2010

National Competency Standards Framework for Pharmacists in Australia

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AUSTRALIAN ASSOCIATION OF CONSULTANT PHARMACY

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Comments

Any comments about the *National Competency Standards Framework for Pharmacists in Australia 2010* may be sent at any time to the Pharmaceutical Society of Australia, the custodian of the document on behalf of the pharmacy profession.

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Section 1 – The Competency Standards Framework

1.1 Introduction

Pharmacists are health professionals who possess a unique and complex body of knowledge and skills which they apply on behalf of other members of the community to optimise health outcomes from medicines. This commitment to act in the service of others carries with it an obligation to do so in accordance with expected behaviours as set down in professional codes of conduct/ethics. It also carries with it a fundamental ethical obligation to maintain professional competence and to practise within these limits.

The concept of competence is not new but has gained more prominence in recent years through initiatives such as competency-based training, credentialing and professional registration. Past efforts to articulate competency standards for pharmacists in Australia have focussed on showing the scope of professional practice possible. The 2003 version relied heavily on the format adopted in the Australian National Training Authority Training Package guideline. This approach describes professional practice by breaking down complex professional functions into a series of related tasks. Although such an approach is useful for supporting the description and measurement of practice it also tends to understate the inherent integration of tasks and the complex conceptual, analytical and behavioural functions that underpin professional service delivery. This 2010 version of the competency standards builds on past efforts but includes modifications to improve useability and to take account of national and international developments.

The value of competency standards rests with their capacity to support and facilitate professional practice and growth, in the interests of public safety. As professional practice changes and evolves, so too do the competencies for pharmacists. These competency standards are dynamic and subject to review at regular intervals as Australian health care and society changes.

1.2 Competency and Quality Standards for the Practice of Pharmacy

Competency Standards describe the skills, attitudes and other attributes (including values and beliefs) attained by an individual based on knowledge (gained through study at university) and experience (gained through subsequent practice) which together enable the individual to practise effectively as a pharmacist.

In contrast, professional practice standards relate to the systems, procedures and information used by pharmacists to achieve a level of conformity and uniformity in their practice. They allow pharmacists to reflect on and measure their professional practice against quality indicators. That is, they serve as a self-assessment quality audit tool for members of the profession to improve the quality of the professional services they provide.

There is an inherent assumption that pharmacists using the professional practice standards are competent. Personal competence and the adoption of quality standards are both required to ensure professional services deliver optimal health outcomes for consumers.

1.3 Key Influences

In this and all previous reviews of the competency standards the content of the standards has been guided by two key resources. The first of these is a key statement on the practice of pharmacy (updated) below:

Pharmacists use their expertise in medicines to optimise health outcomes and minimise medication misadventure. They apply their knowledge of poisons to promote their safe use and avoid harm to users and others in the community.

The practice of pharmacy includes the custody, preparation, dispensing and provision of medicines, together with systems and information to assure quality of use.

As readily accessible health professionals, pharmacists provide primary health care including education and advice to promote good health and to reduce the incidence of illness.

A sound pharmaceutical knowledge base, effective problem-solving, organisational, communication and interpersonal skills, together with an ethical and professional attitude, are essential to the practice of pharmacy.

The other key resource is the *National Medicines Policy* the aim of which is to "meet medication and related service needs, so that both optimal health outcomes and economic objectives are achieved for Australians". One of the four arms of the Policy is the Quality Use of Medicines (QUM), which means:[1]

- selecting management options wisely;
- choosing suitable medicines if a medicine is considered necessary; and
- using medicines safely and effectively.

1 National Medicines Policy: Quality Use of Medicines. Summary information available at: www.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm

Pharmacists practise in settings that support all four arms of the National Medicines Policy.

The definition of practice as a pharmacist adopted by the Pharmacy Board of Australia (PBA)[2] provides important additional context for this competency standards framework.

> *Practice as a pharmacist means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a pharmacist in their profession. For the purposes of […] registration […], practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles; and any other roles that impact on safe, effective delivery of services in the profession and/or use of their professional skills.*

1.4 Requisite Knowledge, Skills and Attributes

Any person seeking registration as a pharmacist must have successfully completed a university course accredited by the Australian Pharmacy Council (APC), or other course deemed by the registering authority to be of a similar standard. Courses of study consist of an integrated set of applied disciplines, underpinned by the study of a number of enabling basic disciplines; the latter required to adequately understand the applied disciplines. Both the applied disciplines and enabling disciplines (see Appendix 3) will be represented within the curricula of Australian pharmacy courses.

Within the Australian Qualifications Framework, learning outcomes are promoted as a means of describing the outcomes of a qualification and comparing qualification types. Learning outcomes encompass the three dimensions of:

- **K**nowledge – what students know or understand;
- **S**kills – what students can do or how they apply their knowledge and understanding; and
- **C**ompetencies – the context in which knowledge and skills can be applied. This dimension includes both specific and generic competencies, the latter often referred to as graduate attributes or qualities in the higher education sector.

Together, these dimensions are known as the KSC taxonomy of learning outcomes.

APC has developed accreditation criteria which specify the generic attributes and pharmacy specific learning outcomes expected of pharmacy schools in Australia. A related set of learning outcomes has also been developed for Intern Training Program (ITP) providers to ensure that after intern training, new graduates are able to satisfy the competencies for initial registration as a pharmacist. The APC material can be viewed at: www.pharmacycouncil.org.au

The generic attributes are usually embedded within the competency standards. They encompass attributes that underpin every aspect of professional performance including the ability to communicate effectively, the capacity to problem-solve, and the professional and ethical attitudes needed to exercise judgement and accept responsibility and accountability.

The following skills and attributes[3] are considered to be of particular significance for pharmacy practice:

Numeracy – the ability to understand basic mathematical relationships and perform calculations, order of magnitude awareness and estimations and correct use of Standards. It encompasses the ability to interpret, select and investigate appropriate mathematical information and relationships that are highly embedded in an activity, item or text.

Calculations – the ability to demonstrate the process involved in calculations, calculate medicine doses and dosage regimens accurately, carry out dosage calculations and adjustments in special consumer populations and accurately complete worksheets for the preparation of pharmaceutical products.

Communication – the ability to effectively communicate in English information, arguments and analyses. It encompasses the capacity to participate in sustained and complex oral transactions demonstrating flexible and adaptive techniques as well as the ability to generate written texts that clearly express complex relationships between ideas and purposes.

Information literacy – an understanding of information literacy and specific skills in acquiring, reviewing, organising and presenting or using information effectively. It encompasses the capacity to read, interpret and critically evaluate material containing complex propositions, ideas or abstractions in written, diagrammatic or other visual form.

From 2011 the Tertiary Education Quality and Standards Agency will oversee the Australian Government's new standards-based quality assurance program for academic standards. The Learning and Teaching Academic Standards Project was established to define the applicable academic standards. These will be expressed as a set of threshold learning outcomes (TLOs) common to the health, medicine and veterinary science disciplines.

To date, six TLOs have been developed. They reflect competence that is shared by graduates of these disciplines and have been developed through review of as many discipline standards and competencies as possible and consultation with discipline communities. The previous (2003) version of these competency standards was one of the resources reviewed. In revising the competency standards every effort has been made to ensure alignment with the TLOs is sustained.

1.5 Professional Practice in Focus

1.5.1 Measuring performance

Competence is generally taken to mean that an individual possesses the required knowledge, skills and attributes sufficient to successfully and consistently perform a specific function or task to a desired standard. Inherent

[2] Pharmacy Board of Australia. Professional indemnity insurance arrangements standard. Available at: www.pharmacyboard.gov.au under "Registration Standards".

[3] Sourced primarily from the APC teaching and learning outcomes.

to the concept of competence is the inference of assessment of performance in a given circumstance against a specified external measure.

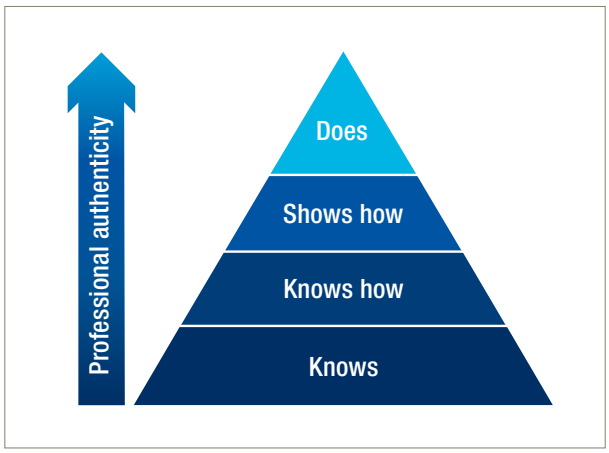
The Competency Standards in this National Framework include performance criteria that specify the level of performance expected of a competent pharmacist. They focus only on key aspects of performance and express what a competent professional would do in terms of observable results or behaviours. This allows the Competency Standards to serve as the external measure of expected performance against which actual performance can be assessed.

1.5.2 Defining 'advanced' practice

It is not intended to determine here how 'advanced' pharmacy practice will be identified and recognised. That remains a future task for the pharmacy sector. However, changes in practice and the practice environment since the last review of the Competency Standards have been considerable. It is therefore timely to consider how the well accepted concept of 'advanced' pharmacy practice might be described or defined.

In a model of competence proposed by Miller[4] (refer to Figure 1 below) a distinction is made between competence and performance. Under the model a practitioner may be able to demonstrate competence by being able to explain or show a professional capability ('knows' or 'shows how') if required, but until they integrate that capability as a regular part of their practice ('shows how' and 'does') it cannot be seen as performance. Under this scenario, it is possible for one practitioner to demonstrate competence in a given scope of practice as defined by the competency standards but for another practitioner, who has accumulated expertise through clinical experience, to demonstrate much higher levels of performance across the same scope of practice. For this reason it is inappropriate to try to define 'advanced' practice by relying exclusively on the use of competency standards.

Figure 1: A simple model of competence



Professional performance is a dimension of professional practice that is underpinned by the expertise of the individual. It exists as a continuum from the lowest to the highest levels of professional performance. Progression within the continuum is a function of sustained practice and experience leading to enhanced expertise.

Within the performance continuum, usually observed behaviours would be regarded as 'general' level performance and the term 'advanced' performance would be applied where professional practice behaviours are beyond those usually observed. This concept underpins the definition of advanced practice developed by the Royal Pharmaceutical Society of Great Britain,[5] an adaptation of which appears below.

> *Advanced Practice is practice that is so significantly different from that achieved at initial registration that it warrants recognition by professional peers and the public of the expertise of the practitioner and the education, training and experience from which that capability was derived.*

A number of approaches have been used by different health professions for describing 'advanced' practice. The competency standards for advanced practice have been described for nursing in Australia (enrolled nurse/ advanced enrolled nurse; registered nurse/advanced registered nurse) using discrete sets of competencies. A three level (foundation, excellence and mastery) competency standard framework has been developed for 'advanced' pharmacy practice in the UK by the Competency Development and Evaluation Group. The Group has also developed competencies for 'general' level practice but using a different competency set.

The Pharmaceutical Society of New Zealand developed, in 1999, a single competency standard set to recognise three levels of expertise by creating three performance levels (Pharmacist, Practitioner Pharmacist and Specialist Pharmacist). This concept was replaced in 2006 by a new medicines management competence framework developed by the Pharmacy Council of New Zealand (see www.pharmacycouncil.org.nz/comp_framework).

The use of a single competency standard set is favoured and seen as the logical way forward since it:

- reinforces the concept that it is performance rather than scope of practice that determines whether practice is 'advanced';
- is supportive of the view that expertise and performance operate on a continuum;
- presents 'advanced' performance criteria in a manner that is likely to be aspirational for pharmacists; and
- consolidates the value of the National Competency Standards Framework for supporting and facilitating professional practice and growth in the interests of public safety.

1.5.3 Recognition of 'advanced' practice

The legislation supporting the operation of the national health profession registration boards provides for a number of different categories of registration, including provisional, general and non-practising. Use of the term 'specialist' is strictly controlled under the legislation. While some professions, most notably medicine and dentistry,

[4] Miller GE. The assessment of clinical skills/ competence/ performance. Acad Med (Supp) 1990; 65:S63-7.

[5] Royal Pharmaceutical Society of Great Britain. Pharmacy practice 2008: medicines focussed and patient centred. Pharmacy Practice Framework. February 2009. Available at: www.rpsgb.org.uk/pdfs/practiceframework.pdf

have this category specifically recognised in the legislation a case for 'specialist' recognition by any other profession must be made to the Ministerial Council.

Endorsements to registration are also available in some instances (currently available for scheduled medicines, nurse practitioners and midwife practitioners) but these too are subject to Ministerial Council approval. Recognition of 'advanced pharmacy practice' would involve the PBA acting in the interest of public safety to receive, consider and facilitate a submission to the Ministerial Council of proposals for endorsement. The task of identifying how 'advanced' practice is recognised is one for the profession. That being the case, the PBA would look for evidence that any proposal for endorsement had been developed through a consultative process within the pharmacy sector. However, the Board may determine the exact requirements for any endorsement to registration. These requirements are likely to encompass issues such as:

- definition of the area of practice;
- recognition of prior learning/extra qualifications;
- recency of practice;
- maintenance of competence (experiential and continuing professional development (CPD);
- credentialing standards; and
- period of validity of endorsement.

Whatever the requirements, the term 'advanced professional practice' should evoke the view of a practitioner who demonstrates higher levels of knowledge and skill over an extended period of practice and the attitudes and behaviours reflective of a deep understanding of the nature of and need for professionalism in practice – that is, they are committed to the sustained pursuit of excellence.

1.5.4 Advanced practice and 'specialisation'

It is well recognised within and beyond the pharmacy sector that the scope of practice of pharmacists has changed considerably over recent years. Associated with that change in scope has been an increasing tendency for pharmacists to choose to focus on particular areas of practice such as management, compounding or medication management. In limiting their scope of practice pharmacists afford themselves the opportunity to increase their expertise and improve their performance. This is probably the reason that a narrowing in scope of practice or 'specialisation' in practice is often seen as being synonymous with 'advanced' practice. This is reinforced by the medical model where 'specialisation' is synonymous with enhanced expertise through advanced training.

However, 'specialisation' refers only to scope of practice rather than level of performance. Also, 'specialisation' of itself does not confer additional expertise. It therefore follows that 'specialisation' can occur without any associated enhancement in performance. To avoid confusion it is therefore considered preferable to discuss professional practice in terms of **scope of practice** and **performance level**.

1.5.5 Scope of practice

The competency standards presented in this National Framework cover areas in which a majority of pharmacists practise, as well those in which only a limited number practise. The Framework describes, ***in generic terms***, the knowledge, skills and attributes that are central to pharmacists performing effectively and to an acceptable standard across a range of professional practice activities in Australia.

The particular competencies required by any pharmacist will depend on their **scope of practice** – that is the professional roles they perform or services they provide. The National Framework therefore serves as a point of reference and guide to members of the profession and other stakeholders.

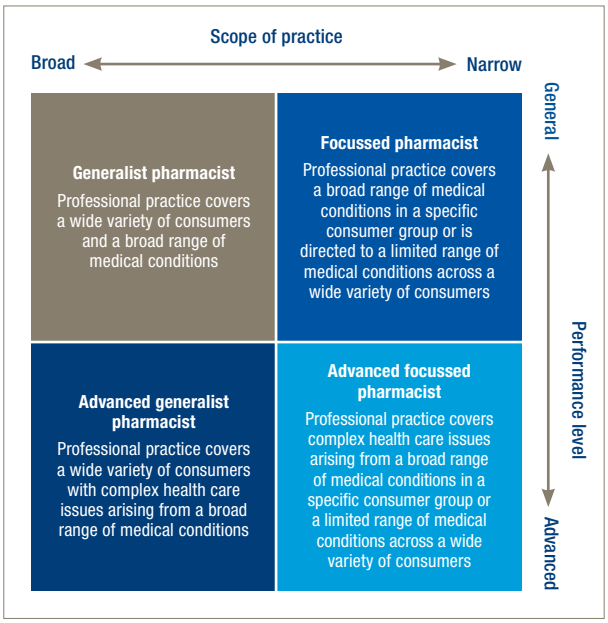
Individuals and organisations will select from the Framework those competency standards relevant to the role(s) or professional services of interest ***and customise them for use in their particular setting***. The scope of practice may be broad and extend across all eight Domains or it may cover only 3–4 Domains in which case scope of practice would be considered relatively narrow.

1.5.6 Profiling professional practice

Performance level has been presented as a dimension of professional practice that is underpinned by the expertise of the individual practitioner. As described above, scope of practice is a dimension of professional practice that can be defined through the Domains of the Competency Standards. Together, the two dimensions of scope of practice and performance level describe the professional practice profile of a pharmacist (refer to section 1.8 *Developing a Professional Practice Profile*).

Figure 2 has been adapted from a model developed by the Council on Credentialing in Pharmacy in the US.[6] It shows how the two dimensions, breadth or scope of practice and performance, can be captured to classify professional practice into a number of broad categories – generalist pharmacist, advanced generalist pharmacist, focussed pharmacist and advanced focussed pharmacist.

Figure 2: Using scope of practice and performance to define practice type



[6] Council on Credentialing in Pharmacy. Scope of contemporary pharmacy practice: roles, responsibilities, and functions of pharmacists and pharmacy technicians. J Am Pharm Assoc 2010; 50:e35–e69.

1.6 The Competency Standards in Professional Life

Although the competency standards are embedded in every aspect of a pharmacist's professional life, most pharmacists remain relatively unaware of their influence or presence. Figure 3 below is a visual representation of how broadly the competency standards underpin the structures and systems applied to professional activities. It is hoped this diagram will enhance the perception within the profession of the way in which the competency standards underpin current practice but also serve as the 'key' for opening up future practice opportunities.

1.7 Application of this Framework

The potential applications of the *National Competency Standards Framework for Pharmacists in Australia 2010* are set out in Figure 4. The Framework has been prepared to be as flexible as possible. A prescriptive approach to advising how to use the competency standards has been avoided in favour of providing more general guidance.

1.7.1 Initial, and restoration of, registration

It is expected that individuals seeking registration in Australia for the first time and those being considered for restoration to the register after a non-practising period would need to demonstrate competence at the general performance level. This will ensure that new registrants have a broad and sound basis on which to enter the many areas of practice now available to the profession. The applicable standards are highlighted in section 2.3 through the use of shading.

1.7.2 Intern training

ITP providers can use the standards to develop their courses in a way that assists interns to integrate their academic training into professional practice. This is important for preparing interns for the assessment procedures conducted by, or on behalf of, the PBA.

1.7.3 Re-registration

After first registration, pharmacists enter the profession and gain experience in one or more areas (e.g. hospital practice, community practice). Many go on to practise in highly defined areas (e.g. drug information, medication management reviews and management). A competency based re-registration process requires pharmacists to demonstrate ongoing maintenance of competence. It is envisaged that the PBA will expect pharmacists to use this Framework to show the competency standards relevant to their area of practice (with selected elements and performance criteria) and to provide evidence in support of ongoing competence.

