmacists hold current APCs

Removal of name from the register

Each year we attempt to contact pharmacists who have not updated their registration status. Pharmacists who do not respond to communications and make no application to remain on the Register of pharmacists (for either current or inactive status) are removed from the register. This process is called revision of register. It is permitted under section 144 of the Health Practitioners Competence Assurance Act 2003 and helps to maintain the integrity of the register.

As of 15 December 2021, the following pharmacists have not responded to email or postal communications regarding their status. This is our final attempt to make contact before removing them from the register.

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If you know any of these pharmacists and you consider they would prefer to remain on the register, please ask them to contact us before 21 January 2022 by emailing enquiries@pharmacouncil.org.nz.

First Name	Surname
Miyar	Abumaree
Jolyene	Alphonso
Marwa	Al-Shafi
Saba	Assadi
Karen	Barker
Rebecca	Bennett
Mario	Besich
Peter	Cammell
Chiu	Chan
Vivian	Chan
Samantha	Clitheroe
Simon	Davies
Jessica	Dayment
Nicola	Elliott
Pei	Eng
Ruth	Ferguson
Michaela	Ffitch
Patrick	Fong
Bronwyn	Gale
Michelle	Georgian
Zarina	Ginai
Tracey	Hale
Alya	Hammad
Lorraine	Harford
Katherine	Harris
Simon	Hurley
Vimbainashe	Jakopo
Branislava	Janosevic
Mark	Jarvis
Christine	Johnston
Jody	Jowsey
David	Kane
Hemant	Kapadia
Nikita	Kapoor
Adi	Katonivere

Jin	Kim
Julia	Latham
Sarah	Le Leu
Wei	Lee
Kippeum	Lee
Kim	Letford
Hong	Li
Doreen	Liow
Simon	Little
Jocelyn	Livesey
Joyce	Lochan
Ching	Lock
Douglas	Longmire
Ashika	Maharaj
Adelfa	Marasigan-Hombre
Alrena	Martis
Nicolette	McDonald
Julia	McDonald
Janet	Milne
Ian	Moody
Anya	Naidoo
Christine	Nawalaniec
Dean	Norris
Philippa	Olah
Andrew	Park
Ellen	Pedler
Florence	Pippos
Pardeep	Rakkar
Julia	Ralston
Matthew	Ramsay
Brent	Roberts
Susan	Robertson-Doran
Raymond	Sando
Bhavani	Selvarasu
Kale	Seo

Lesley	Settle
Hashim	Shaaban
Prajeet	Sharma
Amy	Shen
Tara	Sholji
Winston	Silby
Stephanie	Sinclair
Erin	Skelsey
Rosemary	Steane
Clare	Strachan
Joanna	Sturtevant
Raewynne	Tai
Constance	Takawira
Sylvia	Tawadrous
Jaswant	Thakorlal
Lini	Thomas
Peter	Thomson
Catherine	Thurston
Ricardo	Tjandrawidjaja
Peter	Tottle
Philippa	Trout
Jason	Tsao
Jashmita	Vasan
Kirsty	Vercoe
Jennifer	Wallace
Yvonne	Walters
Thomas	Wilkinson
Lynette	Wong
Ming	Yang
Yung-Hsien	Yang
Man	Yeung
Penny	Yip
Kurt	Yun
Alessandra	Zafra

Implementing quality improvement in pharmacy

Pharmacist practice is generally of high quality and error free, and when it is not we understand that the reasons for this are multifaceted. However, evidence suggests that continuous quality improvement and clinical governance competencies are not always regularly demonstrated in practice.

- 39% of medication error related complaints are dispensing related.²
- 6% reported experiencing a dispensing error (n=2,363 patients).³
- <29% of pharmacies achieve compliance to the following criteria:
 - Appropriate corrective actions are implemented, documented and reviewed, contributing to continuous improvement.⁴
- Medsafe recently released the Pharmacy Quality Audits Updates for Q3 (January to March) and Q4 (April to June) 2021, which showed continued non-compliance in high-risk areas such as controlled drug management, fridge temperature management and the implementation of appropriate corrective actions.⁴

To support the pharmacy sector to address these issues, Medsafe and Council have been actively collaborating on a [Pharmacy Regulatory Quality Improvement Project](#).

The project outlines the activities Medsafe and Council are undertaking to support the pharmacy sector to identify, develop and implement effective quality improvement initiatives.

