

30 June 2022

Via Email: [REDACTED]

Response to a request for official information

Dear [REDACTED]

Thank you for your request for official information received 3 May 2022 by Nelson Marlborough Health (NMH)¹, followed by the necessary extension of time 3 June 2022, where you seek following information.

- 1. Any policy document the DHB has in place addressing the risk that an Integrated Pharmacy Services Agreement (ICPSA) is granted to a pharmacy in which medicines are co-located (ie, offered for sale within the same physical premises) as alcohol, cigarettes.***

NMH response:

NMH has no specific policy document as described. Regardless of where pharmacies are co-located, for example in a mall or near a liquor outlet on a high street, there remains an expectation for pharmacies to adhere to quality requirements, to promote equitable health outcomes, and to be supportive of public health promotions by NMH or the Ministry of Health, as outlined in the Integrated Community Pharmacy Services Agreement (ICPSA). Each Pharmacist is also bound by the attached Code of Ethics, which has relevance to products offered for sale.

- 2. To the extent your DHB has such a policy document, documents recording any discussion about the potential issues raised by co-location of pharmacies and alcohol and/or cigarettes during the development of the DHB's pharmacy contracting policy.***

NMH response:

Please see our response to Q1.

- 3. Any documents showing that the DHB and its personnel took into account and/or addressed the fact that alcohol and/or cigarettes are available for sale within the same premises as a pharmacy when considering the application for an ICPSA by a [REDACTED] Pharmacy. This request is limited to ICPSA applications submitted to the DHB by a [REDACTED] Pharmacy after 1 May 2020.***

NMH response:

A Pharmacy within a supermarket, as a separate legal entity, has restrictions on good to be sold. It is the responsibility of all Pharmacy staff to comply with the legal and ethical responsibilities that are inherent within the practice of the Pharmacy profession, where certain classes of goods **are not to be sold** from within the registered Pharmacy area. These are:

- Liquor (e.g.: Beer and Wine)
- Tobacco (e.g.: Cigarettes and tobacco)

¹ Nelson Marlborough District Health Board

- 4. Any policy document the DHB has in place to monitor the operation of an ICPSA (or, if no such specific policy exists, any policy document the DHB has in place to monitor the operation of service agreements it has entered into pursuant to section 25 of the New Zealand Public Health and Disability Act 2000).**

NMH response:

NMH does not have such a policy, for either the ICPSA or agreements more generally. NMH relies on the provisions contained in the ICPSA and the reporting requirements for the various service specifications attached to the ICPSA to monitor the service delivery of the agreement holders.

- 5. Any policy document the DHB has in place addressing how it should respond to a failure to comply with the terms of an ICPSA (or, if no such specific policy exists, any policy document the DHB has in place to address a failure to comply with a service agreement it has entered into pursuant to section 25 of the New Zealand Public Health and Disability Act 2000).**

NMH response:

NMH does not have such a policy. NMH relies on the provisions of the ICPSA to enable it to respond to failures to comply with the terms of the ICPSA.

- 6. Documents recording the DHB's response to any failure by a pharmacy to comply with the terms of its ICPSA. This request is limited to failures since 1 January 2021.**

NMH response:

Each and any breach has a response tailored as appropriate by the responsible Portfolio Manager that varies from informal discussion and agreement on a course of action through to legal proceedings. Since 1 January 2021 no legal proceedings have been entered into with Pharmacies in the Nelson Marlborough district.

This response has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or free phone 0800 802 602. If you have any questions about this decision please feel free to email our OIA Coordinator OIArequest@nmdhb.govt.nz

I trust that this information meets your requirements. NMH, like other agencies across the state sector, supports the open disclosure of information to assist the public's understanding of how we are delivering publicly-funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released. If you feel that there are good reasons why your response should not be made publicly available, we will be happy to consider.