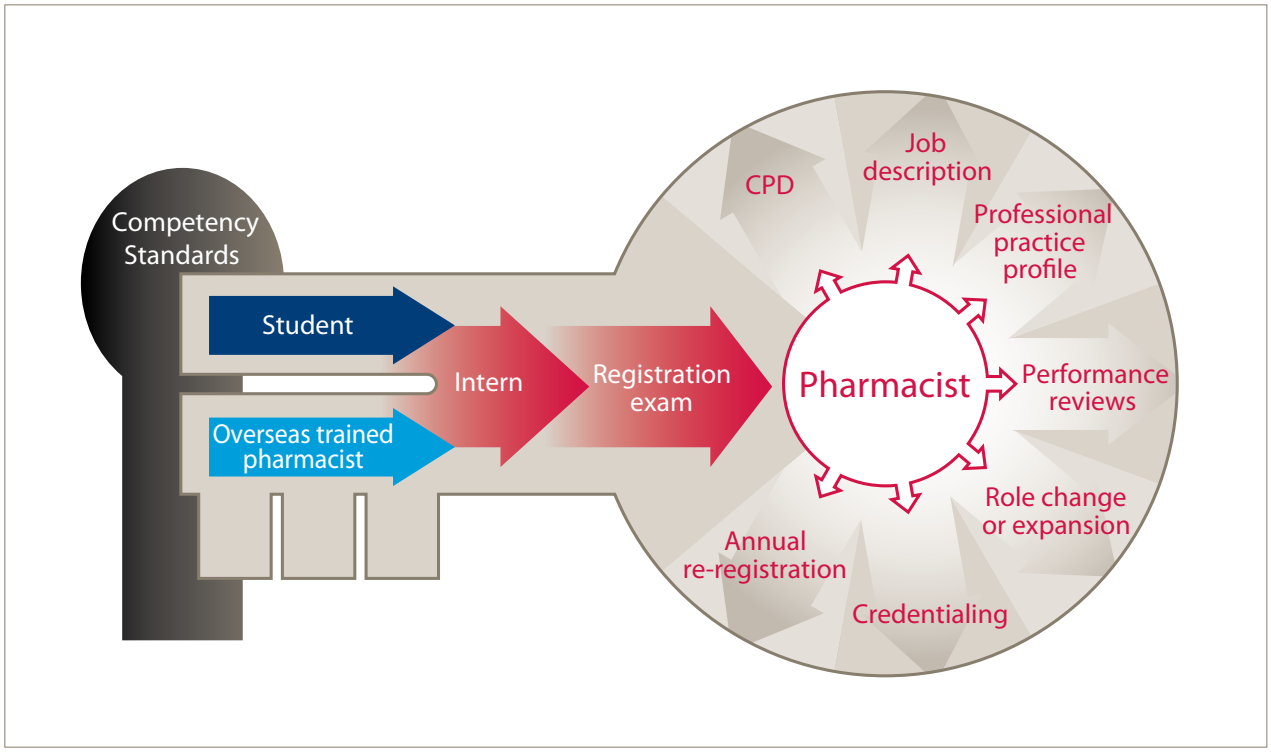
1.7.4 Retention of registration while not practising

Domain 1 Professional and ethical practice and **Domain 2 Communication, collaboration and self-management**, are considered to apply universally to all areas of practice. Therefore, pharmacists wishing to remain on the register as non-practising would be expected to at least maintain competency in these 'universal' Domains.

1.7.5 Credentialing for the provision of specific services

It is envisaged that a process similar to that required for initial and re-registration will be undertaken by

Figure 3: The lock and key model of pharmacists' competency: a diagrammatic representation of a pharmacist's professional life and the competency standards



credentialing authorities for particular areas of practice (e.g. accreditation through the Society of Hospital Pharmacists of Australia and the Australian Association of Consultant Pharmacy for undertaking medication management reviews).

1.7.6 Employers

Employers seeking pharmacists to work in particular areas (e.g. drug information, cytotoxic product preparation, advanced management) can use relevant standards (with selected elements and performance criteria) to prepare job descriptions, support recruitment processes and assist performance appraisals.

1.7.7 Continuing professional development

Individual pharmacists can use the Framework to guide professional development. By using the process described in section 1.8 a professional practice profile can be created to show the competency standards relevant to the role performed or services provided. Areas in need of further development can be identified through self-reflection or through performance appraisal. These serve as the basis for developing a personal learning plan to guide the selection of relevant CPD activities.

Providers of CPD activities and courses greatly enhance the relevance of their offerings by ensuring the competency standards addressed by each activity or course are clearly specified.

1.8 Developing a Professional Practice Profile

The Competency Standards in this Framework describe, in generic terms, the competencies that are central to pharmacists performing effectively in contemporary professional practice. However, they can be customised, through a six step process, to create a professional practice profile that shows the competencies required for specific roles, positions or services.

Step 1: Select Domains containing relevant Standards.

The selection must include Domains 1 and 2 which have been deemed to be universally applicable to all areas of practice.

Step 2: Select the Standards from each Domain that define the key activities of the role or service under consideration.

The selection must include all Standards in Domains 1 and 2.

Step 3: Assess and select the Elements that represent the building blocks for describing the Standard as it applies to the role or service under consideration.

Step 4: Assess and select the Performance Criteria that specify the required level of performance and represent the behaviours expected to be seen in a competent practitioner.

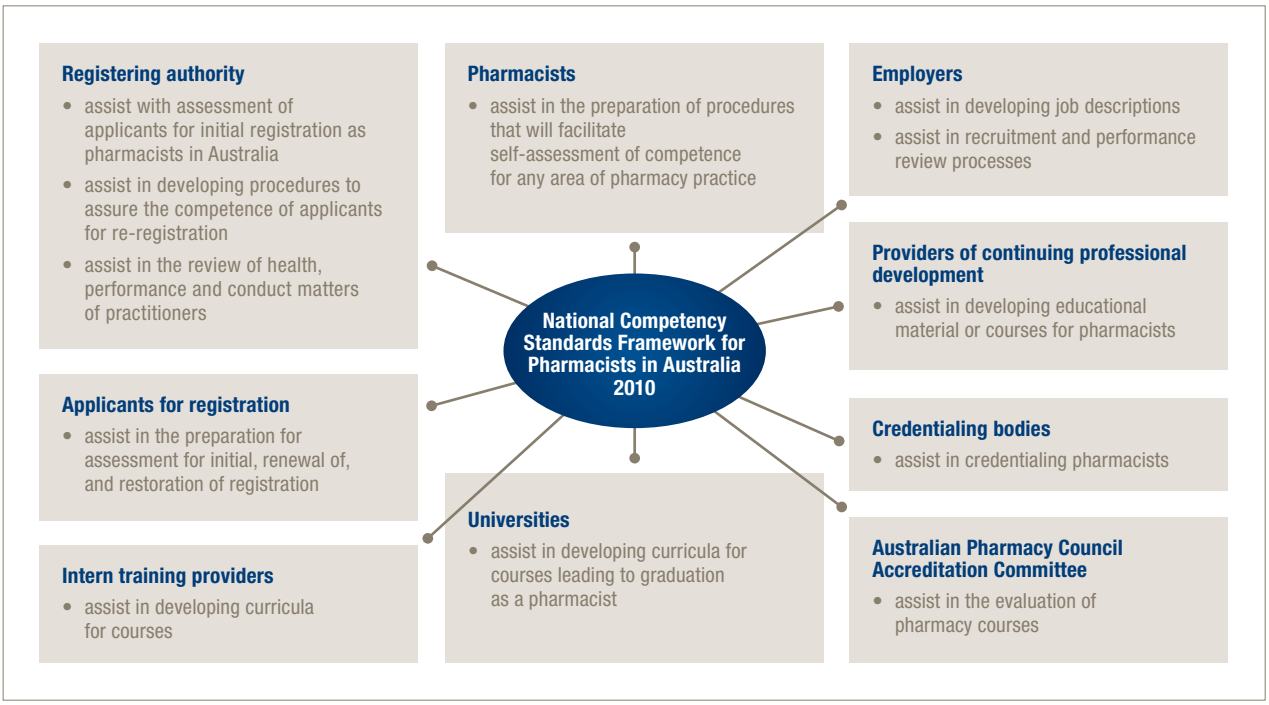
Where unshaded Performance Criteria are selected, the shaded Performance Criteria for that Element (i.e. applicable to initial registration) MUST also be selected.

Step 5: **Review and amend** the Evidence Examples to ensure they are directly related to the Performance Criteria and specific to the expected role or service.

As Evidence Examples are designed to guide assessment in the workplace it is appropriate that they are customised to provide relevant indicators for the role/service and the particular work environment.

Step 6: Use the selections made in steps 1–5 to complete a professional practice profile of the type presented in the following examples.

Figure 4: Applications for the *National Competency Standards Framework for Pharmacists in Australia 2010*



1.8.1 Examples of professional practice profiles

The professional practice profile of a pharmacist can be presented visually as shown below. It should be noted that this type of visual representation of practice addresses both scope of practice and performance level. There are many assumptions underlying the examples presented here. Therefore, they should not be applied to any individual without first checking the relevance of the selection made.

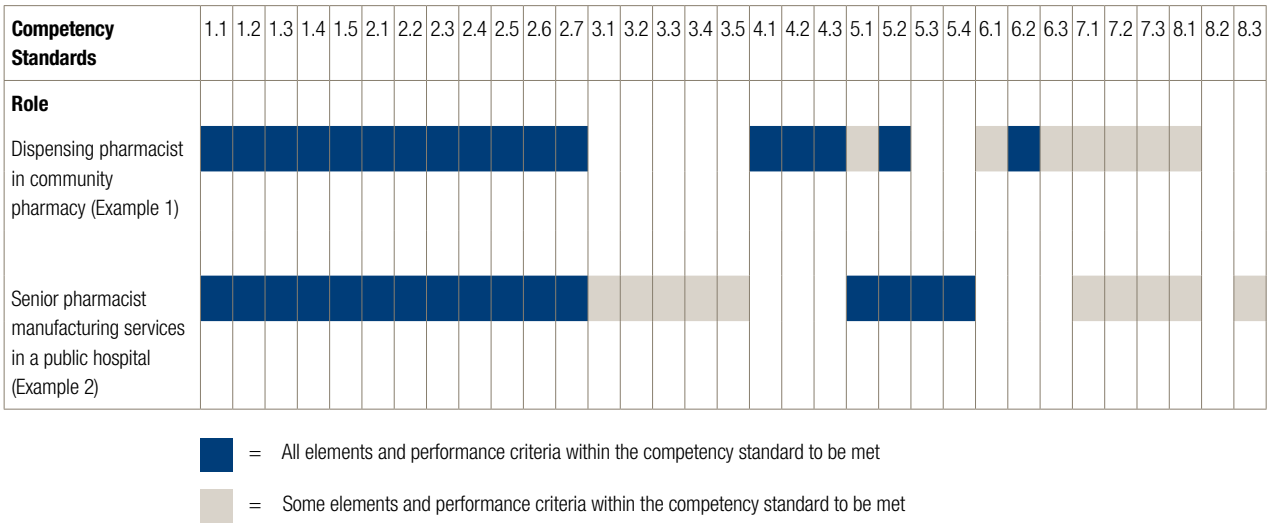
Example 1: Professional Practice Profile – Dispensing pharmacist in community pharmacy

Domain (* = universally applicable)	Standards	Elements	Performance Criteria
1 – Professional and ethical practice*	All	All	All
2 – Communication, collaboration and self-management*	All	All	All
4 – Review and supply prescribed medicines	All	All	All
5 – Prepare pharmaceutical products	5.1	1 2 3 4 5 & 6	1 & 2 1–3 1–4 1–5 All
	5.2	All	All
6 – Deliver primary and preventive health care	6.1	1 2 & 3	1–3 All
	6.2	All	All
	6.3	1 & 3 2	All 1
7 – Promote and contribute to optimal use of medicines	7.1	1 2 3 4	1, 3–5 1, 3–10 1 & 2, 4–6 All
	7.2	1, 2 & 4 3	All 1–3, 6 & 7
	7.3	1 3	1 1
8 – Critical analysis, research and education	8.1	2 3 4	1–3, 5 1 3–5

Example 2: Professional Practice Profile – Senior Pharmacist Manufacturing Services in a public hospital

Domain (* = universally applicable)	Standards	Elements	Performance Criteria
1 – Professional and ethical practice*	All	All	All
2 – Communication, collaboration and self-management*	All	All	All
3 – Leadership and management	3.1	1 & 3	All
	3.2	1 2 & 3	1–3 All
	3.3	1 2	1, 2 & 5 All
	3.4	1 2 & 3	1–5 All
	3.5	1	All
5 – Prepare pharmaceutical products	All	All	All
7 – Promote and contribute to optimal use of medicines	7.1	1 2 3	1–4 All 1 & 2, 4–6
	7.2	2 & 4 3	All 2–6
	7.3	1–3	All
8 – Critical analysis, research and education	8.1	1 2 3 & 4	1, 4 1–5 All
	8.3	1 & 2 3	All 1 & 3

The professional practice profiles on the previous page can be represented graphically.



Section 2 – The Competency Standards

2.1 The Structure of the Standards

Competency standards have been grouped together into areas of professional endeavour or domains of professional responsibility. The order in which the domains are presented is not intended to imply a hierarchy in the relative importance or relevance of the standards included in that domain. This will be established by the scope of practice of the individual pharmacist whose practice is under consideration. However, Domains 1 and 2 are deemed common to all areas of pharmacy practice.

An explanatory comment is provided for each domain and each competency standard. These provide information about scope and context to assist the assessment process.

Each competency standard describes a particular professional activity. However, because the standards are generally too large to be practicably demonstrated or assessed, they are further broken down into elements. The elements describe in more detail the range of activities or tasks within a standard. They aim to integrate the knowledge, skills, attitudes and other important attributes of professional performance in the workplace. The standards and elements are expressed in active form.

Performance criteria are assigned to the elements to show the performance expected in the workplace. They express what a competent professional would do in terms of observable results or behaviours and describe the evidence from which competent performance would be inferred. Performance criteria focus only on key aspects of performance so are indicative rather than exhaustive.

Evidence examples are intended to assist with the interpretation and assessment of performance by providing 'cues' for the assessor. For this reason they should be ***customised for the particular role or service and the workplace*** in which performance is being assessed. Evidence examples may cover aspects such as context for assessment (e.g. what types of equipment are required to establish competency) or required evidence of competency (e.g. particular aspects of knowledge or skills and their application of which evidence is required to establish competency).

As knowledge, skills and attributes required of a competent pharmacist may be the same in different areas of practice, some performance criteria and evidence examples may be repeated. This has been done intentionally so that an assessor has ready access to the most relevant cues on which to base their decision.

Domain title: The area of professional endeavour or professional responsibility covered by the Domain.

Scope: Provides an explanation of the scope and context of the Domain.

Competency Standard: Describes the professional activity which is being assessed.

Element: The Standard is broken down into a number of Elements to make it more practical for assessment purposes. Elements describe in more detail the range of activities or tasks within a Standard.

Performance Criteria: These are assigned under the Elements to show the performance in key areas expected in the workplace as observable behaviours or results. **Shading indicates they are considered to be applicable at entry-level to the profession.**

Evidence Examples: These are intended as 'cues' to assist with the interpretation and assessment of performance. As the name suggests they are examples only and must be tailored for the particular role or service and the workplace.

Domain 8 Critical analysis, research and education

Standard 8.1	Retrieve, analyse and synthesise information
Standard 8.2	Engage in health, medicines or pharmacy practice research
Standard 8.3	Formally educate and train students and healthcare colleagues

This Domain includes those Competency Standards that address the capability of pharmacists to analyse and synthesise information from medical and pharmaceutical literature. It also covers their roles as researchers and educators. In the former, they contribute to our knowledge of medicines and their use or to the further development of the profession. In the latter, they help build capability in other pharmacists and healthcare professionals and strengthen the pharmacy workforce through the support and training of students.

Standard 8.1 Retrieve, analyse and synthesise information

This Standard is concerned with the ability of pharmacists to access, analyse, interpret and synthesise clinical information and apply their professional judgement to formulate an objective and balanced written or verbal response. This activity may be undertaken as part of their own practice, to support research activities or in response to a formal request for information.

The function of providing evidence-based information, advice and recommendations will be initiated on a proactive basis by pharmacists in industry and clinical pharmacists working in health care teams to support the prescribing, administration and monitoring of medicines. In contrast, pharmacists working in a drug and poisons information service or in government (e.g. supporting the regulation of medicines within the TGA) will most often provide evidence-based information in response to a direct request. These pharmacists as well as those in rural community pharmacies may also be required to access information on chemicals that have no therapeutic use (e.g. pesticides and herbicides), particularly where humans or animals have been exposed to the chemical either accidentally or intentionally.

The critical analysis of clinical research papers depends on the application of knowledge about research methodologies and statistical techniques to form an opinion on the validity of the research and the reliability of the findings and conclusions. It also relies on the use of professional judgement to determine the clinical significance (as distinct from the statistical significance) of the findings and the degree to which findings can be extrapolated to other settings to impact on how medicines are used.

Standard 8.1 Retrieve, analyse and synthesise information

Performance Criteria	Evidence Examples
Element 1 – Manage information resources and systems	
1 Ensures information resources are sufficient and appropriate for the types of information usually requested/provided.	• Ability to justify the adequacy (e.g. relevant, current, accurate, evidence-based) of information resources held in terms of the volumes and types of information usually provided. • Ability to explain and justify the criteria (e.g. quality of content, application and limitations, and cost) applied to evaluate the likely value of potential new information resources.
2 Establishes search strategies for the most common types of information requested/needed.	• Ability to produce a search strategy for various types of information requests. • Ability to explain the logic in the cascade of information resources cited in specific search strategies.
3 Establishes conventions for setting information retrieval priorities.	• Ability to explain conventions applicable to information retrieval priorities in terms of factors such as urgency of need, complexity of information sought, coexisting work requirements and available resources.
4 Develops a medicines and health information contact network.	• Ability to describe the role/uses of information network contacts (e.g. poisons and drug information centres, community support organisations, government departments and agencies, pharmacists within an area of practice, pharmaceutical companies, medical specialists).

2.2 Summary of the Competency Standards

Note: Domains 1 and 2 (and therefore all of the shaded Standards) are considered to be universally applicable.

Domain 1	Professional and ethical practice
Standard 1.1	Practise legally
Standard 1.2	Practise to accepted standards
Standard 1.3	Deliver 'patient-centred' care
Standard 1.4	Manage quality and safety
Standard 1.5	Maintain and extend professional competence
Domain 2	Communication, collaboration and self-management
Standard 2.1	Communicate effectively
Standard 2.2	Work to resolve problems
Standard 2.3	Collaborate with members of the health care team
Standard 2.4	Manage conflict
Standard 2.5	Commitment to work and the workplace
Standard 2.6	Plan and manage professional contribution
Standard 2.7	Supervise personnel
Domain 3	Leadership and management
Standard 3.1	Provide leadership and organisational planning
Standard 3.2	Manage and develop personnel
Standard 3.3	Manage pharmacy infrastructure and resources
Standard 3.4	Manage quality service delivery
Standard 3.5	Provide a safe and secure work environment
Domain 4	Review and supply prescribed medicines
Standard 4.1	Undertake initial prescription assessment
Standard 4.2	Consider the appropriateness of prescribed medicines
Standard 4.3	Dispense prescribed medicines
Domain 5	Prepare pharmaceutical products
Standard 5.1	Consider product requirements
Standard 5.2	Prepare non-sterile drug products
Standard 5.3	Aseptically prepare sterile drug products
Standard 5.4	Prepare cytotoxic drug products
Domain 6	Deliver primary and preventive health care
Standard 6.1	Assess primary health care needs
Standard 6.2	Deliver primary health care
Standard 6.3	Contribute to public and preventive health
Domain 7	Promote and contribute to optimal use of medicines
Standard 7.1	Contribute to therapeutic decision-making
Standard 7.2	Provide ongoing medication management
Standard 7.3	Influence patterns of medicine use
Domain 8	Critical analysis, research and education
Standard 8.1	Retrieve, analyse and synthesise information
Standard 8.2	Engage in health, medicines or pharmacy practice research
Standard 8.3	Formally educate and train students and healthcare colleagues

2.3 The Competency Standards

Section 2.3 represents the **total** competency framework for the pharmacy profession. The Standards in each Domain which apply to any individual will vary depending on a number of factors including the area of pharmacy practice the person is engaged in, their scope of practice, and the stage of their professional career.