Medsafe and Council recognise that effective and sustainable improvement can only occur with active engagement and commitment from across the health sector.

For this reason, a virtual meeting was held at the beginning of December where the project was outlined to representatives of the pharmacy sector groups.

Council and Medsafe look forward to reconvening the meeting with pharmacy sector groups in the new year, where pharmacy sector groups will be invited to provide input into a shared understanding of the activities and initiatives that they will undertake in 2022 to contribute to quality improvement.

Relevant Competence Standards

- M1.1: Demonstrate personal and professional integrity
- M1.3: Contribute to quality improvement
- O1.4: Deliver quality and safe services
- O3.2: Dispense medicines
- O4.2: Manage quality improvement and safety

² The Health & Disability Commissioner (2018). Complaints Closed by the Health and Disability Commissioner about Medication Errors: Analysis and Report 2009–2016. Auckland, NZ. <https://www.hdc.org.nz/news-resources/search-resources/other-reports/medication-errors-complaints-closed-by-the-health-and-disability-commissioner-2009-2016/>

³ Health Quality and Safety Commission (2019). Dispensing errors: learning from the national primary care patient experience survey. Open Book: learning from close calls and adverse events. Wellington, NZ. <https://www.hqsc.govt.nz/assets/Reportable-Events/Resources/OB-dispensing-errors-Jan-2019.pdf>

⁴ Medicines Control Branch (2020). Pharmacy Quality Audits Reporting Period 2020-2021 Q1: Version 1.0. Wellington, Medsafe. https://www.psnz.org.nz/Folder?Action=View%20File&Folder_id=96&File=Pharmacy%20Quality%20Audits%20Update%202020-2021%20Q1.pdf

Our future: Work programme status update

In our October newsletter, we talked about the need to continuously review and refine regulatory tools and core operations to adapt to the ever-changing health environment. To provide greater transparency, below is an update of what we have been up to since October across different areas of the Council's project work.

Clinical governance and quality improvement

- [Pharmacy sector groups were alerted of emergent patient safety issues](#) and conversations were initiated on how we can work together to better safeguard patients.
- [A joint regulator Quality Improvement Project Plan was developed with Medsafe](#). It outlines initiatives to support pharmacy practice quality improvement by regulators – for more details please see the Quality Improvement section of this newsletter.
- [We completed internal and commissioned environmental and research scans](#) to enable evidence-informed development of contemporary regulatory tools and refinements relating to health equity, cultural safety, The Treaty of Waitangi/Te Tiriti o Waitangi, clinical governance and quality improvement. We have published the completed report on our [website](#).

Health equity and cultural safety

- [Work was commenced on improving the Council's communications and engagement as an authentic Te Tiriti partner](#), to support the achievement of health equity for Māori. While still early in development, two key areas currently being worked on are:
 - Te Tiriti position (in contrast to The Treaty of Waitangi)
 - Development of an Engagement and Partnership framework and policy.
- [With World Health Organisation staff, we explored the implications of the Global Competency Framework](#) on the Council's professional competence standards.

Standardised prescribing standards across prescribing professions

- [We worked with other health practitioner regulators](#) to explore development of a standardised prescriber competence framework and principles.

Performance review of regulatory authorities

- [We participated in a review of the Council's performance](#) by an independent external panel. Once received, the finalised report will be made publicly available on the Council's website.

Communications and engagement strategy refresh

Earlier this year the Council agreed to a refresh of the Pharmacy Council's communications and engagement strategy.

As part of this we want to ensure we have the confidence and support of the profession to undertake our role as regulator, which means people need to understand our role and responsibilities, opportunities to engage on important issues, and want to read our communications.

In September 2021, we commissioned external expertise to undertake a series of interviews with key sector organisations and a handful of pharmacists to understand how we are going and opportunities for improvement.

The wide range of feedback received was invaluable and has informed development of strategic recommendations which were discussed with Council members at their December meeting.

What is evident is that uptake of our communications and engagement opportunities varies greatly – from those who are deeply interested in every aspect of the Council’s work programme, to those who simply want to know what their fee will be for the year ahead.

We received some good feedback on our platforms, are considering ways to strengthen our engagement practices, and intend on working more closely with membership organisations in 2022.

We have now employed a part-time communications person to lead the implementation of our communications and engagement strategy refresh. Development of an implementation plan is underway and will be finalised and presented to Council members in February 2022.