Yours sincerely



Lexie O'Shea
Chief Executive

Attached: *Code of Ethics 2018*, Pharmacy Council (17 pages)


Code of Ethics 2018

SAFE EFFECTIVE PHARMACY PRACTICE



pharmacycouncil

Te Pou Whakamana Kaimatu o Aotearoa

The image features a vibrant green fern frond as the central subject. A circular inset provides a magnified view of the frond's intricate, spiral leaf structure. The background is a mix of light green and orange, with several semi-transparent circles of varying sizes and colors (green and orange) scattered throughout, creating a modern, abstract design.

***The principles and clauses
of the Code of Ethics 2018
(the Code) express the
responsibilities and professional
values that are fundamental to
the pharmacy profession; care of
the patient, professional integrity
and professional competence.***



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Code of Ethics 2018

Pharmacists are health professionals who ensure safe and quality use of medicines and optimise health outcomes by contributing to patient assessment and to the selection, prescribing, monitoring and evaluation of medicine therapy. Pharmacists may work with varying levels of responsibility and in different settings, including clinical practice, education, research and industry.

The Pharmacy Council (Te Pou Whakamana Kaimatu o Aotearoa)

The Pharmacy Council of New Zealand (the Pharmacy Council) is the statutory authority that governs the practice of pharmacists. “The Pharmacy Council has a statutory responsibility to set standards of competence and ethical conduct to be observed by members of the profession.” The Pharmacy Council’s primary concern in discharging its functions under the *Health Practitioners Competence Assurance Act 2003* is the protection of the health and safety of members of the public.

Code of Ethics

The principles and clauses of the *Code of Ethics 2018* (the Code) express the responsibilities and professional values that are fundamental to the pharmacy profession; care of the patient, professional integrity and professional competence. The Code also reflects and addresses the context of healthcare in New Zealand, for example, health disparities, a diverse population, the principles of the *Code of Health and Disability Services Consumers’ Rights*, the *Treaty of Waitangi* and *Te Tiriti o Waitangi*.

The main purpose of the Code is to articulate the professional and ethical values to which all pharmacists should conform and can expect of their colleagues.

The Code is also:

- a source of education and reflection for those entering the profession
- a guide for the public on the conduct expected of pharmacists, and
- a framework against which breaches of professional conduct can be judged.

The Code is not intended to be exhaustive and does not provide guidance on every situation encountered in professional practice. A pharmacist is professionally accountable for their practice, which means being responsible for their actions or inaction, no matter what advice or direction a manager or another professional gives them. Their professional and ethical principles, embodied in this Code, should be the basis for making decisions, particularly where they may experience a conflict of interest or competing professional responsibilities.

“The Code applies to all pharmacists, irrespective of whether they treat, care for or interact directly with patients and the public.”

The Code applies to all pharmacists, irrespective of whether they treat, care for or interact directly with patients and the public. Breaches of the Code should be brought to the attention of the Registrar of the Pharmacy Council, and pharmacists have a professional obligation to report breaches.

Relevant legislation

The *Code of Ethics 2018* should be read alongside legislative and professional obligations. A list is provided in the Schedule to the *Code of Ethics*.

Legal authority of the Code of Ethics

The *Code of Ethics 2018* is prescribed by the Pharmacy Council of New Zealand pursuant to Section 118(i) of the Health Practitioners Competence Assurance Act 2003 and comes into effect from 12 March 2018.

The *Code of Ethics 2018* replaces the *Code of Ethics 2011*. Content has been revised, to account for changes in technology and legislation, to be more principle-based, and to align with the Pharmaceutical Society of Australia’s *Code of Ethics 2017*.

Key Terms

The terms used in this document are generally consistent with terms used in legislation, and in the Pharmacy Council's standards, protocols, statements and guidelines. Some key terms and new terms are defined here to ensure the document is clear.