Note: In this section, the following convention has been used.

- Grey shading indicates those performance criteria which are considered to be applicable at entry-level to the profession (i.e. at initial registration).
- Terms listed in the Glossary (Appendix 2) are marked with an asterisk on first occurrence.

Domain 1 Professional and ethical practice

Standard 1.1	Practise legally
Standard 1.2	Practise to accepted standards
Standard 1.3	Deliver 'patient-centred' care
Standard 1.4	Manage quality and safety
Standard 1.5	Maintain and extend professional competence

This Domain includes those Competency Standards that address the legal, ethical and professional responsibilities of pharmacists. It encompasses the responsibility pharmacists accept as members of a profession to commit to maintaining professional competence and their obligation to uphold accepted standards of behaviour and professional practice, including those imposed through legislation. The Standards in this Domain underpin all professional activities undertaken by pharmacists.

Standard 1.1 Practise legally

This Standard covers pharmacists' application of and compliance with legislative requirements that impact on professional practice, the work environment and those other activities in the workplace, such as recruitment, staff management and workstation design, for which pharmacists may be responsible. It encompasses the requirement to practise in a manner that is consistent with codes, guidelines and standards that become part of the legislative environment for professional practice by virtue of their development and/or adoption by the registering authority (PBA).

Pharmacy practice is highly regulated by both statute law (law enacted by a legislative body) and common law (the body of law based on judicial decisions and custom). Key legislative instruments with which pharmacists should be familiar are listed at the end of this Standard. Pharmacists have a duty of care to those to whom they provide services and advice. However, the nature and magnitude of that duty of care is not clearly enunciated in any one piece of legislation. Rather, the required level of skill and care will be determined from a combination of statutory and common law and will change over time.

Codes, standards and guidelines adopted by the PBA take on the force of law and become part of the regulation applicable to professional practice. The codes of conduct/ethics established for the profession will vary in the degree to which they are relevant to the activities undertaken in the variety of workplaces in which pharmacists are employed (e.g. hospitals, clinics, community pharmacies, the pharmaceutical industry, government and the military). However, in all cases pharmacists have an obligation to act in accordance with the codes. Professional standards and guidelines adopted by the PBA provide a framework to guide professional practice. Professional practice consistent with them is one means by which pharmacists can ensure that professional services delivered to consumers*, members of the public and other health professionals are defensible and of consistent and reliable quality.

Performance Criteria	Evidence Examples
Element 1 – Comply with statute law, guidelines, codes and standards	
1 Understands the requirements of statute law, professional guidelines, codes and standards that comprise the legislative environment for practice.	• Ability to describe the key legislative instruments and their impact on professional practice and the delivery of pharmaceutical services and products. • Ability to describe requirements of professional codes, guidelines and standards adopted as part of the legislative framework for practice.

Performance Criteria	Evidence Examples
2 Applies legislative requirements directly applicable to the provision of pharmacy services.	• Ability to promptly access and correctly interpret the requirements of statute law in relation to specific situations (e.g. provision of medication management reviews in residential aged care homes (RACHs)). • Ability to describe examples of how common pharmacy practice activities are undertaken to comply with legislative requirements (e.g. storage and documentation of controlled substances, labelling of prescription medicines). • Ability to describe how legislative requirements have influenced operational policies and procedures.
3 Understands the obligations created by codes of conduct/ ethics for professional practice adopted by the registering authority.	• Ability to describe and explain the obligations created by codes of conduct/ethics. • Ability to interpret the obligations created by relevant codes in terms of specific services or situations.
4 Interprets and applies the requirements imposed by guidelines and standards adopted by the registering authority.	• Ability to describe the key requirements of relevant guidelines and standards (e.g. CPD, mandatory notifications and advertising). • Ability to describe the process required for mandatory notification of the conduct or impairment of a health practitioner. • Ability to practise in a manner consistent with the requirements of relevant professional guidelines and standards.
5 Understands the issues relevant to maintaining workplace safety.	• Ability to explain the key areas of responsibility under Occupational Health and Safety Legislation for maintaining a safe workplace. • Ability to describe features of the work environment that may impact on workplace safety (e.g. sharps and waste management, work station design, equipment design and use, security systems).
6 Accepts shared responsibility for maintaining a safe working environment.	• Ability to describe and/or promptly access risk management protocols such as those for emergencies, threats or injury (e.g. fire, bomb threat, armed hold-up, cytotoxic* spill, needlestick injury). • Ability to comply with policies and procedures intended to improve safety in the workplace (e.g. hazardous waste management and workplace access policies). • Ability to maintain immediate work environment in a clean, tidy, hygienic and hazard free state (e.g. halls and doorways free of obstacles, garbage regularly disposed of, spills promptly cleaned, equipment maintained according to manufacturers' recommended maintenance schedule).
7 Considers the responsibilities in the workplace that arise from more general statute law.	• Ability to discuss the general implications of occupational health, industrial relations and trade practices legislation (e.g. equal opportunity and fair trading provisions, obligations to provide for disabled access to facilities and services).
Element 2 – Respond to common law requirements	
1 Understands the pharmacist's duty of care to consumers and other clients of the service.	• Ability to discuss the concept of professional 'duty of care' and the legal implications of professional actions being considered 'unsatisfactory professional conduct', 'professional misconduct' or 'negligence'. • Ability to explain the purpose of professional indemnity insurance and demonstrate currency of indemnification.
2 Considers the rights, responsibilities, duty of care and/or legislative obligations applicable to other health professionals/facility personnel.	• Ability to describe factors relevant to professional service delivery that arise from the legislative obligations, rights and responsibilities or duty of care of collaborating health professionals/facility personnel (e.g. medical practitioners and nurses).
3 Responds promptly to situations of uncertainty in regard to professional conduct.	• Ability to describe the timing and order of steps to be taken in the event of an error, potential misadventure and/or claim of professional misconduct or negligence. • Ability to describe circumstances where the professional conduct or impairment of a health professional may warrant intervention or mandatory notification.

Performance Criteria	Evidence Examples
Element 3 – Respect and protect the consumer's right to privacy and confidentiality	
1 Considers the impact of privacy legislation on professional practice.	• Ability to describe the key features of relevant Federal and State/Territory privacy legislation impacting on professional pharmacy practice (e.g. disclosure, consent* to collect, requests for own health records). • Ability to describe the legislative limitations on collection, use and disclosure of personal information (including health information).
2 Understands the consumer's expectations and rights in relation to maintenance of privacy and confidentiality.	• Ability to describe the types of information that must be kept confidential. • Ability to describe the likely impact on consumer dignity and trust of breaches to privacy and confidentiality.
3 Takes all reasonable steps to assure consumer privacy is maintained and to avoid unauthorised or accidental disclosure of confidential information.	• Ability to describe circumstances in practice, including during disposal of records, where consumer privacy or confidentiality could be compromised. • Ability to explain the steps taken to protect consumer privacy and maintain confidentiality of personal information (including health information).
4 Takes appropriate action to advise the consumer and prevent a recurrence of a breach of consumer privacy.	• Ability to describe circumstances that warrant advice to consumers that a breach of privacy has occurred. • Ability to describe corrective actions taken to prevent a recurrence of a breach of privacy.
Element 4 – Support and assist consumer consent	
1 Accepts the importance of gaining consumer consent.	• Ability to explain the importance of the consent process as the means by which consumers exert autonomy and grant or withhold permission.
2 Understands the nature of consumer consent.	• Ability to describe the essential elements of valid consent (e.g. capacity to consent, clear and accurate explanation, confirming the consumer understands, absence of coercion, explicit statement of right to decline). • Ability to explain that consent is an ongoing process rather than an event and that it can be withdrawn by the consumer at any time.
3 Obtains consumer consent as required for professional services, including those where personal health information will be collated and shared with other health professionals.	• Ability to describe services or situations where consent is required (e.g. Home Medicines Reviews (HMRs) and Residential Medication Management Reviews). • Ability to obtain consent from consumers and/or carers* or guardians.
4 Understands procedures to follow in the event that consent is denied or withdrawn.	• Ability to describe documentation and/or actions required where consent is denied or withdrawn.

Comment

- Legislation referred to in this Standard includes the latest editions and amendments of:
  - *Health Practitioner Regulation National Law Act 2009*
  - State/Territory legislation controlling the conduct of pharmacists and approval of pharmacies
  - State/Territory legislation controlling medicines, drugs, poisons and controlled substances
  - *National Health Act 1953*
  - The Commonwealth Privacy Act and relevant State/Territory privacy legislation
  - The Commonwealth Therapeutic Goods Act and Regulations
  - Commonwealth and State/Territory legislation controlling health care
  - Disability and equal opportunity legislation
- Depending on the roles and responsibilities they have, pharmacists will also have compliance obligation under relevant sections of the Occupational Health, Industrial Relations and Trade Practices legislation.

Standard 1.2 Practise to accepted standards

This Standard is concerned with the responsibility pharmacists have to behave in a manner that upholds the good standing of the profession. It also encompassed their accountability* for the quality of the services provided and the outcomes achieved.

Much of the behaviour expected of pharmacists emanates from the privileged position they hold as a result of the confidence and trust placed in them by consumers. Pharmacists must recognise this and understand that it deserves reciprocation through attitudes and behaviours that demonstrate professional integrity and respect for the dignity of consumers. This is integral to upholding the good standing and reputation of the profession.

Pharmacists have an obligation to maintain a focus of the quality of the services provided to consumers and other users of the pharmacy service. They must have an awareness of available quality assurance and quality improvement tools and methods available to evaluate professional services and must commit to continuously improving those services to optimise the outcomes achieved and minimise the risks to consumers.

Standard 1.2 Practise to accepted standards

Performance Criteria	Evidence Examples
Element 1 – Demonstrate personal and professional integrity	
1 Understands the position of trust in which the profession is held.	• Ability to describe the fundamental obligations of pharmacists to behave and practise in a manner that upholds the reputation and standing of the profession.
2 Understands the scope of practice of a pharmacist in relation to that of other health professionals.	• Ability to describe roles and activities undertaken compared to the roles and expectations of collaborating health professionals.
3 Understands pharmacists are accountable for the services provided and the associated outcomes.	• Ability to accept responsibility for the actions and decisions taken in the course of professional practice and the associated outcomes (direct and indirect). • Ability to promptly respond to poor or potentially poor outcomes (e.g. in the event of error or misinformation).
4 Works within the limits of professional expertise.	• Ability to recognise and describe the limitations in their knowledge, skills and experience in relation to the services provided.
5 Accesses additional information and/or expert advice and assistance when needed.	• Ability to recognise and describe the limitations in expertise and/or interpretive ability that would necessitate additional support being sought. • Ability to describe how additional information or clarification can be or is obtained.
6 Contributes to the ongoing development of the profession.	• Ability to explain the benefits of participating in professional organisations and/or committees. • Ability to actively participate in professional organisations and/or committees.
Element 2 – Contribute to enhanced service quality	
1 Understands the consumer's right to receive safe and high quality pharmacy services.	• Ability to explain the obligation to apply professional care and expertise to deliver high quality pharmacy services. • Ability to lead by example and promote consistent high quality work from others.
2 Understands the means by which the quality of pharmacy services can be maintained and improved.	• Ability to explain the difference between quality improvement and quality assurance. • Ability to describe quality assurance and quality improvement methodologies, including the types of measures that can be used.
3 Accepts responsibility for assuring the quality of professional services provided.	• Ability to describe the tools and methods available for monitoring the quality of professional services provided (e.g. consumer feedback, clinical audit*, self-audit against quality standards). • Ability to assess or self-audit the quality of professional services provided against endorsed standards and guidelines to identify where change would be beneficial.

Performance Criteria	Evidence Examples
4 Seeks continuous improvement in service quality.	• Ability to describe and/or demonstrate quality improvement and/or quality assurance activities in which they are or have been participants.
5 Shows initiative in implementing and evaluating changes to practice.	• Ability to describe or demonstrate changes in service delivery or professional practice that are a direct result of a quality improvement activity. • Ability to describe ways in which the outcomes of practice change can be evaluated.

Standard 1.3 Deliver 'patient-centred' care

This Standard is concerned with the responsibility pharmacists have to deliver professional services according to the needs of consumers, taking account of the consumer's rights and expectations.

Pharmacists provide professional services and advice to individual consumers or service users as well as to entities acting on behalf of groups of consumers. For example, hospital pharmacists review clinical and research* information to provide advice and/or recommendations to committees such as the drug and therapeutics or ethics committees. In all instances, whether acting on behalf of an individual or a group, pharmacists are required to adopt a 'patient-centred' approach.

Performance Criteria	Evidence Examples
Element 1 – Maintain primary focus on the consumer	
1 Understands the primacy of consumers and their needs.	• Ability to describe an approach to service delivery that, as far as practicable, accommodates the wishes and needs of consumers. • Ability to discuss the rights of consumers to access professional services and advice regardless of their health status (including disease state or level of disability).
2 Respects the rights of consumers to participate in decision-making, control their personal information and make choices about their health care.	• Ability to discuss the importance of consumer involvement/engagement in health service delivery (e.g. make their own choices about who to involve in their care and whether to accept or decline advice, services or products).
3 Accepts and supports the consumer's rights to be informed and make autonomous decisions.	• Ability to explain the scope of information that might be covered to clearly and openly inform consumers about services (e.g. service or treatment description, options, efficacy and costs). • Ability to support and accept consumer decisions and choices about the health care services they receive, including when it is at odds with the pharmacist's view.
4 Recognises and respects the values, beliefs, personal characteristics, and cultural and linguistic diversity of consumers.	• Ability to discuss how the different values, beliefs and cultural backgrounds of consumers may influence the way in which professional services are provided. • Ability to describe ways in which flexibility in service delivery may be provided to, as far as practicable, accommodate the values, beliefs and cultural backgrounds of consumers.
5 Understands the impact on practice of a culturally diverse consumer population.	• Ability to discuss areas of care likely to be impacted by a culturally diverse consumer population (e.g. illness behaviour, preferred treatment modalities, attitudes to dress and gender of health professionals, role of the family in care). • Ability to discuss ways in which the pharmacist's cultural and linguistic background influences the assumptions made about consumer needs and the delivery of services and advice.

Element 2 – Address consumer needs	
1 Adopts a respectful and empathic attitude to consumers.	• Ability to show respect, dignity and consideration for consumers. • Ability to maintain composure, to communicate and behave in a respectful manner, even during difficult situations.
2 Partners with consumers in the delivery of professional services.	• Ability to describe the means by which consumers are able to participate in health service planning and delivery. • Ability to engage the consumer as an active participant in the delivery of professional services.
3 Adapts service delivery, as far as practicable, to satisfy the needs of consumers.	• Ability to anticipate and/or recognise consumer need within the limits of their experience. • Ability to describe circumstances where service delivery may need to be adapted because of the health status or disability of a consumer. • Ability to elicit information relating to values, beliefs and cultural backgrounds of consumers that may influence the way in which professional services are provided.
4 Encourages consumers to seek and use information relevant to their health needs.	• Ability to support consumers to make therapeutic and lifestyle decisions that are consistent with achieving good or improved health.
5 Responds to consumer comment and feedback about the services and advice provided.	• Ability to describe issues upon which consumer feedback may be used to improve service delivery. • Ability to receive and respond to consumer complaint or comment about the services and/or advice received.
6 Accepts responsibility for advocating on behalf of consumers consistent with the professional role and expertise of a pharmacist.	• Ability to describe areas where the rights or needs of consumers might be presented and/or supported with other health professionals and/or public authorities (e.g. advocacy on behalf of a consumer group for access to specific products or pharmacy services).

Standard 1.4 Manage quality and safety

This Standard is concerned with the responsibility pharmacists have to protect consumers from harm by managing and responding to the risk inherent in medication management systems. This includes the responsibility they share with other health professionals to act in the best interests of consumers and display probity and openness in their dealings with them.

Performance Criteria	Evidence Examples
Element 1 – Protect and enhance consumer safety	
1 Understands the concept of a continuum of care.	• Ability to discuss the risks to consumer safety posed by care that extends between care settings (e.g. hospital to community, hospital to hospital) and/or is delivered by multiple health care providers (GP to Specialist, GP to pharmacist). • Ability to discuss ways in which continuum of care can be enhanced.
2 Understands the potential sources of error in professional service delivery and their likely consequences.	• Ability to describe factors which increase the likelihood of error and/or misadventure (e.g. interruptions, excessive workload, inadequate supervision, working beyond limits of expertise, personal impairment, transfer of care). • Ability to discuss ways in which risk factors can be identified and managed.

Performance Criteria	Evidence Examples
3 Ensures appropriate professional services documentation is completed for identifying and managing risks to consumers.	• Ability to describe documentation that should be completed to protect consumer safety. • Ability to maintain relevant, accurate and up-to-date records.
4 Recognises the importance of maintaining a 'no blame' culture in the workplace.	• Ability to discuss the impact of a 'no blame' culture on reporting and preventing recurrence of incidents.
Element 2 – Respond to identified risk	
1 Participates in prompt withdrawal of stock or equipment that is subject to a product recall notice.	• Ability to describe and/or demonstrate recall procedures to be used in response to a product recall notice or to access the information promptly.
2 Accepts responsibility for reporting and following up medication incidents.	• Ability to explain the importance of reporting and following up medication incidents. • Ability to describe the reporting and follow-up processes in use.
3 Accepts responsibility for identifying and responding to personal circumstances that could impair professional performance.	• Ability to describe personal factors that could impair performance. • Ability to describe sources of support where impaired performance is suspected or confirmed.
4 Acts promptly in the event of a medication incident to minimise harm and/or prevent recurrence.	• Ability to describe the course(s) of action available to minimise harm. • Ability to identify follow-up strategies likely to be effective in preventing recurrence (e.g. root cause analysis).
5 Understands the responsibility to inform consumers of medication incidents likely to impact on their health or well-being.	• Ability to describe the principles of open disclosure as they apply to health care incidents. • Ability to discuss the requirements for open disclosure and how these relate to the expectations of professional indemnity insurance providers.
6 Documents medication incidents including actions taken to minimise the impact on consumers and/or prevent recurrence.	• Ability to describe and/or use an appropriate recording system. • Ability to demonstrate compliance with workplace procedures or guidelines for documenting and responding to medication incidents.

Standard 1.5 Maintain and extend professional competence

This Standard is concerned with pharmacists' understanding and acceptance of the concept of life-long learning and their commitment to continuous learning and professional development as a means of advancing their practice and professional role in the community.

Competence is a composite of the knowledge, skills and attributes (including values and beliefs) that an individual brings to the successful performance of function or task to a desired standard. Like other health professionals, pharmacists are required to practise within the limits of their competence. **The competencies applicable to any role or service can be defined using these competency standards and the process described in Section 1.8 to create a professional practice profile.**

Competence can be improved through learning and skills development. Continuous learning and development of professional capability is central to pharmacists' professional practice and ability to manage career change. Although the career paths and learning needs of pharmacists will vary over time and with the work environment and role, the commitment to life-long learning should be strongly associated with a pharmacist's identity as a member of the profession. Thus, while commitment to the concept is a fundamental part of the 'professionalism' of pharmacists, the ways in which it is manifest will vary widely as will the sources from which learning is achieved.

