



PSNZ submission to Pharmacy Councils proposed increase in APC fee for 2023-2024 December 2022

The Pharmaceutical Society of New Zealand welcomes the opportunity to respond to the Pharmacy Councils consultation. The Society has some thoughts, which the Pharmacy Council Executive may wish to consider when reviewing the feedback.

The Council state that they follow the Controller and Auditor-General's "[Good Practice Guide for setting and administering fees and levies for cost recovery](#)". Please can the Council explain their "policy basis" for the fee increase, in accordance with Section 3.35 of the above guideline? We would also like to understand the "practical and efficient choices that were made to ensure the administrative costs are not too high" (Section 3.36). Specifically, the full justification for the increase in governance fees and expenses and salaries, with the current economic climate effecting all parts of the sector. Please can the Council clarify if their proposed salary uplift is related to additional FTE within the organisation or recognition of work undertaken by the current staff?

Please can the Council provide more information on the number of overseas practitioners seeking to move to Aotearoa, the cost this has incurred on their organisation and how this has created a requirement to increase fees? The Pharmacy Council Workforce Demographic Report [for 2022](#) listed 25 Pharmacists under this category, of which 10 were through REQ, 6 through TTMRA and 9 through Non-REQ route. The number of overseas pharmacists has only increased by 3 pharmacists [since 2021](#) and actually decreased by 14, since 2020. It is not clear what additional work would be required by the Pharmacy Council to justify an uplift the fees in 2023/24 for approximately 3 more people than in 2021.

The Society is supportive of the Pharmacy Councils' responsibilities under [Section 118](#) (Functions of authorities) under the Health Practitioners Competence Assurance Act 2003 with the purpose to protect the health and safety of members of the public. However, the Society have become aware that the Pharmacy Council provided a grant (PCNZ-opt-001) to Auckland University to undertake a study looking at "Community Pharmacists' beliefs about suboptimal practice during the times of COVID-19". Please can the Pharmacy Council explain why this work was commissioned under the HPCA using APC fees? It would also be useful to understand what they are planning to do with the results, especially around pharmacy workforce, resourcing for continuity of care and succession planning identified. It is our understanding that this type of work and research is not the role of the Responsible Authority under HPCA.

Please can the Pharmacy Council provide the Society with a breakdown of the information technology costs of service support agreements, specifically for each system listed in their consultation document? The Society are concerned that MyRecert has been included as part of the justification for increasing information technology costs. The Pharmacy Council's Newsletter from [October 2020](#), stated that "Council will absorb costs of the recertification and technology requirements within existing budgets. Any increases to APC fees will be unrelated to the new recertification framework". The increased cost for MyRecert in 2023/24 being passed to pharmacists through an APC fee increase does not align with the Councils statement from 2020.

The Society supports the development and embedding of Council's Te Tiriti obligations across all of its regulatory functions and look forward to seeing the outcomes of this work.

Before the Pharmacy Council decided to bring the key accreditation standards and systems framework in-house they were operationalised by the Australian Pharmacy Council. Please can the Pharmacy Council explain why there is now an additional cost to the profession? Local implementation is likely to be more cost effective than outsourcing the requirements and therefore

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there should be a saving, which should be passed back to the profession as part of the partial cost recovery activity.

During 2022, the Society has asked the Pharmacy Council to review the scopes of practice, to enable a more effective workforce and help meet the needs of patients. The Governments [proposed net benefits](#) from Pharmacists prescribing under a designated role within the current established scope and training has not been achieved and the workforce has not grown as predicted. Despite this request and others, we have noticed that the Pharmacy Council have chosen not to include this within their "review and development" proposals. Please can the Council explain why this has not been included, despite a request for this work to be considered by the profession?

The Society would also like to understand what the Pharmacy Council consider as a particular focus, involving issues of medicines management, and the evidence behind why a decision has been made to explore this area under Section 118 of the HPCA Act?

However, of more significant concern to the Society is the lack of response or plan from the Pharmacy Council regarding the large number pharmacists who are not accessing professional support, identified by the Pharmacy Council during their APC renewal survey and the impact this will have on the health and safety of members of the public, which is a critical function for the Responsible Authority under the HPCA Act.

As part of the Pharmacist APC renewal process during 2022, the Pharmacy Council asked all pharmacists a mandatory question relating to their access to professional support. The Council were of the view that it is vital that pharmacists have access to accurate and timely practice information to remain up-to-date with the knowledge and skills required for safe and contemporary practice.

The Council's fundamental issue was they were concerned that the practice of pharmacists who do not have ready access to high quality professional and technical advice (i.e. isolated pharmacists) posed a risk to the public (most particularly in these rapidly changing times where technical advice is changing/updating frequently).

They were also aware that a lack of access to contemporary knowledge and upskilling would result in practice that not only does not keep up with the fast-changing pharmacy environment, but actually deteriorates over time. The Council had seen trends of this nature via their analysis of complaints and notifications. They were of the opinion that no data currently existed to quantify the level of engagement pharmacists had with professional support and because of this they thought it was appropriate for the Council to seek further information on this important contributor to risk.

From the results of the survey the Council are now aware that 766 (18%) of their registered pharmacists currently have no professional support or robust mechanisms to receive consistent and appropriate information, in order to undertake their roles and functions safely as a practicing pharmacist. The Society would like to understand what action the Pharmacy Council will be taking to address this professional gap and as a result mitigate the potential risks to the public. The Society are also of the opinion that this should be contained with the Pharmacy Councils business as usual approach and not result in an increase in fees to deliver on this area of concern.

The Society supports the Councils consideration of an alternative approach to fee setting and request that they consider a three year approach, but with the aim to reduce the annual APC, or maintain the status quo at the current level, in terms of payments required by pharmacists over those three years.

We look forward to the Pharmacy Councils consideration of our feedback.

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