- **Digital health:** The use of technology in healthcare, for example, electronic health records and referrals, electronic prescribing, real-time technology, and wearable devices.
- **Patient:** Any person receiving any health or disability products and services from the pharmacy or other place from which services are provided by the pharmacist.
- **Pharmacist:** A health practitioner who is registered with the Pharmacy Council of New Zealand in the scope of practice of a pharmacist. In the Code any reference to a pharmacist also refers to an intern pharmacist.
- **Scope of practice:** The Pharmacy Council's description of the professional services that registered pharmacists and intern pharmacists may undertake. An intern pharmacist will be supervised by a registered pharmacist. The scope of practice is outlined in the Competence Standards for the Pharmacy Profession.

Te Reo Māori

- **Te Tiriti o Waitangi:** The Treaty of Waitangi
- **whānau:** families and individuals descended from a common ancestor; from a Māori perspective this would extend beyond the nuclear family and to include cousins, grandparents and other relations, as well as non-biological family.
- **whānau ora:** a focus on whānau self-managing and living healthy lifestyles in a self-determined manner.

Introduction to the principles and clauses of the *Code of Ethics 2018*

The principles are all equally important and the clauses and explanations are to provide additional guidance to support each principle. The principles are grouped in three themes, **care**, **integrity** and **competence**.

Care

Collectively, Principles 1 to 3 place the care of patients first, and recognise that pharmacists also have a role in supporting family, whānau, the wider community and public health.

Integrity

Principles 4 and 5 address professional integrity.

Competence

Principles 6 and 7 are about professional competency.

Principle 1: A pharmacist makes the health and wellbeing of the patient their first priority.

Te kaimātau rongoa – Ko te mea tuatahi, ko te oranga, ko te manaaki tangata.

Principle 1 places the health and wellbeing of patients at the centre of all pharmacy practice.

A pharmacist:

- A.** Fulfils their duty of care to the patient first and foremost.
- B.** Ensures that their duty of care is not compromised by other interests and manages potential conflicts in the interests of the patient.
- C.** Exercises compassion and care towards patients and the public in a culturally safe and responsive manner.
- D.** Supports people who are vulnerable and tailors provision of care accordingly.
- E.** Promotes patient health, well-being, and whānau ora.
- F.** Acts to prevent harm to the patient and the public.
- G.** 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.
- H.** Before recommending, supplying or promoting a medicine, complementary and/or alternative medicine or other healthcare product or service, considers available evidence, and only supplies a product when satisfied that it is appropriate, and the person understands how to use it correctly and safely.
- I.** Promotes continuity of care for patients across health sectors and providers, through appropriate referral and sharing of information.
- J.** Recognises patients' health status, abilities, cultural and social needs and provides or facilitates access to professional services delivered by the pharmacist or other appropriate services.

Principle 2: A pharmacist practises and promotes patient-centred care.

Te kaimātau rongoa – Ko te whakamana, ko te manaaki ā tangata whaiora, ko te whakamōhio te mea nui.

Principle 2 articulates that pharmacists must display respect for patients and respect diversity by avoiding discrimination on any grounds. They must also enable and involve the patient in making choices.

A pharmacist:

- A.** Respects and protects the autonomy, dignity and privacy of patients.
- B.** Recognises and respects patients' diversity, cultural knowledge and skills, gender, beliefs, values, characteristics and lived experience, and does not discriminate on any grounds.
- C.** Encourages patients to participate in shared decision-making through respectful conversations, and assists by providing information and advice relevant to the patient's clinical needs in culturally appropriate language, detail and format.
- D.** Explains the options available, including the risks and benefits, by providing information that is impartial, relevant, up-to-date and independent of any personal commercial considerations to help patients make informed decisions.
- E.** Consults with an appropriate carer or appointed agent where the patient lacks the capacity to provide consent, or wishes to have whānau or other support.
- F.** Respects the patient's choice, including the right to refuse treatment, care or advice, or to withdraw consent at any time.
- G.** Safeguards and respects the confidentiality of patients' information with appropriate security and safeguards applied to digital and hard copy information.
- H.** Refers patients to alternative providers if personal moral or religious beliefs prevent the pharmacist from providing a professional service, and appropriately facilitates continuity of care.