In many instances the identification of learning needs may arise from the inclusion of new roles into an existing position statement or from the pharmacist planning for career advancement or actively seeking a promotional position. Position statements and/or selection criteria that are based around the competency standards most relevant to the expected role are likely to provide the best guidance to pharmacists on what (if any) key learning needs exist for any given role. Receiving and giving performance feedback is another way in which pharmacists can identify specific learning and development needs.

Standard 1.5 Maintain and extend professional competence

Performance Criteria	Evidence Examples
Element 1 – Accept the importance of life-long learning	
1 Understands the concept of life-long learning for pharmacists.	• Ability to discuss life-long learning (continuous striving to gain knowledge and maintain competence) in the context of career development and the pharmacist's professional role in delivering health care services.
2 Encourages and supports the professional development of colleagues.	• Ability to maintain a positive attitude to continuous learning and professional development. • Ability to provide professional advice and guidance to others consistent with the limits of own expertise.
3 Understands the expectations of the registering authority and professional associations in relation to maintenance of competence and ongoing professional development.	• Ability to discuss the role the PBA has for protecting the public and the scope of professional development activities/opportunities provided by professional associations and other organisations.
4 Understands the importance of self-assessment, reflective learning, peer review* and performance review as sources of feedback on professional capability.	• Ability to describe the reflective learning and peer review processes. • Ability to participate in self-assessment processes. • Ability to describe preparation process for performance review (e.g. identify goals, training needs and achievements (expected and unexpected) and identifying support needs from supervisor).
Element 2 – Undertake self-directed learning	
1 Develops a professional development plan (that includes goals and strategies) to maintain and/or improve professional capability.	• Ability to describe the process for defining a competency grid relevant to a specific role and applying it to develop a personal learning plan. • Ability to describe how performance feedback, reflective learning and/or peer review has influenced development plan.
2 Accepts responsibility for achieving learning and professional development goals.	• Ability to explain a plan of action for addressing professional development and learning needs (for new knowledge, skills or attributes). • Ability to identify potential sources of activities, their quality and relevance, to address identified learning and professional development needs. • Ability to participate in a range of activities (e.g. experiential learning, academic courses, presentations, clinical audits and workshops) that address learning and professional development needs.
3 Regularly monitors learning and development achievements against the plan.	• Ability to compare learning and development achievements with established goals.
4 Applies learning to improve performance and/or extend professional practice.	• Ability to apply new knowledge and/or experiences to enhance problem-solving abilities, change professional practice or deliver new services. • Ability to implement and describe practice change subsequent to reflective review process.

Domain 2 Communication, collaboration and self-management

Standard 2.1	Communicate effectively
Standard 2.2	Work to resolve problems
Standard 2.3	Collaborate with members of the health care team
Standard 2.4	Manage conflict
Standard 2.5	Commitment to work and the workplace
Standard 2.6	Plan and manage professional contribution
Standard 2.7	Supervise personnel

This Domain includes those Competency Standards that are required to communicate effectively with consumers and colleagues, and build and maintain cooperative working relationships within the healthcare team. It also encompasses management of problems and interpersonal issues that arise at work as well as issues associated with taking responsibility for and managing their professional contribution. The Standards in this Domain underpin all professional activities undertaken by pharmacists.

Standard 2.1 Communicate effectively

This Standard addresses the ability of pharmacists to communicate effectively in English so that the recipient of the communication receives the intended message. It also covers circumstances where communication style must be adapted to work through situations arising in daily practice where divergent views must be addressed to reach a position that is acceptable to the parties concerned.

Sound communication is essential for building trust, supporting, motivating and influencing professional colleagues and consumers and for imparting and collecting information when counselling* and interviewing consumers. Pharmacists are increasingly taking on proactive roles in influencing medication management and liaising with other health professionals to achieve better health outcomes for consumers. They are also increasingly involved in working within a team based model of care where communication and maintenance of professional relationships with other health service providers is important. In many of these circumstances pharmacists will be required to formulate and issue a written report that summarises their finding and recommendations or to make an entry in the consumer's medication record or notes to clarify their recommendations in relation to medication treatment and monitoring*. Factors such as the clarity, content and tone of such communications will inevitably impact on the messages received and actions taken in relation to medication management.

A proactive approach is also apparent in more traditional roles such as the provision of primary health care*, including health and lifestyle advice, and prescribing of over-the-counter medicines for the symptomatic treatment of minor conditions. To optimise their contribution pharmacists must be capable of clear and concise communication of relevant information and of maintaining rapport with professional colleagues, consumers and other service users.

Pharmacists in all fields of employment will be required to negotiate issues relevant to their professional practice to achieve a mutually agreeable position for each of the parties to the negotiation process. The achievement of such an outcome depends on pharmacists being clear about desirable and acceptable outcomes and having the capacity to understand the perspective of others involved in the negotiation process. An example of a scenario arising in daily practice requiring a negotiation process would be a product-based request for a *Pharmacist Only* medicine which may not be suitable for the consumer and requires the pharmacist to provide advice on an alternative product or course of action.

Standard 2.1 **Communicate effectively**

Performance Criteria	Evidence Examples
Element 1 – Adopt sound principles for communication	
1 Maintains open lines of communication.	• Ability to exchange and share information with others.
2 Values the input of others.	• Ability to demonstrate respect for the opinions and views of others.

Performance Criteria	Evidence Examples
3 Understands that non-verbal elements can exert a significant impact on the effectiveness of communication.	• Ability to describe key non-verbal factors impacting communication (e.g. presentation, posture, gestures, facial expression).
4 Recognises barriers to effective communication must be addressed.	• Ability to describe barriers to effective communication (e.g. emotional status (distress, anger or aggression), culture, values and beliefs, sensory impairment (hearing or vision), disabilities (mental or physical), personality conflict, socioeconomic or educational status, communication through a third party). • Ability to demonstrate or describe strategies and/or resources to address barriers to effective communication (e.g. revised communication pathways, tools for third party communication).
Element 2 – Adapt communication for cultural and linguistic diversity	
1 Understands the likely impact of the pharmacists values, beliefs and cultural and linguistic background on communication with consumers.	• Ability to demonstrate insight into personal background issues that may impact on communication with consumers from a variety of cultural and linguistic backgrounds.
2 Recognises the special communication needs of consumers and/or carers with different cultural and linguistic backgrounds.	• Ability to demonstrated sensitivity to the needs, values, beliefs and cultural backgrounds of others. • Ability to describe the barriers to communication that exist for consumers and/or carers with different cultural and linguistic backgrounds.
3 Responds, as far as practicable, to the needs of those from diverse cultural and linguistic backgrounds.	• Ability to describe strategies and/or resources for communicating effectively with people from different cultural backgrounds, including Indigenous Australians (e.g. use of appropriate interpreters, revised communication pathways).
Element 3 – Manage the communication process	
1 Establish rapport and empathy with the consumer.	• Ability to actively listen, empathise and engage with the consumer and understand their position/ needs. • Ability to express opinions and provide information in written and/or verbal form in a manner that does not elicit concern, anger or other adverse response.
2 Establishes communication pathways necessary to achieve desired work outcomes.	• Ability to describe the communication network established to achieve work outcomes.
3 Ensures communication is appropriate to the audience and the material.	• Ability to select a vocabulary, communication style and form for both written and verbal communications that is appropriate for the situation, the audience and the material being communicated (e.g. avoids unnecessary jargon, clearly explains medical and pharmaceutical terminology).
4 Expresses thoughts and ideas clearly, consistently and unambiguously.	• Ability to discuss the importance of consistency of message for achieving credibility and attitudinal change. • Ability to formulate and express ideas and opinions clearly in written and verbal form. • Ability to communicate information accurately, concisely and confidently in writing and verbally. • Ability to clarify and elaborate ideas, opinions and information to enhance understanding.
5 Explores the needs of consumers and communicates relevant information.	• Ability to elicit needed information and identify the information needs of a particular audience/consumer. • Ability to ask relevant questions, listen attentively and respond to verbal and non-verbal cues and use an interpreter if necessary to clarify communication needs.

Performance Criteria	Evidence Examples
6 Verifies that the information provided has been received and understood.	• Ability to describe or demonstrate the use of a systematic process for following up that demonstrates written reports have been received and understood. • Ability to follow up, ask questions and/or use visual or other aids to confirm that the intended 'message' has been received and is understood.
7 Recognises the importance of responding to feedback for improving communication.	• Ability to explain how response to feedback enhances communication. • Ability to describe ways in which communication has been altered in response to feedback.
Element 4 – Apply communication skills in negotiation	
1 Recognises circumstances where a negotiated outcome is required.	• Ability to describe circumstances in the workplace where conflicting interests must be or were addressed to achieve an outcome.
2 Recognises the importance of research and preparation in the negotiation process.	• Ability to identify and describe relevant information which will be necessary for a successful negotiation.
3 Understands the importance of finding a position that satisfies the objectives of each party to the negotiation.	• Ability to describe the benefits of a negotiated outcome. • Ability to describe acceptable outcomes for particular situations.
4 Addresses circumstances requiring a negotiated outcome.	• Ability to be assertive and use supportive and persuasive communication to achieve a desired outcome. • Ability to describe or demonstrate an appropriate negotiation strategy for a particular situation.

Standard 2.2 Work to resolve problems

This Standard covers the ability of pharmacists to recognise and address problems or potential problems in the workplace. It covers their capacity to analyse the issue, identify suitable pathways for addressing it, and take the necessary action. It also encompasses the need to work with colleagues (including managers) to find possible solutions and to review the impact of actions taken to ensure improvement or resolution has been achieved without producing untoward effects.

In this Standard 'problem' may be regarded as any matter related to professional practice that is difficult to deal with, solve or overcome. Problems and potential problems arise frequently in the health care sector because of its complexity, but also because the presenting circumstances are highly variable and often unpredictable. Pharmacists will be required to apply their analytical skills and capacities to work with others to identify realistic and effective solutions.

Performance Criteria	Evidence Examples
Element 1 – Analyse the problem/potential problem	
1 Accepts responsibility for addressing problems.	• Ability to demonstrate that problems are addressed in a timely manner as they arise.
2 Identifies and clarifies the problem and its likely causes.	• Ability to identify and fully describe (verbally or in writing) the nature of a problem and probable causes or causative factors.
3 Identifies possible approaches for resolving the problem.	• Ability to document the identified problem(s), causative factor(s) and options for resolving the problem.

Standard 2.2 Work to resolve problems

Performance Criteria	Evidence Examples
Element 2 – Act to resolve the problem/potential problem	
1 Understands when to seek assistance or guidance.	• Ability to discuss the types of circumstances where assistance should be sought (e.g. impaired performance, suspected misconduct).
2 Uses a collaborative approach for addressing problems.	• Demonstrated ability to identify individuals or groups whose input is essential for addressing the identified problem. • Ability to engage the cooperation of relevant personnel to implement the plan for addressing the problem. • Ability to encourage and accept input by others into problem-solving.
3 Uses initiative to formulate a plan for resolving an identified problem.	• Ability to describe a preferred approach for addressing the problem and justify the choice in terms of causes and intended or expected outcomes.
4 Completes relevant documentation as required.	• Understands the types of problems requiring documentation (e.g. medication incidents, personnel disputes, injuries in the workplace). • Ability to accurately complete required documentation.
5 Recognises the need for regular review of the results achieved to identify any further action(s) required.	• Ability to discuss the purpose of reviewing the results achieved (e.g. incomplete resolution, other problems created). • Ability to demonstrate or describe how the results of review have been used to determine what further action, if any, is required.

Standard 2.3 Collaborate with members of the health care team

This Standard addresses the ability of pharmacists to create, maintain and enhance working relationships with colleagues in a manner that provides a mutually supportive environment and enhances the care provided to consumers. It also encompasses circumstances where the pharmacist upholds a position that is consistent with sound pharmacy practice and their duty of care to consumers through the application of assertiveness skills.

Teamwork and collaboration* are essential for the delivery of health services that meet the needs of consumers. It is therefore vital that pharmacists build networks and maintain ongoing rapport with other health care professionals (e.g. general practitioners (GPs), diabetes educators, community nurses, physiotherapists, dieticians).

Pharmacists may work cooperatively with other pharmacists either concurrently (e.g. outpatient dispensing in a hospital or dispensing in a large community pharmacy) or sequentially (e.g. accredited pharmacists providing domiciliary medication management services through a number of different community pharmacies). They may also be required to work in teams with a variety of other pharmacy personnel who may work independently, semi-independently or under the direct supervision of pharmacists to support the service (e.g. business manager, purchasing officer, storeman, dispensary technician, receptionist, assistant). Collaboration and cooperation of pharmacy team members and other health care professionals is essential for the efficient and effective delivery of professional services. In circumstances where pharmacists work with other health care professionals a partnership* approach, which is inclusive of the consumer, will be important for delivering optimal care.

Pharmacists may be subject to inappropriate pressure to behave in a way that is not consistent with their professional obligations and commitments. These situations arise principally from the role pharmacists have for advising on the appropriate use of medicines* and for their exclusive authority to distribute or issue a broad range of pharmaceutical products. Assertiveness is a critical element in a pharmacist's management skills as it provides the key for responding to such situations.

Standard 2.3 Collaborate with members of the health care team

Performance Criteria	Evidence Examples
Element 1 – Support team development and cohesion	
1 Accepts the value of partnerships and teamwork to improve consumer care.	• Ability to demonstrate a positive attitude to working collaboratively with others.

Performance Criteria	Evidence Examples
2 Engenders trust for the role of a pharmacist and cooperation from other team members.	• Ability to maintain respect and confidence in the pharmacist's contribution. • Ability to provide feedback, encouragement and support to team members.
3 Understands the role, responsibilities and expertise of the pharmacist in relation to that of other members of the health care team.	• Ability to describe role and responsibilities in relation to a pharmacist's expertise and the expectations of collaborating team members.
4 Recognises and respects the professional rights, skills and contributions of other team members.	• Ability to describe the complementary roles and responsibilities of members of the healthcare team.
5 Respects and preserves the relationships that other members of the health care team have with consumers.	• Ability to discuss the role of other members of the health care team (including with consumers) in a way that engenders understanding and confidence in the team and its members.
Element 2 – Promote effective teamwork	
1 Accepts responsibility for fulfilling the role expected of a pharmacist within the team.	• Ability to respond to the demands and expectations of members of the health care team. • Ability to share information and expertise to facilitate a shared understanding.
2 Identifies opportunities for collaboration on common goals and interests.	• Ability to describe the types of issues that can be addressed within the health care team (e.g. adherence*, standard protocols and procedures, research).
3 Shows leadership* in responding to pharmaceutical or therapeutic issues.	• Ability to demonstrate a proactive approach to responding to pharmaceutical or therapeutic issues that arise within the team.
4 Collaborates with other health care professionals to enable consumers to achieve the best health outcomes.	• Ability to maintain rapport and work in partnership (share information with consumer consent, and work cooperatively on consumer health goals) with other health professionals to achieve therapeutic goals. • Ability to actively contribute a pharmacist's perspective and make a positive contribution to team based problem-solving and decision making.
5 Participates in evaluations of team effectiveness.	• Ability to describe ways in which the effectiveness of the team and the individuals within it can be assessed.
Element 3 – Maintain an effective professional role	
1 Ensures that the pharmacist's professional rights and values are not compromised.	• Ability to describe requests of colleagues that might be regarded as unreasonable. • Ability to apply assertiveness skills to deal with unreasonable requests and/or refusals that would compromise practice or consumer care.
2 Upholds professional practice standards and conventions within the team.	• Ability to provide clear, concise and confident explanation and/or justification of a position. • Ability to initiate discussion on possible alternate courses of action to achieve a desired outcome.

Standard 2.4 Manage conflict

This Standard addresses the pharmacist's capacity to prevent or diffuse circumstances likely to result in conflict and to work with colleagues to address and manage conflict when it does arise in the workplace. This includes conflict that arises between staff or between staff and another health professional, a consumer or other client of the service.

Conflict is generated where there are opposing views, interests or ideas, the disagreement or controversy giving rise to tension which can impact on emotional well-being and ultimately on work performance. Conflict will be experienced to some extent in all workplaces. It is important that all pharmacists have the capacity to recognise and manage conflict in a constructive manner before it exerts these adverse effects.

In addressing circumstances where conflict exists it is important to recognise that it is not always possible to completely resolve the conflict. It is also important for pharmacists to understand that, depending on the circumstances, they may need to seek additional guidance or support or use a referral process to engage additional expertise such as that available through counselling or mediation services.

Standard 2.4 Manage conflict

Performance Criteria	Evidence Examples
Element 1 – Understand the importance of preventing and managing conflict	
1 Understands the need to maintain productive professional relationships and a constructive work environment.	• Ability to identify the means by which rapport and/or cooperation is maintained. • Ability to describe the means by which responses to input to the work environment are monitored.
2 Understands the need to act promptly to prevent conflict arising.	• Ability to describe situations where prompt action can prevent the development of conflict (e.g. rosters, punctuality, timeliness of service).
3 Understands the need to address conflict in a timely manner.	• Ability to describe the impact of conflict in the workplace (e.g. tension, low morale, absenteeism, system or service failure, and aggressive or uncooperative behaviours).
4 Understands the need to work in an impartial and fair manner.	• Ability to describe the importance of adopting a 'no blame' approach to understanding conflict in the workplace.
Element 2 – Clarify the nature of the conflict	
1 Understands when to seek assistance or guidance.	• Ability to discuss circumstances where assistance should be sought (e.g. claimed bullying or discrimination).
2 Works with colleagues to gather information relevant to identifying the source(s) and/or nature of the conflict.	• Ability to undertake enquiry in a sensitive and non-confrontational manner. • Ability to identify the key issues and key participants in the conflict.
3 Understands the need to work in an objective manner when gathering information.	• Ability to describe the nature and source(s) of the conflict without apportioning blame.
4 Applies analytical skills to identify a range of approaches that might be used for resolving conflict.	• Ability to describe a range of possible approaches/strategies that are effective for resolving conflict in the workplace (e.g. negotiation, collaborative problem-solving, mediation, arbitration).
5 Identifies situations where onward referral is warranted.	• Ability to describe situations where referral is warranted (e.g. severe emotional distress, intractable dispute).
Element 3 – Act to address conflict	
1 Works with colleagues to identify and agree a preferred approach.	• Ability to explain and justify the preferred method for resolving the conflict. • Ability to discuss preferred method (and other options if necessary) with those involved in the conflict.
2 Initiates onward referral as required.	• Ability to identify and access contact details for relevant support services (e.g. counselling and mediation services, human resources department).

Performance Criteria	Evidence Examples
3 Adopts a collaborative approach to reviewing the impact of actions taken to identify any further action required.	• Ability to describe the means by which the success of the approach taken will be assessed. • Ability to discuss how those involved in the conflict will be engaged in the assessment and follow-up process.

Standard 2.5 Commitment to work and the workplace

This Standard is concerned with the attitude and approach pharmacists take to their work, colleagues and the workplace. It addresses their ability to understand the work environment, accept responsibility for assigned work, use initiative and work conscientiously to fulfil their responsibilities, and contribute to maintenance of a safe workplace.

Individual pharmacists vary in the way they approach their professional life. Some will be generally optimistic and proactive in their approach and behave in an empowered manner while others may focus on the problems and issues and be more reactive to circumstances in the workplace. The underpinning qualities associated with these behaviours relate to the capacity of the individual pharmacist to recognise (self-awareness) and manage their emotions (self-management) as well as recognise the emotions of others (empathy). It is also influenced by their drive, initiative and capacity to motivate themselves and their ability to handle relationships. Together these factors comprise the emotional intelligence of the individual.[7]

Performance Criteria	Evidence Examples
Element 1 – Adopt a conscientious approach	
1 Uses a systematic and well organised work process.	• Ability to demonstrate a rigorous and systematic work process. • Ability to demonstrate efficient work practices. • Ability to use time productively.
2 Accepts responsibility for and can account for professional judgments, acts and omissions.	• Ability to account for actions, omissions and outcomes associated with professional contribution.
3 Displays diligence and care.	• Ability to demonstrate care and attention to detail in undertaking work activities. • Ability to deliver accurate and complete work output.
4 Adopts a responsible attitude and professional image in the workplace.	• Ability to demonstrate punctuality. • Ability to demonstrate flexibility in extending working hours where needed to meet consumer needs. • Ability to demonstrate appropriate attire and presentation for the role and situation.
5 Copes with emotions in a functional manner.	• Ability to recognise and take responsibility for emotions. • Ability to integrate emotions with intellect and will. • Ability to deal positively with negative emotions such as anger.
Element 2 – Understand the work environment	
1 Understands the structure in which the pharmacist works.	• Ability to clearly describe the structure of the organisation, environment and/or pharmacy service in which they work. • Ability to describe where their position fits in the structure and their responsibilities and accountabilities.
2 Verifies the pharmacist's role and responsibilities within the organisation.	• Ability to describe their roles and responsibilities in terms of the position statement/duty statement applicable to the position held.

[7] Di Costa N. An emotional education. Aust Pharm 2009; 28(12):1038-42.

Performance Criteria	Evidence Examples
3 Understands the conditions of employment.	• Ability to describe the key conditions of employment, including specific inclusions or exclusions (e.g. award entitlements, contractual conditions, special arrangements). • Ability to demonstrate compliance with conditions of employment.
Element 3 – Contribute to maintaining a safe working environment	
1 Contributes to maintenance of workplace security systems.	• Ability to describe the key security systems for the workplace (e.g. for cash, narcotics and other controlled substances, investigational drugs, consumer records, entry and exit points) and levels of access and/or authority applicable to each.
2 Promotes maintenance of a safe and secure workplace by others.	• Ability to clearly describe to supervised staff those work practices expected of them that are intended to maintain a safe and secure workplace.

Standard 2.6 Plan and manage professional contribution

This Standard is concerned with the ability of pharmacists to prioritise, organise and manage their own work activities and contingencies to deliver outputs and/or outcomes in a timely manner.

Self-management is part of the responsibility pharmacists accept as independent professionals. Regardless of the work environment in which they practise or the number of other pharmacists and support personnel in the environment, pharmacists must take responsibility for managing their own professional contribution.

In planning and managing their workload pharmacists must deal effectively with contingencies that arise in the workplace as well as routine work commitments. To deliver required tasks in timely manner pharmacists must assess the nature and demands of the tasks as well as the possible issues or problems that may need to be addressed. They have to assess whether there is a need for any additional guidance and support and identify a source for that support/guidance.

Performance Criteria	Evidence Examples
Element 1 – Assure the adequacy of resources	
1 Understands the need to assess the adequacy of available human resources.	• Ability to describe the adequacy of the available skill set for undertaking the required work. • Ability to discuss the link between excessive workload and fatigue, stress, performance impairment and error.
2 Establishes the communication pathways necessary to achieve desired work outcomes.	• Ability to describe the communication network established to achieve work outcomes.
3 Assesses the adequacy of resources available to undertake work activities.	• Ability to assess required resources for usual presenting workload. • Ability to assess specific requirements for undertaking work (e.g. information, stock, equipment, access to specific expertise) and to ensure those requirements are or can be met.
4 Works with colleagues to ensure resources are adequate for the usual workload.	• Ability to initiate action (e.g. advice to supervisor, recruitment activity) when available resources and usual workload are poorly correlated.
5 Works with colleagues to ensure adequate and appropriate stock and equipment is available.	• Ability to assess required levels of stock and/or equipment in specific situations. • Ability to comply with policies and procedures to order required stock and equipment.

Performance Criteria	Evidence Examples
6 Contributes to stock management and equipment maintenance in a manner consistent with local policy and procedures.	• Ability to describe requirements and/or comply with local policies for stock management and equipment maintenance.
Element 2 – Plan and prioritise	
1 Accepts responsibility for completing tasks in a timely manner.	• Ability to discuss ways of managing multiple and/or conflicting demands on their time.
2 Understands the need for careful planning.	• Ability to discuss the approaches/strategies for delivering outputs/ outcomes in a timely manner (e.g. through productive and efficient work habits, prioritisation).
3 Assigns priorities to tasks in accordance with known circumstances.	• Ability to justify assigned priority in terms of consumer need, difficulties to be resolved and timelines. • Ability to identify factors and/or criteria (e.g. urgency, importance, possibility of using alternative products or personnel) that impact on the priority assigned to tasks. • Ability to adjust priorities in response to changing circumstances.
Element 3 – Manage work activities	
1 Allocates resources according to established priorities.	• Ability to use initiative and a flexible approach to manage human and other resources consistent with work demands.
2 Uses available resources to assist and support work effort.	• Ability to describe the personnel and other support systems that are available in the work environment to facilitate and support various types of work activities. • Ability to use systems (e.g. a 'day book' for noting issues for follow-up, computer programs, and electronic communication and stock ordering systems) that facilitate and support work effort.
3 Seeks additional information and guidance required to complete tasks in a timely manner.	• Ability to understand and apply information, guidance and instructions provided by others to progress work activities. • Ability to recognise situations where additional information or expertise is needed from other personnel (e.g. manager/senior pharmacist, human resources manager, business manager) to complete tasks.
4 Ensures work practices comply with local policies and procedures.	• Ability to apply and/or promptly access policies and procedures specific to the workplace that impact on own work practices (e.g. cash handling, stock management, complaints handling, waste disposal and security).
5 Determines which, if any, of the tasks may be safely delegated.	• Ability to identify and justify tasks or elements of tasks that may be appropriately delegated to other available personnel.
6 Manages problems/issues that may act as barriers to the timely completion of tasks.	• Ability to manage interferences (e.g. telephones, interruptions) that consume time without contributing to task completion. • Ability to use problem-solving skills to identify corrective action needed to resolve specific problems/issues that may impede work progress. • Ability to manage normal work and contingencies/unplanned events or demands to meet work deadlines. • Ability to adhere to pre-arranged schedules for completion of tasks.

Standard 2.7 Supervise personnel

(Refer also to Domain 3 – Standard 3.2 Manage and develop personnel.)

This Standard covers the ability of pharmacists to accept responsibility for supervising the work of technicians, undergraduates (e.g. during clinical placements) and interns as well as their capacity to provide the required support and advice for those personnel to successfully undertake assigned tasks. It encompasses the capacity of pharmacists to assess the appropriateness of the expertise of personnel to whom they delegate tasks and to clearly enunciate their expectations to these personnel.

Many pharmacists are engaged in supervising the work of other personnel. They may supervise and guide the work of other pharmacists or that of interns or unregistered support staff. Supervising pharmacists must understand the different levels of training and expertise of supervised personnel and take this into account when delegating tasks. It will also impact on the level of autonomy that can be expected of supervised personnel.

Performance Criteria	Evidence Examples
Element 1 – Accept the supervisory role	
1 Understands the nature of supervision.	• Ability to describe the nature of the supervisory role, what is meant by direct supervision, and where responsibility for outputs and outcomes rests.
2 Accepts responsibility for supervising the work of colleagues.	• Ability to discuss key issues for effectively supervising the work of colleagues. • Ability to contribute to revision of the duty statements /job descriptions of supervised personnel.
Element 2 – Delegate tasks	
1 Ensures supervised personnel work within the limits of their competence.	• Ability to describe the limitations in an individual's skill or aptitude compared to the task requirements. • Ability to recognise and describe the limitations applicable to delegation of specific tasks.
2 Defines and communicates delegated tasks and the expected performance to the personnel to whom it is delegated.	• Ability to use effective communication to clearly describe the task to be undertaken and the expected performance.
3 Confirms that supervised personnel understand task requirements.	• Ability to confirm understanding of task requirements (e.g. using questioning, listening and non-verbal cues).
Element 3 – Assist the work of supervised personnel	
1 Understands when supervised personnel may make autonomous decisions.	• Ability to describe situations where autonomous decision-making by supervised personnel would be appropriate/legally defensible.
2 Works with supervised personnel to establish priorities and organise work flow.	• Ability to establish a clear priority order of work activities in the short term (daily to weekly) and medium to long term (monthly to annually) with supervised personnel.
3 Recognises situation where additional support and/ or guidance is needed for supervised personnel.	• Ability to identify situations where supervised personnel are experiencing difficulties in completing work activities and/or where a mandatory notification obligation exists. • Ability to describe signs/cues from supervised personnel that indicate additional guidance or support is needed (e.g. hesitancy, distress, seeks clarification from less authoritative sources). • Ability to use initiative and apply professional expertise to resolve problems encountered by supervised personnel.

Performance Criteria	Evidence Examples
4 Ensures work practices of supervised personnel are consistent with their roles and comply with local policy and procedures.	• Ability to promptly access and explain policies and procedures applicable to or impacting on supervised work (e.g. cash handling, stock acquisition and management, complaints handling, waste disposal and security). • Ability to describe the defined roles of supervised personnel. • Ability to clearly explain policy and procedure changes to supervised personnel.
Element 4 – Support improved performance of supervised personnel	
1 Understands the performance assessment and management processes of the organisation.	• Ability to describe the performance assessment and management process within their organisation.
2 Monitors performance and contributes to the performance assessment of supervised personnel.	• Ability to discuss the key communication factors (e.g. sensitivity, tact and clarity), content issues (e.g. positive feedback, constructive comment, goals and strategies) and process issues (e.g. fair dealing and due process) relevant to providing performance feedback. • Ability to describe the performance assessment documentation used for supervised personnel.
3 Provides constructive feedback to improve motivation and performance.	• Ability to discuss performance and offer constructive criticism and advice without engendering an adverse response.
4 Assists the work performance of supervised personnel.	• Ability to identify resources, training or personal support that can be provided to facilitate performance improvement in supervised personnel. • Ability to contribute to workplace training programs for supervised personnel.

Domain 3 Leadership and management

Standard 3.1	Provide leadership and organisational planning
Standard 3.2	Manage and develop personnel
Standard 3.3	Manage pharmacy infrastructure and resources
Standard 3.4	Manage quality service delivery
Standard 3.5	Provide a safe and secure work environment

This Domain includes those Competency Standards that relate to the way in which pharmacists apply management and organisational skills to ensure the effective and efficient delivery of pharmacy services. The Standards encompass the ability of pharmacists to take a leadership role and undertake business planning as well as the planning and management of professional services and resources. It also addresses the competencies required to undertake all aspects of human resource management as well as those required to manage risk and assure a safe working environment.

Standard 3.1 Provide leadership and organisational planning

This Standard addresses the pharmacist's responsibility to provide leadership and act as a role model* both within and beyond the pharmacy. It also addresses the business planning processes that underpin the efficient and effective operation of pharmacy services. It covers the responsibility pharmacists have for establishing a shared view of the strategic direction of the service and for ensuring that the structure is appropriately supportive. Inherent in this process is the expectation that the pharmacist will actively engage with other personnel to ensure goals and strategies are clearly articulated and their achievement monitored and supported.

Standard 3.1 Provide leadership and organisational planning

Performance Criteria	Evidence Examples
Element 1 – Provide leadership	
1 Engenders confidence and trust from colleagues.	• Ability to acquire loyalty and support as a team leader through commitment, sound and fair decision-making, provision of practical and creative support, and demonstrated empathy.
2 Serves as an effective role model and mentor* for colleagues.	• Ability to lead by example and imbue a workplace with an ethos (distinctive character or attitude) that is consistent with their own. • Ability to describe the mentoring process. • Ability to inspire others through professional excellence and innovation.
3 Establishes clear expectations for the standards to be applied or observed.	• Ability to communicate (verbally and by example) expectations in relation to the desired standards and approaches to be adopted.
4 Monitors the professional landscape and leads change.	• Ability to identify and support emerging trends and practices. • Ability to describe the key features of a successful change management strategy. • Ability to implement change through engaging and motivating the pharmacy team.
5 Contributes to dissemination of innovation within professional practice.	• Ability to achieve publication in professional journals or present papers at local or international conferences. • Ability to prepare and deliver educational sessions to colleagues on local projects or research findings.
6 Seeks opportunities to contribute to the ongoing development of the profession.	• Ability to proactively lead or contribute to the work of professional bodies (e.g. their committees, workshops, seminars or conferences). • Ability to provide effective preceptor* support to interns.

Performance Criteria	Evidence Examples
7 Promotes a positive image for the profession and its capabilities.	• Ability to promote (in writing or verbally) the value of the profession in a credible and relevant manner to external groups (e.g. medical practitioners, members of the general public, special interest groups).
8 Recognises that circumstances affect the leadership style that is adopted.	• Ability to discuss situations where a change in leadership style would be warranted (e.g. directive versus consultative style in the event of a crisis).
Element 2 – Establish a strategic direction	
1 Develops a strategic view for the operation and future development of the pharmacy service.	• Ability to align strategic objectives for the pharmacy service with organisational objectives. • Ability to undertake inclusive and consultative strategic planning for the pharmacy service to establish strategic objectives.
2 Defines team goals and strategies for the delivery of services.	• Ability to work with team members within their area of authority to establish achievable goals and strategies that are consistent with the objectives established for the pharmacy service or the organisation as a whole. • Ability to create an operational plan that is consistent with the strategic plan and that links specific goals and strategies and identifies the performance indicators to be used to measure achievements.
3 Facilitates achievement of team goals by team members.	• Ability to provide feedback, encouragement and support to team members for progressing strategic goals.
4 Monitors and responds to information on the achievement of established or agreed goals.	• Ability to use performance indicators of the operational plan to measure achievements, explain variations from the plan and make appropriate adjustments.
Element 3 – Plan pharmacy services	
1 Aligns pharmacy services with the strategic objectives for the service.	• Ability to describe and justify the services provided in terms of the strategic objectives of the service.
2 Encourages input by others to the planning of pharmacy services.	• Ability to establish systems and initiate and lead discussions that encourage planning input by others.
3 Undertakes planning in response to legislative changes impacting on services or the service environment.	• Ability to identify situations where legislative change impacts on pharmacy services and/or the service environment and to propose appropriate responses to the change.
4 Develops pharmacy services and service environment consistent with consumer and community need, emerging trends in professional practice and available resources.	• Ability to establish systems for gathering information on emerging trends in professional practice or for clarifying consumer and/or community need. • Ability to undertake and use workflow planning to assist workplace design. • Ability to describe the way in which practice initiatives have impacted on workplace design (e.g. provision of a private counselling area in community pharmacy or cleanroom facilities in a hospital pharmacy). • Ability to describe planning responses to developments in the health sector (e.g. non-medical prescribers, nurse practitioner clinics and GP superclinics).
5 Uses project management processes to achieve desired developments.	• Ability to describe a systematic project management process to define tasks and timelines for delivering a desired project outcome. • Ability to undertake project management to deliver desired outcomes (including in respect to cost and timeframe).

Performance Criteria	Evidence Examples
Element 4 – Define organisational structure	
1 Establishes an organisational structure supportive of achieving the strategic goals of the organisation.	• Ability to describe and justify the structure adopted in terms of its support of the strategic goals of the pharmacy service.
2 Develops a staffing structure that is appropriate to the functions of the service.	• Ability to correlate the positions within the organisational structure with the functions of the pharmacy service. • Ability to describe structural changes made and the functional changes in service that they support.
3 Defines clear lines of accountability within the structure.	• Ability to develop an organisational chart which shows the lines of reporting and responsibility between staff.
4 Establishes clear role definitions within the organisational structure.	• Ability to create job descriptions or duty statements which clearly define responsibilities and accountabilities.
5 Maintains organisational flexibility and responsiveness.	• Ability to describe ways in which the structure has been adapted/changed in response to changes within or external to the pharmacy service. • Ability to describe the way in which roles within the organisational structure have been changed to accommodate changes in service provision.
Element 5 – Establish and maintain business systems	
1 Understands the principles of sound business management.	• Ability to describe budgeting and/or financial reporting processes. • Ability to describe the key considerations for developing a business plan. • Ability to describe the structure against which business performance will be monitored (e.g. cost centres, chart of accounts).
2 Develops and/or approves financial delegations.	• Ability to describe the documentation required to support delegated authority for expenditure. • Ability to justify approved financial delegations in terms of business operations.
3 Monitors the performance of the service.	• Ability to describe measures applied for monitoring financial position and performance (e.g. year-to-date expenditure against budget, profitability, current or debt ratio). • Ability to describe key performance indicators used to monitor business performance (e.g. turnover, profitability).
4 Accepts responsibility for managing and responding to suspected fraudulent activity.	• Ability to describe strategies for minimising the risk of fraudulent activity (e.g. reconciliation of purchase orders, receipts and payment approvals, dual signatory arrangements for funds transfers). • Ability to describe investigative processes and options for confirming the existence of fraudulent activity (e.g. sample audits, forensic accounting services). • Ability to describe processes or pathways available for responding to confirmed fraudulent activities (e.g. address with union and human resources department involvement, referral to police or senior management).

Standard 3.2 Manage and develop personnel

(Refer also to Domain 2 – Standard 2.7 Supervise personnel.)

This Standard encompasses the recruitment, management and development of the human resources of the pharmacy service or organisation. It addresses the pharmacist's responsibility to ensure the professional expertise is sufficient for the range and volume of services provided.

Pharmacists are employed in a diverse range of settings including community pharmacies, hospitals and industry. Whatever the environment, there will be pharmacists who are responsible for management of personnel. These pharmacists will be expected to have a sound knowledge of recruitment and performance management processes and to demonstrate leadership in supporting and developing the professional capabilities of personnel. They will also be expected to deploy personnel effectively and to monitor the adequacy of human resources in the context of the services provided.

Standard 3.2 Manage and develop personnel

Performance Criteria	Evidence Examples
Element 1 – Undertake recruitment	
1 Creates selection documentation.	• Ability to create relevant and appropriate selection criteria for a defined role. • Ability to describe how the selection criteria relate to the duties and responsibilities of the position. • Ability to describe the standard selection documentation used for recruitment.
2 Establishes an interview panel.	• Ability to describe key issues impacting on the size and membership of an interview panel (e.g. logistics, gender balance, absence of conflict of interest).
3 Leads the interview process.	• Ability to describe requirements for a fair, defensible and balanced interview process. • Ability to describe the documentation maintained for each interviewed position.
4 Formalises the appointment of personnel.	• Ability to describe due process for formalising an appointment that minimises the opportunity for untoward effects (e.g. appeal, conflict, resignation).
5 Adopts and regularly reviews the impact of the personnel retention strategy.	• Ability to describe key features of the personnel retention strategy. • Ability to describe measures used for monitoring the effectiveness of the strategy (e.g. recruitment costs, staff turnover, staff surveys).
Element 2 – Manage performance	
1 Ensures personnel understand their duties and responsibilities.	• Ability to consult with and involve relevant personnel in development and updating of role descriptions/duty statements that clarify the duties and responsibilities of positions within the pharmacy service.
2 Ensures personnel are aware of the legislative requirements that underpin human resource policies and procedures.	• Ability to clearly describe the legislative issues impacting on human resource policies and procedures.
3 Ensures personnel have access to a complaints management process.	• Ability to describe the complaints management process.
4 Applies a standard performance review process.	• Ability to describe the performance review process used. • Ability to discuss key issues for effective review of performance. • Demonstrated ability to discuss with personnel expectations, achievements and contributions in a fair and equitable manner.
5 Understands the performance management process.	• Ability to describe key features of a performance management process. • Ability to describe the documentation and review processes for management of deficient performance. • Ability to discuss in a constructive manner areas where performance should/could be improved.
6 Provides practical support for impaired pharmacists.	• Ability to identify and address work issues contributing to impairment of personnel (e.g. excessive workload, conflict).