Principle 3: A pharmacist exercises professional judgement in the interests of the patient, family, whānau and the wider community.

Te kaimātau rongoā – Ko te matatikatanga, ko te pono o te kaimātau rongoā ki te tangata whaiora me te hāpori, te tino kaupapa.

Principle 3 supports the pharmacist's role in providing equitable and safe access to resources, recognition of Te Tiriti o Waitangi, avoidance of discrimination, and participation in public health initiatives.

A pharmacist:

- A.** Supports the right of all people, to access culturally safe and responsive, high quality professional services.
- B.** Must recognise the status of Māori and Te Tiriti o Waitangi in the New Zealand health sector and take appropriate steps to recognise and respond appropriately to the health needs of Māori including inequities in health and access to healthcare services.
- C.** Facilitates timely access to, and promotes equitable use of, healthcare resources.
- D.** Demonstrates financial stewardship of both public funding and payments contributed by patients.
- E.** Promotes and participates in public health initiatives.
- F.** Promotes professional and environmental responsibility and accountability for the control, procurement, preparation, handling, supply, storage and disposal of medicines and other healthcare products.
- G.** Contributes to the achievement of the objectives of New Zealand national healthcare strategies.
- H.** Contributes to public safety by participating in pharmacovigilance (for example, reporting of adverse events) and risk management activities.

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

Te kaimātau rongoa – Ko te pono, ko te tapu, ko te whakamāramatanga, te mana o te kaimātau rongoa.

Principle 4 requires pharmacists to manage professional and business arrangements ensuring practice environments support the interests of the patient. It also sets principles for communicating about medicines, complementary and alternative medicines and other healthcare products and services.

A pharmacist:

- A.** 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).
- B.** Provides services in an appropriate environment which reflects the character and health-related nature of the profession.
- C.** Provides accurate, truthful, relevant, and independent information in an appropriate form that is not misleading to patients, the public and/or other healthcare professionals.
- D.** Will not abuse their professional position or exploit the vulnerability or lack of knowledge of others.
- E.** Responds honestly, openly, courteously and promptly to complaints and criticism.
- F.** Avoids conflicts of interest by not offering, requesting, or accepting incentives, gifts, hospitality or referrals and by not entering business arrangements that may affect, or be seen to affect, their professional independence or judgement, or limit patients' free choice of who they use to provide healthcare services.
- G.** Declares and manages any actual, perceived or potential conflicts of interest in a clear, easy to understand, open and timely manner.
- H.** Ensures that when providing any medicine, complementary and alternative medicine, or other healthcare product or service, that the health and wellbeing of the patient or consumer is the primary consideration, and that the benefit of use outweighs the risk.
- I.** Does not engage in advertising, promotion or supply of goods or services that could include misleading or unsubstantiated claims, and/or undermine public trust in the profession.
- J.** Ensures business practices are conducted primarily in the best interests of patient and public health.

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

Te kaimātau rongoā – Kia whai tika, kia mau ki te mana o te ao o ngā kaimātau rongoā.

Principle 5 sets out that the pharmacist is responsible for their professional decisions, delegating work appropriately, compliance with legal obligations and health and safety laws, and for good communication within the pharmacy profession and between all health professionals.

A pharmacist:

- A.** Exercises professional autonomy, objectivity and independence.
- B.** Must not override the professional autonomy of another pharmacist or other healthcare professional unless patient safety is compromised.
- C.** Fulfils all legal obligations.
- D.** Ensures that all professional activities are covered by appropriate professional indemnity arrangements.
- E.** Behaves in a manner that clearly demonstrates responsibility and accountability for all decisions made and actions taken in their professional practice.
- F.** Communicates with team members regarding each person's responsibility and line of reporting, and only delegates tasks to team members with appropriate qualifications, ability and experience.
- G.** Is responsible for actions of staff under their supervision.
- H.** Raises concerns and takes appropriate steps if policies, systems, working conditions or the actions of others may compromise patient care or public safety.
- I.** Behaves with respect, and demonstrates effective communication and cooperation with all team members and other health professionals.