Performance Criteria	Evidence Examples
7 Understands when additional expertise should be sought to assist performance issues.	• Ability to describe situations where additional expertise should be sought (e.g. counselling in the event of workplace violence, or in situations of diminished performance due to drug or alcohol abuse). • Ability to promptly access information on the services and support available for impaired personnel. • Ability to describe the referral and/or notification processes for impaired personnel.
Element 3 – Develop professional capabilities	
1 Encourages and supports a commitment to continuous improvement in professional capability.	• Ability to create an environment that is supportive of learning and professional development. • Ability to identify and promote participation in relevant learning and development opportunities.
2 Provides advice on learning and development needs.	• Ability to provide constructive feedback on performance that explicitly covers learning and development needs.
3 Guides and assists colleagues to create a professional development plan and identify relevant learning opportunities.	• Ability to support colleagues to develop a professional development plan and suggest ways in which the plan may be progressed through relevant training and/or experiential learning opportunities.
4 Contributes to the learning and professional development of colleagues.	• Ability to apply knowledge and expertise to assist the learning and professional development of others (e.g. preceptor supervision of new graduates, mentoring of early career pharmacists, delivery of in-service educational sessions).

Standard 3.3 Manage pharmacy infrastructure and resources

This Standard covers the responsibilities pharmacists have for acquiring and managing products and equipment. It encompasses the requirement to ensure equipment is systematically maintained according to an established schedule and that effective, efficient and safe stock handling practices are observed.

The products and equipment needed to deliver professional pharmacy services will be greatly influenced by the professional services provided. For example, pharmacies engaged in the preparation of pharmaceutical products will have far greater need to access quality consumables and equipment, whereas those offering extensive clinical pharmacy services will require access to a range of on-line search or indexing facilities. In all instances pharmacists will be involved in assessing the suitability and quality of the product, the reliability of the provider and the appropriateness of the cost. They will also be responsible for determining and/or negotiating the arrangements by which required items are procured.

Performance Criteria	Evidence Examples
Element 1 – Procure products and equipment	
1 Receives input from colleagues on required products and equipment.	• Ability to describe the systems by which personnel can provide advice on required equipment or materials.
2 Selects the quantity and type of products and equipment required.	• Ability to assess required levels of stock and/or equipment in specific situations. • Ability to justify the choice of equipment or materials based on suitability for intended use, accuracy, safety of use, and cost.

Performance Criteria	Evidence Examples
3 Establishes the policies and procedures governing the purchase of products and equipment.	• Ability to formulate procurement, return and exchange policies consistent with approved financial delegation and sound business practice. • Ability to discuss issues likely to adversely impact on the efficiency and/or cost-effectiveness with which products and equipment can be procured (e.g. absence of agreed price contracts, excessive authorisations because of inadequate financial delegations).
4 Negotiates contracts or preferred supplier agreements for the required products and equipment.	• Ability to discuss some of the key issues relevant to negotiating supply contracts (e.g. volume usage over time, price volume agreements, alternate supplier clauses, duration of contract, period of review, terms for contract termination and renewal). • Ability to critically evaluate and compare supply arrangements and products in terms of their suitability, safety and economy for the pharmacy service.
5 Ensures products and equipment are purchased in accordance with established policies and procedures.	• Ability to describe the ways in which compliance with purchasing policies and procedures is monitored.
Element 2 – Manage products and equipment	
1 Establishes and maintains policies and procedures for the stock management and equipment maintenance.	• Ability to develop clear and comprehensive policies for stock management and equipment maintenance. • Ability to describe the equipment maintenance schedule and documentation requirements.
2 Ensures compliance with policies for stock management and equipment maintenance.	• Ability to describe the means by which compliance with policies and procedures is monitored (e.g. sample audits).
3 Maintains efficient and effective materials management practices.	• Ability to describe issues important for efficient and effective materials management (e.g. annual stock turns, expiry date tracking, stock procurement, rotation and retrieval).
4 Manages products with due consideration for the safety of consumers and personnel.	• Ability to develop policies and procedures for stock handling, distribution and withdrawal consistent with maintaining safety (e.g. policies for distribution of concentrated electrolyte solutions and cytotoxics, identification of cytotoxic drug products within the pharmacy, separation of like name or like packaged products). • Ability to describe procedures to be implemented in the event of a product recall. • Ability to identify issues relevant to the urgency and scope of action required in response to a product recall notice.
5 Ensures pharmaceutical products are disposed of safely.	• Ability to describe policies and requirements for the safe disposal of medicines.

Standard 3.4 Manage quality service delivery

This Standard covers the involvement of pharmacists in managing service delivery and establishing the policy framework against which services are provided. It also addresses the responsibility pharmacists have for ensuring the quality of professional services is maintained and improved for the benefit of consumers and other service users.

Performance Criteria	Evidence Examples
Element 1 – Facilitate service delivery	
1 Ensures personnel understand the nature of the professional services being offered.	• Ability to describe the ways in which personnel are informed about the scope and nature of the professional services offered.
2 Establishes and maintains policies and procedures which are supportive of consistent service delivery.	• Ability to describe the consultative processes by which personnel and other stakeholders/service users are engaged in the development and/or review of service policies and procedures. • Ability to discuss the role policies and procedures serve in risk management and harm minimisation.
3 Maintains a system of review of workplace practices in relation to established policies and procedures.	• Ability to describe a system of review of workplace practices that will identify the need to modifying a policy or procedure.
4 Provides justification and/or explanation of the policies and procedures.	• Ability to provide clear and supportive operational and policy guidance to personnel and other service users. • Ability to describe and/or promptly access resources that have exerted a significant influence on policy design.
5 Ensures pharmacy services and/or the service environment are designed to comply with relevant legislation.	• Ability to describe and/or promptly access legislation impacting on pharmacy services or design of the service environment.
6 Negotiates contracts for provision of services.	• Ability to discuss terms under which service contracts for specific services (e.g. HMRs) or site type (e.g. RACHs, private hospitals) may operate.
Element 2 – Maintain and enhance service quality	
1 Ensures services are provided in accordance with professional standards and statutory requirements.	• Ability to develop policies and procedures for pharmacy services/activities that are consistent with professional standards and statutory requirements.
2 Promotes maintenance of, and improvement in, the quality of pharmacy services and the service environment.	• Ability to demonstrate leadership in adopting and disseminating a positive attitude to achieving and maintaining excellence in the quality of services and the service environment. • Ability to describe the way in which professional practice and facility standards are required to be applied by personnel or in the workplace.
3 Plans and implements activities to maintain or improve the quality of pharmacy services and/or the work environment.	• Ability to describe a range of quality improvement or quality assurance tools (e.g. consumer surveys, audits, peer or self-assessments against quality standards). • Ability to describe the outcomes of a quality assurance or quality improvement program that was implemented and evaluated.
4 Uses data and information gathered about pharmacy services to implement changes required to improve services.	• Ability to describe situations where consumer and client feedback (e.g. customer surveys) or the results of service monitoring (e.g. complaints monitoring) or quality improvement activities have been applied to improve pharmacy services.

Performance Criteria	Evidence Examples
Element 3 – Ensure continuity of service	
1 Promotes optimal use of available human resources.	• Ability to describe a system of review of work processes to improve the efficiency with which human resources and skills are applied.
2 Ensures resources are adequate for the volume and type of work routinely presented.	• Ability to assess resource requirements for usual presenting workload. • Ability to discuss established workload and working conditions in terms of maintaining standards of consumer care and protecting public safety.
3 Recognises the limits that available resources impose on service levels to consumers and the community.	• Ability to describe the reasonable upper limit of service level achievable with existing resources.
4 Takes remedial action when service demand exceeds the capacity of available resources.	• Ability to describe short and long term strategies for addressing situations where service demand exceeds what available resources can reasonably support. • Ability to create a formal contingency plan for occasions of excessive service demand.
5 Understands the risks to maintenance of essential services.	• Ability to describe risks to maintaining essential pharmacy services (e.g. natural disaster such as flood or fire, electricity failure, pandemics). • Ability to describe essential pharmacy services in the context of the service environment.
6 Mitigates against risks to service continuity.	• Ability to describe a risk management plan for threats to essential pharmacy services. • Ability to implement a risk management plan for assuring continuity of service.

Standard 3.5 Provide a safe and secure work environment

This Standard addresses the responsibility pharmacists have for providing an environment where risks to the safety and well-being of personnel are managed and minimised. It encompasses the need to address requirements of occupational health and safety legislation and to manage risks directly related to the pharmacy environment because of the availability of cash and drugs of dependence. It also encompasses management of risks that arise because of the nature of the compounds with which pharmacists may have contact (e.g. solvents, cytotoxic drugs and/or biological products).

Performance Criteria	Evidence Examples
Element 1 – Ensure a safe working environment	
1 Ensures workplace safety is a priority for all personnel.	• Ability to increase understanding and engender a shared commitment from all personnel to creating a safe working environment.
2 Establishes a framework for workplace safety.	• Ability to develop and implement policies and procedures relating to workplace safety that are consistent with agreed or recognised standards. • Ability to develop and maintain a regular system of review for policies and procedures with an impact on workplace safety. • Ability to design and implement a risk management plan that addresses legislative and other requirements for occupational health and safety. • Ability to develop the documentation system required to support staff training and/or credentialing.

Performance Criteria	Evidence Examples
3 Ensures personnel receive appropriate information and training to maintain safety.	• Ability to develop and/or implement training programs/drills in which personnel participate (e.g. fire and armed hold-up drills, safe manual handling practices, use of mandatory safety clothing).
4 Addresses safety in areas of special need.	• Ability to develop and implement policies and procedures for certification of specialised equipment (e.g. cleanrooms, isolator cabinet or autoclaves), and handling and disposal of toxic substances (e.g. cytotoxic drugs, solvents or biological).
5 Ensures safe work practices are observed.	• Ability to develop and apply systems of review (e.g. audit) to check compliance with policies and procedures intended to maintain workplace safety (e.g. manual handling technique, correct use of protective clothing).
Element 2 – Address security needs	
1 Understands the potential risks of violence to personnel and the pharmacy operations.	• Ability to describe the source of risks to personnel (e.g. armed robbery or abusive, intimidating or threatening behaviour by service users). • Ability to describe potential impact of violence on the pharmacy (e.g. business disruption, increased workers compensation claims).
2 Acts to minimise the risks of violence in the workplace and the associated adverse outcomes.	• Ability to describe the risk assessment process undertaken. • Ability to describe the prevention strategies adopted (e.g. protocols, security barriers, fixed or personal duress alarms).
3 Ensures the effectiveness of strategies intended to limit security risk.	• Ability to describe the ways in which personnel are informed of the preventive strategies to be used. • Ability to describe how compliance with and effectiveness of preventive strategies is monitored.

Domain 4 Review and supply prescribed medicines

Standard 4.1	Undertake initial prescription assessment
Standard 4.2	Consider the appropriateness of prescribed medicines
Standard 4.3	Dispense prescribed medicines

This Domain includes those Competency Standards required for the accurate and timely supply of prescription medicines, including extemporaneously prepared products. (Refer also to Domain 5 **Prepare pharmaceutical products.**) It includes those competencies required to review the appropriateness of the medicine* and dosage regimen, optimise therapy and educate the consumer and/or carer about the medicine and its correct use as well as those applicable to the dispensing process.

Pharmacists have an independent duty of care to apply their expertise and use professional judgement to protect and promote the safety, health and well being of consumers. They do this through reviewing prescriptions for inadvertent prescribing errors and potentially dangerous therapeutic duplications or interactions and by applying their professional skills to optimise the results achieved from use of prescribed medicines.

As a consequence of their independent duty of care to consumers, pharmacists are obligated to supply medicines in accordance with the prescription* only to the extent that it is consistent with legal requirements and consumer safety. Pharmacists will often liaise with prescribers to recommend changes to prescribed medicines or to discuss therapeutic management and alternative treatment options, particularly where they are involved in multidisciplinary models of care.

The supply of prescription medicines is a professional service involving the use of medication related and/or clinical information to make professional judgements impacting on QUM*. Therefore, refer also to Domain 6 **Promote and contribute to optimal use of medicines**.

Where pharmacists are required to take overall responsibility for the quality, efficiency and effectiveness of dispensing services refer also to Domain 3 **Leadership and management**.

Standard 4.1 Undertake initial prescription assessment

This Standard is concerned with the processes pharmacists use to undertake initial assessment of a prescription. Much of this initial activity will relate to ensuring the prescription complies with legal and professional requirements and that the intended treatment is clear.

Regardless of the form of the prescription or the setting in which it is assessed pharmacists are obligated to ensure the relevant State or Territory legislative requirements are satisfied for the prescription to be deemed valid. They also have a duty of care to the consumer to ensure the prescriber's intentions are clear before proceeding to supply prescribed medicines.

Standard 4.1 Undertake initial prescription assessment

Performance Criteria	Evidence Examples
Element 1 – Validate prescriptions	
1 Confirms that prescriptions are authentic and comply with legal requirements and professional conventions.	• Ability to explain the key legal requirements of a valid prescription as specified by relevant State or Territory legislation. • Ability to describe and/or promptly access information on the professional conventions and obligations applicable to dispensing prescriptions, including those for medicines that are subsidised under the Pharmaceutical Benefits Scheme (PBS). • Ability to describe or demonstrate a verification/confirmation process for prescriptions received orally (e.g. by telephone) or electronically.
2 Acts to ensure fraudulent or illegal prescriptions are not dispensed.	• Ability to describe substances/medicines that are known to be subject to abuse or intentional misuse. • Ability to recognise or describe signs of prescription fraud. • Ability to describe and/or demonstrate use of a system to respond where a prescription is suspected of being fraudulent or is deemed illegal.

Performance Criteria	Evidence Examples
Element 2 – Clarify medication orders	
1 Ensures prescriptions are accurate and complete and clearly communicate the prescriber's intended treatment.	• Ability to identify and justify the need for additional information (e.g. age or weight of consumer, dose or dosing instructions) to be obtained from consumer/carer or prescriber.
2 Liaises with the prescriber and/or the consumer/carer to obtain additional information as required.	• Ability to clarify the prescribers intended treatment through liaison with the prescriber. • Ability to maintain professional rapport with the consumer/carer and prescriber when making enquiries relevant to the prescription.
3 Annotates prescriptions in accordance with legal requirements and professional conventions.	• Ability to describe legal requirements and professional conventions for annotating prescriptions (e.g. annotations clearly distinguishable from the writing of the prescriber and their source identified). • Ability to clearly annotate prescriptions to show information that has been obtained from the prescriber and/or consumer/carer.
Element 3 – Confirm availability of medicines	
1 Establishes any special circumstances or supply arrangements impacting on availability of the prescribed medicine.	• Ability to describe the requirements applicable to medicines with specific supply arrangements (e.g. PBS, PBS Authority and private prescriptions, Section 100 supplies, Special Access Scheme and emergency supply medicines, hospital formulary versus non-formulary medicines).
2 Identifies suitable products held in stock or available from a supplier.	• Ability to use authoritative reference sources and supplier catalogues to clarify required product and its availability. • Ability to interpret brand bioequivalence notes in PBS Schedule of Benefits for products from different sponsor companies.
3 Liaises with prescribers to identify suitable alternative products where supply difficulties are apparent.	• Ability to identify and justify the choice of a therapeutic alternative where a prescribed product cannot be obtained. • Ability to discuss suitable alternative medicines/therapies with prescribers.
4 Accepts responsibility for advising consumers/carers of reasons for any delay in supply of medicines and the actions taken to assure continuity of care.	• Ability to clearly explain to consumers/carers the cause of, and actions underway to minimise, delays in supply. • Ability to describe the documentation and processes used to follow up on deferred supply prescription medicines and keep the prescriber and consumer informed. • Ability to describe measures or options for working with the consumer/carer to assure continuity of care consistent with clinical need.

Standard 4.2 Consider the appropriateness of prescribed medicines

This Standard is concerned with the ability of pharmacists to integrate and apply clinical and pharmacological information in an assessment of the appropriateness and safety of a medication and/or the medication dosing regimen. This involves the acquisition of relevant clinical information and the use of professional judgement to determine whether prescribed medicines may be safely and effectively introduced into the current medication treatment regimen.

In deciding whether prescribed medicines can be safely and effectively added to an existing therapeutic regimen pharmacists have a duty of care to use the clinical information which is readily available to them and to otherwise acquire that information which might reasonably be expected to make their professional judgement. In many instances this will necessitate contact with the prescriber or consultation with the consumer and/or carer. Where this is required pharmacists must be mindful of the requirements to protect consumer privacy and maintain confidentiality.

Performance Criteria	Evidence Examples
Element 1 – Gather relevant information	
1 Uses a systematic approach to access and review the consumer medication record or notes.	• Ability to access consumer medication records, including those that are stored electronically. • Ability to elicit changes to therapy, patterns of usage and adherence, previous allergies, adverse effects and drug interactions and any relative or absolute contraindications from the consumer medication record or notes.
2 Obtains additional essential medication related information from the consumer/carer and/or the prescriber.	• Ability to identify and justify additional information needed to confirm the safety and/or appropriateness of the prescribed medicines. • Ability to maintain professional rapport with consumer/carer and/or prescriber when seeking additional health and/or medication related information.
3 Uses relevant information sources to clarify or confirm information or meet additional information needs.	• Ability to identify relevant information sources for different types of information. • Ability to use information resources to obtain or confirm required information.
Element 2 – Review the prescribed medicines	
1 Understands the therapeutic use(s) or pharmacological rationale for use of prescribed medicines.	• Ability to describe the therapeutic uses and/or pharmacology of prescribed medicines, or to readily access this information. • Ability to explain why the particular medicines are likely to have been prescribed for a specific consumer.
2 Considers consumer, drug and dosage form factors likely to impact on the efficacy or safety of treatment.	• Ability to describe the types of consumer factors (e.g. medical conditions/ disease states, age, weight, allergies, pregnancy and lactation), drug factors (e.g. bioavailability, pharmacokinetics, efficacy, toxicity) and formulation factors (e.g. use of preservatives, stability, sterility) that are likely to impact on efficacy and safety of treatment.
3 Identifies clinically significant potential or actual drug related problems likely to be associated with use of the prescribed medicines.	• Ability to use professional judgement to identify clinically significant potential or actual medication related problems associated with use of the prescribed medicines.
4 Identifies factors likely to adversely affect adherence to the intended treatment.	• Ability to describe consumer or lifestyle factors or features of the prescribed medicines that are likely to adversely impact on adherence (e.g. language, literacy and numeracy skills, manual dexterity, vision, racial, religious and cultural background, dosing regimen, side-effect profile and cost).
5 Uses professional judgement to determine whether any changes in prescribed medicines are warranted to promote enhanced safety and/or efficacy.	• Ability to describe and justify changes in the prescribed medicine, dosage form and dosing regimen that are thought necessary in the interests of consumer safety and/or enhanced treatment efficacy.