Principle 6: A pharmacist demonstrates a commitment to continual professional and personal development to enhance pharmacy practice.

Te kaimātau rongoa – Kia whakapiki te mātauranga o ngā kaimātau rongoa, ki tō rātou umanga, hei puāwai.

Principle 6 requires a pharmacist to commit to ongoing professional development and development of the profession. They must maintain up-to-date knowledge of clinical practice, relevant legislation, regulations, codes and Pharmacy Council standards, protocols, statements and guidelines. They must also support colleagues and refer unethical or harmful behaviour to the Pharmacy Council or the relevant authority.

A pharmacist:

- A.** Maintains contemporary knowledge of evidence-based practice.
- B.** Manages personal health and wellbeing to ensure there is no negative impact on professional practice.
- C.** Is accountable for practising safely and providing professional services only within their own scope of practice, and for maintaining professional competence relative to this scope of practice.
- D.** Commits to lifelong learning and self-development consistent with their role, responsibility and their scope of practice.
- E.** Commits to the development and enhancement of the profession and participates in activities to that effect, for example: staff training; acting as a preceptor; mentoring students, interns and colleagues; and promoting the roles and responsibilities of pharmacists to patients, the community and other health professionals.
- F.** Recognises behaviour in themselves or colleagues which indicates a need for referral, advice or support, and exercises their statutory obligations to limit their own practice accordingly, or to make a health referral of a colleague.

Principle 7: A pharmacist works collaboratively with others to deliver patient-centred care and optimise health outcomes.

Te kaimātau rongoā – Kia mahi tahi, ko te whakawhanaungatanga o te katoa, i roto i te ao oranga, te ngako o te manaaki ā tangata whaiora.

Principle 7 requires a pharmacist to collaborate with their patients and other health professionals to deliver improved health outcomes and timely coordinated care.

A pharmacist:

- A.** Plans and manages professional activities according to the needs of patients and the public.
- B.** Exercises independence and professional judgement working within their scope of practice when providing support and advice to other health professionals.
- C.** Respects and acknowledges the expertise of other health professionals.
- D.** Establishes good working relationships with other health professionals and others to enable consultation, communication and collaboration to optimise health outcomes with the patient.
- E.** Attains and maintains the highest possible degree of ethical conduct and avoids any conduct that might bring the profession into disrepute or impair the public's confidence in the pharmacy profession, colleagues or other healthcare professionals.
- F.** 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.

Schedule to the Code of Ethics

The *Code of Ethics* is to be read in conjunction with legislation, regulations, codes and Pharmacy Council standards, protocols, statements and guidelines. This schedule provides a list of key documents – the schedule is not exhaustive and all pharmacists are expected to practise in accordance with all legislation, regulations, codes of practice and standards which impact on the practice of pharmacy and the delivery of health and disability services.

Legislation

- Commerce Act 1986
- Consumer Guarantees Act 1993
- Crimes Act 1961
- Fair Trading Act 1986
- Health Act 1956
- Health and Disability Commissioner Act 1994
- Health and Disability Services (Safety) Act 2001
- Health and Safety at Work 2015
- Health Practitioners Competence Assurance Act 2003
- Human Rights Act 1993
- Accident Compensation Act 2001
- Medicines Act 1981
- Medicines Amendment Act 2016
- Misuse of Drugs Act 1975
- Misuse of Drugs Amendment Act 2016
- New Zealand Bill of Rights Act 1990
- New Zealand Public Health & Disability Act 2000
- Official Information Act 1982
- Privacy Act 1993
- Vulnerable Children Act 2014