Standard 4.2 Consider the appropriateness of prescribed medicines

Performance Criteria	Evidence Examples
Element 3 – Promote optimal medicines use	
1 Liaises with the prescriber regarding suggested changes in therapy to resolve or minimise issues likely to adversely impact on adherence.	• Ability to describe to the prescriber the rationale behind recommended changes in treatment and to discuss alternative therapeutic options where necessary.
2 Initiates action, in consultation with prescribers and/or consumers, to address issues impacting on adherence.	• Ability to recognise when a dose administration aid (DAA) or administration device (e.g. spacer) may assist therapy.
3 Understands the need to accurately code and record clinical interventions consistent with professional standards or conventions and workplace policy.	• Ability to use a systematic classification and recording system for clinical interventions. • Ability to describe the process by which data on clinical interventions is captured, analysed and used.

Standard 4.3 Dispense prescribed medicines

This Standard covers the physical process of dispensing prescribed medicines (including into DAAs), with associated record management functions, and the supply of medicines and medicines information to consumers. This latter function encompasses the application of appropriate communication processes and professional judgement to provide the consumer with sufficient information to use their medicines safely and effectively.

Pharmacists involved in dispensing will usually experience competing demands for their time and attention. Since such circumstances can compromise the accuracy and quality of dispensing pharmacists must be vigilant about the rigour of their dispensing processes and comply with workplace risk management policies and procedures.

Pharmacists are required to maintain records of dispensed medicines in a manner that meets legal and site specific requirements. The unique features of the dispensing and other software and the relative importance of maintaining inventory control electronically will often drive the systems used for record maintenance. Consumer medication records will usually include relevant details such as age, weight, gender, allergies and details of the dose, form, and quantity of dispensed medicines. They may also include laboratory test results, medical conditions and diseases, and details of over-the-counter medicines supplied.

Provision of medicines information is intended to enhance the consumer's understanding, willingness and ability to use medicines safely and effectively. The level of detail provided and the aspects of treatment discussed are matters of professional judgment and will vary according to individual consumer's needs. Information will usually be given verbally, but should be supplemented by demonstration of technique and/or provision of written information (e.g. Consumer Medicine Information (CMI) leaflets, consumer medication record cards or administration instruction sheets).

Standard 4.3 Dispense prescribed medicines

Performance Criteria	Evidence Examples
Element 1 – Apply a systematic dispensing procedure	
1 Uses professional judgement to determine the priority order in which prescription medicines are dispensed.	• Ability to decide a priority order for prescribed medicines, taking account of factors such as the urgency of clinical need, professional activities involved (e.g. compounding and recording), consumer safety and legal requirements.
2 Maintains a logical, safe and disciplined dispensing procedure.	• Ability to operate computerised dispensing and bar code scanning systems to accurately select medicines and maintain consumer medication records. • Ability to describe factors known to be associated with dispensing errors (e.g. stock with similar corporate packaging, frequent interruptions). • Ability to apply a systematic process which incorporates sequential checks for accuracy. • Ability to accurately select product, dosage form and required quantity.

Performance Criteria	Evidence Examples
3 Considers factors likely to compromise product efficacy and stability when repackaging medicines out of their original containers/packaging.	• Ability to describe factors (e.g. light sensitivity, deliquescence) relevant to specific products that affect the advisability of or container/packaging selection for product repackaging.
4 Applies legible, comprehensible and complete labels to dispensed medicines.	• Ability to produce labels in which the type face is large enough and dark enough to be easily read, instructions are expressed in readily understandable English, are adapted to meet specific consumer needs (e.g. poor sight) and include all the information specified by the prescriber. • Ability to select a site for the label that does not cover important information provided by the sponsor company such as expiry date, batch number, storage requirements or dosing information.
5 Incorporates relevant cautionary and advisory directions into the labelling of dispensed medicines consistent with legal requirements and professional conventions.	• Ability to use ancillary labels or cautionary and advisory statements as specified in legislation, the *Australian Pharmaceutical Formulary and Handbook* (APF) and otherwise as considered appropriate.
6 Ensures dispensed medicines and the applied labels directly correlate to the prescribed medicines and dosing regimen.	• Ability to use the prescription as the primary source for checking that both the label and dispensed medicine exactly correlate to the prescribed medicines. • Ability to demonstrate a rigorous and systematic process for checking medicines dispensed by others, including non-pharmacists.
7 Accepts responsibility for ensuring dispensed medicines are issued (and administered for supervised dosing in the pharmacy) to the correct consumer.	• Ability to demonstrate the use of a checking process of consumer/dosing details with those on the prescription at the time prescription medicines, including those for which there is supervised dosing (e.g. methadone), are supplied.
8 Takes prompt action to minimise the impact of dispensing errors and reduce the risk of recurrence.	• Ability to describe the steps necessary to minimise the impact of dispensing errors on consumers and minimise the risk of recurrence.
Element 2 – Manage records	
1 Completes prescription records for dispensed medicines, including controlled substances, consistent with legal requirements.	• Ability to describe the recording requirements for prescription medicines, including controlled substances. • Ability to demonstrate maintenance of prescription records that include prescription annotations and comply with legal requirements.
2 Maintains accurate and up-to-date consumer medication records consistent with professional standards and conventions.	• Ability to describe and/or demonstrate compliance with professional conventions in relation to maintenance of consumer medication records. • Ability to promptly access additional guidance from professional guidelines and standards.
3 Accurately records details of medication incidents (including 'near misses') including the actions taken to minimise their effects and prevent recurrence.	• Ability to describe appropriate recording and response requirements for dispensing errors such as provided in *Procedure to follow in case of a dispensing error* (Pharmaceutical Defence Limited). • Ability to demonstrate compliance with workplace procedures for documenting and responding to medication incidents.
Element 3 – Assist consumer understanding and adherence	
1 Liaises with the consumer/carer to clarify their information needs.	• Ability to communicate with consumers/carers to confirm their knowledge and understanding of their disease/condition and medications and clarify the level, type and form of information required.

Performance Criteria	Evidence Examples
2 Identifies additional information needs arising from changes in the medicines or medication treatment.	• Ability to identify circumstances where a change in appearance of medicine or its packaging (e.g. as a result of brand substitution or changes in corporate packaging) needs to be discussed with the consumer/carer.
3 Provides advice on the medicine, dosing regimen, precautions, possible adverse effects and any specific storage requirements.	• Ability to describe, in terms appropriate for informing the consumer, the therapeutic indications, pharmacological actions and precautions for dispensed medicines. • Ability to identify and describe the most relevant adverse effects and to discuss these with consumers/carers without causing alarm.
4 Reinforces and clarifies verbal advice by demonstrating administration technique and using written consumer information resources as required.	• Ability to use written consumer information resources (e.g. CMI leaflet) to identify and tailor information relevant to specific consumers and/or circumstances. • Ability to describe and/or demonstrate administration technique for commonly used medicines, including inhalers, eye ointments, and eye, ear and nose drops.
5 Checks that consumers understand why the medicines have been prescribed and how they are to be used/ administered and stored.	• Ability to check that medicines information provided has been understood (e.g. uses questions to confirm understanding, interprets cues that information has not been understood).
6 Works with the consumer/ carer to positively impact on adherence with prescribed treatment regimen.	• Ability to discuss with consumers/carers the importance of adherence and possible courses of action that may improve their ability or willingness to adhere. • Ability to demonstrate the use of aids/appliances (e.g. spacer, tablet cutter, single dose packaging).

Domain 5 Prepare pharmaceutical products

Standard 5.1	Consider product requirements
Standard 5.2	Prepare non-sterile drug products
Standard 5.3	Aseptically prepare sterile drug products
Standard 5.4	Prepare cytotoxic drug products

NOTE: Standard 5.1 underpins all of the Standards in this Domain.
Standard 5.1 must be used in conjunction with each of Standards 5.2, 5.3 and 5.4.

This Domain includes those Competency Standards required for the extemporaneous preparation of single or multiple units of a medicine intended for immediate issue and/or use by a specific consumer. It also encompasses the competencies required for aseptic preparation of sterile products, including those containing cytotoxic drugs.

Pharmacists are involved in preparing pharmaceutical products in a range of settings where the available equipment and facilities may vary significantly. For example, pharmacies in public hospitals are commonly equipped with cleanroom facilities and related consumables whereas it is uncommon for community pharmacies to have such facilities.

Most community pharmacies have some involvement in the preparation of non-sterile pharmaceutical products. A few community pharmacies have extensive involvement in the preparation of pharmaceutical products, to the extent that it has become an area of interest for the pharmacy.

The provision of prepared pharmaceutical products is a professional service involving the use of medication related and/or clinical information to make professional judgements impacting on QUM. Therefore, refer also to **Domain 6 Promote and contribute to optimal use of medicines**.

Where pharmacists are required to take overall responsibility for the quality, efficiency and effectiveness of compounding services refer also to **Domain 3 Leadership and management**. In facilities where sterile products are prepared these pharmacists would be expected to have a thorough knowledge of relevant Australian Standards, including those for cleanrooms and clean workstations and cytotoxic drug safety cabinets.

Standard 5.1 Consider product requirements

Note: This standard underpins all of the standards in this Domain and **is to be used in conjunction with each of the following:**

- **Standard 5.2 Prepare non-sterile drug products**
- **Standard 5.3 Aseptically prepare sterile drug products**
- **Standard 5.4 Prepare cytotoxic drug products.**

This Standard is concerned with the ability of pharmacists to determine the constraints that may apply to a requested or required product (sterile and non-sterile), whether a clinical need exists and whether suitable equipment and ingredients are available. It also covers identification of a safe and appropriate formulation and actions to be taken on behalf of the consumer if a product cannot be prepared.

Standard 5.1 Consider product requirements

Performance Criteria	Evidence Examples
Element 1 – Consider legislative and professional obligations	
1 Understands specific codes and regulations that apply to the preparation of pharmaceutical products.	• Demonstrated understanding of relevant codes (e.g. *Pharmaceutical Inspection Convention and Pharmaceutical Inspection Co-operation Scheme (PIC/S) Guide to Good Manufacturing Practice for Medicinal Products*) and legislative requirements.
2 Complies with workplace practices and professional conventions for product preparation.	• Ability to describe professional standards and conventions as well as workplace policies and procedures for the preparation of pharmaceutical products.

Performance Criteria	Evidence Examples
3 Maintains currency of information on legislative, professional and workplace policy requirements applicable to the preparation of pharmaceutical products.	• Ability to describe and/or demonstrate systems or processes established to capture new information on standards and conventions applicable to the preparation of pharmaceutical products (e.g. latest editions of APF and *Professional Practice Standards*, circulars from the Therapeutic Goods Administration (TGA) and Health Department).
4 Ensures processes to protect consumer safety are applied.	• Ability to describe checking processes required to assure consumer safety (e.g. double check of calculations, weighings and measurements, quarantine of products prior to final check and release, label reconciliation, and check and release of final products). • Ability to describe how the application of safety procedures is documented for prepared products.
Element 2 – Confirm the need for the product	
1 Understands the therapeutic context in which the product has been requested.	• Ability to promptly access standard treatment protocols or individual consumer treatment plans. • Ability to clarify the context of treatment from the consumer's medication record or other sources such as consumer notes.
2 Obtains additional clinical or medication related information as needed.	• Ability to identify and justify additional information needed to confirm the safety and/or appropriateness of providing the requested product. • Ability to access and interpret test results relevant to the product requested (e.g. white cell count for chemotherapy, biochemistry for Total Parenteral Nutrition (TPN)). • Ability to maintain professional rapport with consumer/carer and/or prescriber when seeking additional clinical or medication related information.
3 Uses evidence-based decision-making in determining what changes, if any, are warranted in the requested product.	• Ability to describe and/or promptly access evidence-based information on treatment protocols and preferred treatment options or formulations. • Ability to apply clinical information to determine if requested product will meet consumer needs.
4 Provides advice on the selection of a suitable product.	• Ability to describe the nature of a range of common pharmaceutical formulations and provide advice on appropriate selection and use. • Ability to advise on issues such as infusion diluent, strength, volume and rate, and TPN composition and caloric value for specific consumers taking account of their clinical status (e.g. hydration, catabolic state, renal function). • Ability to describe and justify the choice of an alternative product.
Element 3 – Confirm the required formulation	
1 Selects a standard formulation to correspond to a specified product where one exists.	• Ability to use standard reference sources (e.g. APF, master manufacturing sheets) to access required formulations. • Ability to select the correct standard formulation for a specific product.
2 Identifies circumstances that might warrant adjustments being made to a formulation.	• Ability to recognise the potential in a formulation for physicochemical incompatibilities (e.g. acid-base reactions, precipitation, flocculation, oxidation, hydrolysis and colour change). • Ability to identify situations where a formulation requires adjustment to ensure adequate stability, compatibility and suitability for its intended use (e.g. use of pH buffers, alteration of vehicle, addition of suspending agent, preservative or antioxidant).
3 Uses reference sources to modify the formulation in a manner consistent with consumer needs, and professional guidelines and conventions.	• Ability to use a range of reference sources (e.g. APF, IV additive compatibility and caloric intake guides) to correctly identify the nature and/or magnitude of the required adjustment. • Ability to promptly access additional guidance on professional conventions relating to modification of formulations. • Ability to appropriately adjust TPN formulation, infusion diluent, strength, volume and rate based on changes in consumer's clinical status (e.g. hydration, catabolic state, renal function).

Performance Criteria	Evidence Examples
4 Discusses and confirms required modifications with prescriber and/or consumer as required.	• Ability to describe situations where legislation or professional conventions require the prescriber (e.g. change in concentration of active ingredient(s)) and/or the consumer (e.g. change in colour, flavour or dose) to be notified of a change. • Ability to explain and confirm required modifications with the prescriber or consumer.
5 Uses databases and other evidence-based reference sources to research formulations where no standard formulation exists.	• Ability to use evidence-based information sources to identify suitable formulation options where no standard formulation exists. • Ability to identify expertise (e.g. pharmacists within hospitals or pharmaceutical companies) and information sources (e.g. medical or pharmaceutical journals) from which non-standard formulations/advice may be obtained.
6 Develops an appropriate formulation where no standard formulation exists.	• Ability to develop a formulation to meet the needs of individual consumers (e.g. paediatric powders) by reference to information sources or by consultation with appropriate persons.
Element 4 – Determine if production requirements can be met	
1 Understands the formulation instructions, including preparation methods.	• Ability to interpret and explain the terminology, abbreviations and instructions for preparing specific products.
2 Understands issues impacting on stability that are likely to influence preparation technique and selection of final storage container.	• Ability to describe the effects of moisture, oxygen, light, heat and microbiological contamination on product stability, efficacy and shelf-life. • Ability to identify or promptly access information on any issues impacting on the stability/shelf-life of particular products.
3 Confirms the active ingredients and excipients required for preparing the product and their suitability for use.	• Ability to accurately identify ingredients by trade, generic or common name. • Ability to differentiate active ingredients from excipients and to explain the purpose of each ingredient present in the formulation (e.g. therapeutic agent, vehicle, flavouring and suspending agent, buffer, antioxidant, preservative). • Ensures storage conditions for ingredients and materials are optimal for protecting their integrity and quality.
4 Understands the requirement to assess any risks associated with handling and/or manipulating the product and/or product ingredients.	• Ability to undertake a risk assessment and identify any sources of risk posed to personnel, the product or the environment (e.g. cytotoxic or teratogenic agents, biologicals, strong acids or alkalis). • Ability to differentiate products that may be prepared at an open manufacturing workstation from those that require aseptic dispensing (e.g. eye drops, injections and instillations). • Ability to describe and/or demonstrate safe handling techniques (e.g. order of addition, use of specialised equipment/facilities) for ingredients that are potentially harmful (e.g. strong acids and alkalis, podophyllin, cytotoxic agents).
5 Confirms availability and suitability of required equipment/environment.	• Ability to identify equipment/environment appropriate for the preparation of a specific product (e.g. cleanroom, blender, heat source, measures and balances). • Ability to confirm the required equipment/environment is clean and has been properly maintained (e.g. recalibrated or recertified according to manufacturer's instructions or local policy).
6 Identifies an appropriate course of action where preparation requirements cannot be met.	• Ability to use problem-solving skills to identify a course of action or make a recommendation that addresses consumer need where a product cannot be made in the workplace.
Element 5 – Prepare and maintain product documentation	
1 Understands the value of using a worksheet, logbook or register for recording details of prepared products.	• Ability to describe the reasons for completing a product worksheet/logbook/register (e.g. tracking batches of ingredients in the event of a recall, checking of involved personnel, quantities and ingredients in the event of consumer complaint or misadventure).

Performance Criteria	Evidence Examples
2 Calculates the required quantities for each of the ingredients in the final product.	• Ability to accurately calculate (e.g. weight, volumes, percentages, displacement values and aliquots, dilutions) requirements for the final product.
3 Ensures product worksheet, logbook or register is legible, accurate and complete.	• Ability to demonstrate the use of a worksheet, logbook or register as appropriate to document the details of prepared products, including ingredients and their batch number and expiry dates, compounding process, and expiry date and labelling of the final product. • Ability to recognise calculation errors and/or inconsistencies between the worksheet/logbook/register and master manufacturing sheet or product order/prescription.
4 Seeks additional information or guidance about any issue of concern or uncertainty before proceeding to preparation of the product.	• Ability to describe or demonstrate ways in which additional guidance or enhanced certainty can be achieved (e.g. double checking of calculations by another individual, reviewing preparation methods described in master worksheet, use of reference texts to confirm strengths, doses or dilutions).
5 Applies a systematic process for assigning batch numbers and storing records of prepared products.	• Ability to demonstrate and/or describe a system for creating batch numbers and storing and retrieving records of prepared products. • Ability to undertake recording and record storage functions consistent with local policies and procedures.
Element 6 – Optimise packaging and labelling	
1 Prepares legible, comprehensible and complete final product labels in accordance with worksheet/ logbook/register, legislative requirements and professional conventions.	• Ability to promptly access information on legal requirements and professional conventions applicable to the labelling of prepared pharmaceutical products. • Ability to generate accurate, unambiguous and complete labels consistent with the details on the worksheet/logbook/register and with professional conventions and legal requirements (e.g. including name of consumer, name and contact for the pharmacy, strength/amount of active ingredient(s), dosing information, batch number, expiry and storage requirements).
2 Chooses packaging for prepared products that promotes safe use and addresses factors likely to compromise product stability.	• Ability to describe and/or use information sources to identify factors (e.g. light, moisture, temperature, container type) impacting on stability and shelf-life. • Ability to choose containers appropriate for the intended use of the product (e.g. dropper bottles for eye and ear drops, Toomey syringe for bladder instillations) and for addressing factors known to impact on product stability/ shelf-life (e.g. amber bottles, aluminium foil outer wrapping).
3 Applies labels to prepared products to optimise their stability and promote their correct storage and use.	• Ability to describe additional labelling requirements for specific products that will promote their correct storage and use (e.g. supplementary labels such as ‘Shake the bottle’, ‘Refrigerate’ and ‘Discard after…..days’, or special administration instructions such as ‘For intrathecal injection only’). • Ability to label prepared products without obscuring manufacturers’ information relevant to the correct storage and/or use of the final product.

Standard 5.2 Prepare non-sterile drug products

(To be used in conjunction with **Standard 5.1 Consider product requirements**.)