Regulations

- Dietary Supplement Regulations 1985
- Health and Disability Commissioner (Code of Health and Disability Consumers' Rights) Regulations 1996

- Health and Safety at Work (General Risk and Workplace Management) Regulations 2016
- Health (Needles and Syringes) Regulations 1998
- Health Practitioners Competence Assurance (Restricted Activities Order 2005)
- Health (Retention of Health Information) Regulations 1996
- Medicines (Designated Pharmacist Prescribers) Regulations 2013
- Medicines (Designated Prescriber: Registered Nurses) Regulations 2016
- Medicines (Designated Prescriber: Dietitians) Regulations 2015
- Medicines Regulations 1984
- Medicines (Standing Order) Regulations 2002
- Misuse of Drugs Regulations 1977
- The Medicines (Database of Medical Devices) Regulations 2003

Codes

- Advertising Standards Authority Inc. Therapeutic and Health Advertising Code 2016
- Health Information Privacy Code 1994
- Code of Health and Disability Services Consumers' Rights
- Ministry of Health, Code of Practice for Child Resistant Packaging of Toxic Substances, 1998

Standards

- Health and Disability Services – Pharmacy Standards NZS 8134.7:2010

Government Strategies

- Pharmacy Action Plan 2016-2020
- New Zealand Health Strategy 2016
- Implementing Medicines New Zealand 2015-2020
- He Korowai Oranga: Māori Health Strategy 2014
- New Zealand Disability Strategy 2016-2026

Pharmacy Council and joint statements, guidelines and protocols¹

- Complementary and Alternative Medicines (CAM) Statement and Protocol for Pharmacists 2017
- Competence Referral to the Pharmacy Council Guide 2013
- Health Equity Statement 2013 (Pharmacy Reference Group for the Implementation of the Strategy for Māori Health (PRISM))
- Protocol for the Sale and Supply of Pharmacist Only Medicines for Chronic Conditions 2017

- Social Media and the Pharmacy Profession 2012
- Sale of Codeine Containing Analgesics 2016 (Pharmacy Council & Pharmaceutical Society Inc.)
- Statement on Cultural Competence 2011
- Statement on Promotion and Supply of Medicines over the Internet 2015
- Statement on Raising Concerns with Prescribers 2015
- Workplace Pressures in Pharmacy – Practical advice for New Zealand pharmacists 2012

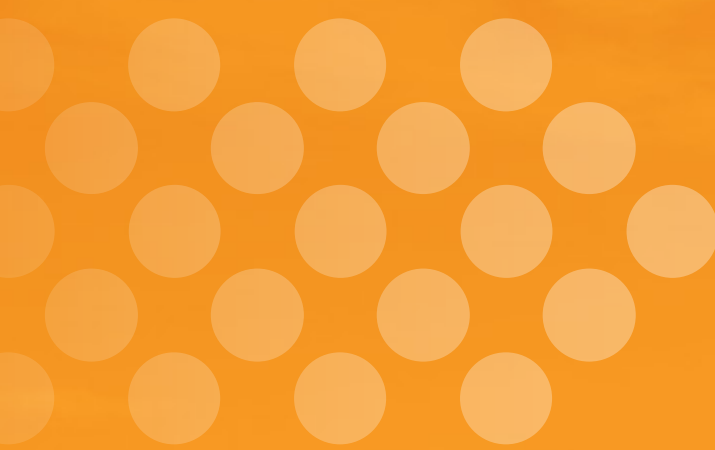
International

- United Nations Convention on the Rights of Persons with Disabilities (ratified by New Zealand in 2008).
- United Nations Declaration on the Rights of Indigenous Peoples (adopted by New Zealand in 2010)

Sector Strategies

- Māori Health Strategy for the Pharmacy Profession 2007
- Strategy for Māori Health – (PRISM)

¹ Please note that all statements, guidelines and protocols were correct at the time of printing. Please refer to the Pharmacy Council's [website](#) for the latest version.



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