This Standard is concerned with the ability of pharmacists to choose and apply appropriate compounding techniques for the extemporaneous dispensing of pharmaceutical products. It also addresses pharmacists' ability to complete and maintain required documentation and select appropriate final containers for prepared products.

Use of the correct materials and sound pharmaceutical technique is essential for the accurate production of safe and efficacious pharmaceutical products and for minimising the risk of product contamination. Product worksheets provide a record of exactly how each product has been prepared and are an essential resource for supporting quality assurance and quality improvement activities. Master worksheets are an important risk management tool as they provide an accurate and consistent template for the preparation of pharmaceutical products and facilitate tracking of ingredients and product batches. They can also improve the efficiency with which pharmaceutical products can be prepared.

Standard 5.2 Prepare non-sterile drug products

Performance Criteria	Evidence Examples
Element 1 – Assemble ingredients and materials	
1 Selects ingredients of appropriate quality.	• Ability to select ingredients of appropriate quality/standard for inclusion in products intended for human therapeutic use (e.g. pharmaceutical grade, in date, stored according to storage advice on label, visually free of contamination and/or signs of degradation such as colour change, crystallisation or deliquescence).
2 Selects ingredients and equipment accurately.	• Ability to select ingredients (form and strength) and final container that exactly match the descriptions on the worksheet.
3 Reduces the potential for other activities and/or materials to impede, cross contaminate or cause error in the preparation process.	• Ability to organise an area of suitable size in the workplace in which production can proceed in an unimpeded manner.
Element 2 – Apply compounding principles and techniques	
1 Measures quantities required according to the worksheet.	• Ability to accurately weigh and measure ingredients.
2 Adopts a systematic process for combining ingredients that is consistent with sound pharmaceutical compounding practice.	• Ability to demonstrate preparation techniques and use of equipment (e.g. grinding, mixing, blending, balances and calibrated measures). • Ability to demonstrate a systematic technique for making a variety of pharmaceutical products (e.g. creams, emulsions, solutions).
3 Uses techniques that avoid contamination of the product.	• Ability to demonstrate technique and personal hygiene measures that limit the opportunities for contamination of the product.

Standard 5.3 Aseptically prepare sterile drug products

(To be used in conjunction with **Standard 5.1 Consider product requirements**.)

This Standard covers the specialised processes involved in the preparation of sterile products in a cleanroom environment, using fit-for-purpose sterile equipment and aseptic technique. Such products are intended to meet the immediate clinical needs of an individual consumer and have a relatively short shelf-life.

All pharmacists will have an understanding of when aseptic preparation processes should be used. Most pharmacists working in hospitals with cleanroom facilities will be involved to some extent in the provision of sterile products that are generally not available from commercial suppliers. The range and complexity of products will vary depending on the type and level of clinical services provided by the hospital. Some may offer an IV additive service while others will provide specialised products such as individualised TPN solutions for adults, children and neonates. Pharmacists involved in the aseptic preparation of sterile products will be required to demonstrate sound aseptic technique which will have been validated through a sterility testing program and/or by other means (e.g. local credentialing program).

Standard 5.3 Aseptically prepare sterile drug products

Performance Criteria	Evidence Guide
Element 1 – Understand the work environment and work practices	
1 Understands the operation of a cleanroom environment.	• Ability to describe the function of a cleanroom, including pressure differentials, airflow, use of High Efficiency Particulate Air (HEPA) filters and placement of cabinet and other equipment.
2 Understands the principles of aseptic dispensing in a HEPA filtered horizontal laminar airflow cabinet.	• Ability to describe the basis for use of aseptic dispensing technique in a horizontal laminar air-flow cabinet in a cleanroom. • Ability to differentiate and describe products that require aseptic dispensing to ensure sterility (e.g. TPN, narcotic and antibiotic infusions and injections).
3 Understands the issues important to the selection of correct equipment for aseptically prepared products.	• Ability to discuss issues (e.g. needle gauge, minibag volume, types of plastic infusion bags, luer lock syringes, sterilising and venting filters) relevant to correct selection of equipment for aseptic product preparation.
4 Participates in activities/ programs intended to assure sound aseptic technique and the quality of aseptically prepared products.	• Ability to describe a validation/certification program for maintaining sound aseptic technique. • Ability to demonstrate sound aseptic dispensing technique on a range of sterile products. • Ability to describe the key features of a quality assurance program.
Element 2 – Prepare and supply sterile products	
1 Selects and assembles materials and equipment required for specific product.	• Ability to describe the uses of different pieces of equipment used in aseptic dispensing (e.g. sterilising, venting and particulate filtration filters, additive ports, minibag entry port closures). • Ability to correctly assemble all materials required to prepare a range of different products.
2 Uses appropriate scrub and gowning techniques before entering the cleanroom.	• Ability to demonstrate correct scrub and gowning technique.
3 Uses appropriate setup and manipulative technique for aseptic preparation of products in a laminar airflow cabinet.	• Ability to demonstrate correct equipment setup and aseptic dispensing technique for preparation of sterile products in a laminar airflow cabinet.
4 Complies with local policies and procedures for cleaning the cabinets between products and at the end of work sessions.	• Ability to describe policies and procedures applicable to maintaining the operation and cleanliness of the laminar airflow cabinet.
5 Maintains the integrity of the cleanroom environment.	• Ability to describe procedures for transfer of products and materials between the cleanroom and general work areas. • Ability to describe work practices intended to maintain cleanroom integrity.

Performance Criteria	Evidence Examples
6 Contributes to maintenance of an audit trail on all ingredients used and on final products.	• Ability to describe the way in which records support maintenance of an audit trail on ingredients and final products.
7 Provides advice to others on the correct use/application of aseptically prepared products.	• Ability to describe how aseptically prepared products should be manipulated for administration to consumers to limit the opportunity for product contamination.

Standard 5.4 Prepare cytotoxic drug products

(To be used in conjunction with **Standard 5.1 Consider product requirements**.)

This Standard covers the techniques and processes involved in the preparation of pharmaceutical products containing drugs known to exert cytotoxic and/or teratogenic effects, such as those used in cancer chemotherapy.

Pharmacists involved in the manipulation of cytotoxic/teratogenic drugs will usually have significant experience with aseptic dispensing in a horizontal laminar air-flow cabinet and will have had their technique validated through a sterility testing program and/or by other means (e.g. local credentialing program). They will have learned to adapt their technique for a cytotoxic drug safety cabinet (where laminar air-flow is vertical) or for an isolator cabinet.

These pharmacists may have developed a special interest in oncology and have significant knowledge about cancer chemotherapy and the pharmacological action and therapeutic use of cytotoxic drugs. Many will be active members of an oncology unit and the associated clinical treatment team(s). They are therefore likely to have substantial involvement in the provision of information and advice about the products and their use.

Performance Criteria	Evidence Examples
Element 1 – Understand the work environment and work practices	
1 Understands the importance of preparing cytotoxic drug products in environments and using equipment specifically provided for that purpose.	• Ability to explain the toxic potential of cytotoxic/teratogenic drugs. • Ability to describe how features of the equipment and environment contribute to protection of product, environment and preparer. • Ability to differentiate products requiring preparation in a cleanroom and cytotoxic drug safety cabinet or isolator. • Ability to describe how the specialised techniques used in manipulation of cytotoxic drugs contribute to the protection of the product, environment and preparer.
2 Understands the operation of the cleanroom and cytotoxic drug safety cabinet and/or isolator cabinet.	• Ability to describe the operation of an isolator cabinet and/or the airflow and venting systems of the cleanroom and cabinet (including the way in which the air pressure differentials work and the changes in pressure that occur in the event of the spill alarm system being activated).
3 Understands the safety procedures applicable in the event of a spill or accidental exposure to a cytotoxic drug.	• Ability to describe or demonstrate emergency procedures for a spill or accidental exposure.
4 Understands the principles to be applied for the safe transportation of cytotoxic products and disposal of waste.	• Ability to describe risks posed by cytotoxic products and waste and how correct packaging and disposal reduces the risks.

Performance Criteria	Evidence Examples
Element 2 – Prepare cytotoxic drug products	
1 Scrubs and gowns appropriately before commencing preparation of the product.	• Ability to describe and/or demonstrate correct scrub and gowning technique. • Ability to select correct gowning apparel.
2 Understands how to arrange ingredients and equipment within the preparation cabinet.	• Ability to demonstrate the desired layout of ingredients and equipment in the preparation cabinet.
3 Uses sound technique to prepare cytotoxic drug products in a cytotoxic drug safety cabinet or isolator cabinet.	• Ability to demonstrate sound technique for manipulating cytotoxic drugs/drug products using a variety of equipment.
4 Takes prompt action to clean up cytotoxic spills in the cabinet or cleanroom.	• Ability to describe and/or demonstrate the correct use of a spill kit and procedures to be observed in the event of a spill inside the cabinet.
5 Disposes of waste materials generated during the preparation of products according to established protocols.	• Ability to describe and/or demonstrate disposal of waste materials such as used needles, syringes and primary containers consistent with established policy and procedures.
6 Packages each product in a manner that allows its safe transportation from the preparation area to consumer treatment areas.	• Ability to describe and/or demonstrate the packaging required before the product leaves the cleanroom environment. • Ability to describe any additional packaging required to minimise the risk of product contamination and unintended exposure of the environment or people during its transportation.
7 Contributes to maintenance of an audit trail on all ingredients and final products.	• Ability to describe the way in which records support the maintenance of an audit trail on ingredients and final products.
Element 3 – Assist the safe use of cytotoxic drug products	
1 Applies product labels that clarify the method of administration, storage requirements and expiry for product users.	• Ability to produce clear, unambiguous labels that provide user information, including information on administration, storage and expiry.
2 Provides advice on administration techniques and equipment required for the safe administration of cytotoxic drug products.	• Ability to describe precautions and/or demonstrate the use of equipment (e.g. special purpose gowns and gloves, luer lock connector giving sets) needed for the safe handling and administration of cytotoxic drug products.
3 Explains equipment and processes required for the safe handling and disposal of cytotoxic waste, including affected body fluids.	• Ability to describe or promptly access information on the correct disposal equipment and processes required for different types of contaminated waste.
Element 4 – Protect personal health	
1 Understands circumstances that would preclude personal involvement in the preparation of cytotoxic drug products.	• Ability to describe circumstances which would preclude personal involvement in the preparation of cytotoxic drug products (e.g. pregnancy, immunosuppression).

Performance Criteria	Evidence Examples
2 Participates in activities/ programs intended to assure sound technique and the quality of aseptically prepared products.	• Ability to describe a validation/certification program for maintaining sound aseptic technique. • Ability to demonstrate sound aseptic technique. • Ability to describe key features of the quality assurance program.
3 Maintains accurate and complete records of exposure to cytotoxic drugs/drug products.	• Ability to describe and/or demonstrate the use of a systematic recording system for products made, time spent in preparing each and unusual incidents such as spills or needlestick injuries.
4 Reports spill and exposure incidents consistent with local policies and procedures.	• Ability to describe or promptly access policies and procedures for reporting and follow-up of spill and exposure incidents.

Domain 6 Deliver primary and preventive health care

Standard 6.1	Assess primary health care needs
Standard 6.2	Deliver primary health care
Standard 6.3	Contribute to public and preventive health

This Domain includes those Competency Standards that address the role pharmacists have in encouraging and assisting individual and groups of consumers to take responsibility for their own health. Consumer treatment, education and training, and referral as well as participation in public health* campaigns are some of the means by which this may be achieved. Within this Domain provision of primary health care may extend to aspects of veterinary care, particularly in rural areas.

Public health activities are those which are focussed on communities or groups of people rather than on individual consumers. They are almost always provided by governments in the context of specified health goals or targets and may be directed at either environmental control or personal health. Examples of environmental control include water and air quality, regulation of industries which may cause ill-health, disposal of waste, control of certain communicable diseases and processing, labelling and distribution of food and drugs. Personal health strategies include health education and nutrition advice, immunisation programs, neonatal clinics, school medical and dental services and treatment and control of sexually transmissible diseases.

Public health activities are directed at the preservation of health and prevention of illness and injury. They are complementary to the care provided for illness. They generally target either an identified 'at-risk' segment of the population (e.g. cigarette smokers) or, where the risk is universal, the population in its entirety (e.g. tetanus vaccination).

Health promotion* is a process of enabling individuals to improve their health by increasing the control they have over the determinants of health. Community pharmacies are a highly accessible and high profile health resource within the community. Community pharmacists work at the boundary of self-care and primary care and have a significant role to play in promoting health, preventing illness and responding to the primary health care needs of consumers.

The current expansion of primary health care services will provide enhanced opportunities for pharmacists in primary health care. The delivery of primary health care is a professional service involving the use of medication-related and/or clinical information to make professional judgements impacting on QUM. Therefore, refer also to **Domain 7 Promote and contribute to optimal use of medicines.**

Standard 6.1 Assess primary health care needs

This Standard addresses the responsibility pharmacists have to assess the symptoms or conditions for which assistance is sought, form a view about their potential seriousness and make a sound professional judgement about the course of action most likely to be of benefit to the consumer. This may include collaboration with or onward referral to another health professional.

Pharmacists are often the first health professionals contacted by consumers with a health concern. The vast majority of primary health care services provided through the community pharmacy network are delivered to 'walk in' consumers for whom only limited health information may be available to inform the pharmacist's decisions-making. Pharmacists must therefore consider the adequacy of the information to which they have access and exercise careful professional judgement in determining the appropriate course of action.

In some instances primary health care interactions with consumers will result in a direct referral to their usual medical practitioner or another health professional. In others the pharmacist may give the consumer a conditional referral such that failure of the recommended treatment to improve the symptoms/condition within a specified time should serve as a signal to them to seek the assistance of their medical practitioner. The use of a written referral form is strongly advocated where a referral to another health professional is made.

Standard 6.1 Assess primary health care needs

Performance Criteria	Evidence Examples
Element 1 – Elicit relevant clinical information	
1 Undertakes consultation with the consumer/carer in a manner that protects their privacy and confidentiality.	• Ability to discuss ways in which consumer privacy and confidentiality may be protected during a clinical consultation. • Ability to describe circumstances where the consumer's right to receive primary health care services anonymously should be protected. • Ability to use a structured 'patient-centred' consultation with the consumer/carer without engendering concern, resistance or other adverse reaction. • Ability to clarify the nature and duration of the symptoms/condition, other associated symptoms or signs, current or recent medications and actions/treatments already used and their effectiveness, asking appropriate questions where the required information is not readily volunteered. • Ability to elicit relevant information in the event of ingestion of a toxic dose of medicine or chemical (accidental or intentional) or exposure to a toxic substance.
2 Uses the consumer medication record where this is available to confirm health information relevant to the presenting condition/symptoms.	• Ability to access individual consumer's electronic or hard copy medication records to clarify current or recent medication treatment. • Ability to select information from the consumer medication record that is relevant to the condition or symptoms under consideration.
3 Obtains additional required clinical information from other health professionals and/or information sources (with consumer consent).	• Ability to describe and justify additional clinical information required (e.g. concurrent medical conditions, laboratory test results) to form an opinion about the treatment options. • Ability to identify and access (with consumer consent) sources of clinical information about a consumer other than those available within the pharmacy.
4 Maintains a network with individuals and organisations that are able to provide complementary input in the provision of primary health care services.	• Ability to describe the complementary roles or expertise of the contacts in their primary health care network.
Element 2 – Identify management options	
1 Assesses the potential seriousness of the presenting symptoms/condition in the context of the clinical information gathered and the particular consumer.	• Ability to describe clinical circumstances where particular care is needed (e.g. babies or infants, pregnant or breastfeeding women) or onward referral should be considered (e.g. persistent or potentially serious symptoms). • Ability to integrate and interpret clinical information to identify possible contributing or confounding factors.

Performance Criteria	Evidence Examples
2 Determines the goal of treatment and considers consumer, drug and dosage form factors likely to impact on treatment options.	• Ability to describe the intended therapeutic goal or outcome expected (e.g. amelioration or cure of symptoms, prevention of complications). • Ability to identify consumer factors (e.g. language, literacy and numeracy skills, manual dexterity) and drug factors (e.g. potential for abuse, complex dosing regimen) that may limit the choice of therapeutic options. • Ability to identify factors which may preclude the use of some treatment options (e.g. treatment with warfarin, pregnancy or breastfeeding).
3 Identifies possible medicinal and non-medicinal treatment strategies or options.	• Ability to identify a range of medicinal and non-medicinal treatment options/ strategies, including those for which there may be a relative or absolute contraindication. • Ability to discuss treatment options in terms of coexisting diseases/conditions and current medication treatment regimen, presenting symptoms, their duration and the extent to which previous efforts have been successful. • Ability to promptly access the required information and to describe actions to be taken in the event of accidental or intentional ingestion of toxic doses of medicines or chemicals (including substances of abuse) or exposure to toxic substances.
4 Assesses the potential for inappropriate use or abuse of selected medicinal treatments.	• Ability to make and justify a decision on whether or not to provide a medicine that has potential for misuse or abuse.
5 Considers the need to involve other health professionals or services.	• Ability to identify and/or describe circumstances where the intervention of another health professional (e.g. medical practitioner, nurse, physiotherapist, podiatrist) would be of benefit. • Ability to identify and/or describe circumstances where an immediate rather than a conditional referral to a medical practitioner would be warranted (e.g. failure of therapy, acute deterioration of condition, symptom/condition outside the area of expertise/professional role of a pharmacist). • Ability to recognise situations where referral to a Poisons Information Centre is indicated and to promptly access the Centre's contact number.
Element 3 – Initiate collaboration or onward referral	
1 Explains the need to seek advice/assistance from other health professionals where self-care is considered inappropriate.	• Ability to provide an explanation of the need for onward referral. • Ability to gain the consumer's agreement for liaison with and/or referral to a heath practitioner of the consumer's choice without engendering concern or other negative reactions.
2 Undertakes onward referral of consumers in a manner consistent with professional standards and conventions.	• Ability to demonstrate and/or describe the professional standards and conventions applicable to onward referral of consumers or to promptly access that information. • Ability to demonstrate use of a written and/or oral referral process that informs another health professional of the basis for the onward referral, advice or treatment already provided and pharmacist contact details.
3 Liaises and/or collaborates with other health professionals to whom consumers have been referred.	• Ability to describe collaborative efforts with other health professionals for the delivery of primary health care services.
4 Acts to ensure consumers in need of emergency medical care are promptly directed to the most appropriate source of care.	• Ability to describe and/or promptly access information on appropriate lines of referral for medical emergencies (e.g. cardiac arrest, epileptic seizure, asthma attack, poisonings and overdose).

Standard 6.2 Deliver primary health care

This Standard covers the activities pharmacists undertake to respond to the identified primary health care needs of consumers consistent with the role of a pharmacist. This includes the direct delivery of treatment of minor ailments and the provision of evidence-based advice and recommendations for medicinal treatment. It may also include non-medicinal interventions, such as advice on the use and care of medical aids, devices and equipment or a recommendation against treatment.

The effective delivery of primary health care services depends on the pharmacist working in partnership with consumers to ensure recommended treatments and strategies meet their clinical needs but are also practical and consistent with consumer preferences. The delivery of primary health care services by pharmacists is important for enhancing consumer access to needed care. This is of particular importance to older Australians, people with mental illness and Indigenous Australians who often experience difficulty in accessing the health services they need. It is therefore important for the profession to build capacity for contribution in this area.

It is common for pharmacists to maintain a record of the medicines, medical equipment/devices and key advice provided. This facilitates continuity of care and follow-up where that is indicated and the consumer agrees to provide information on their progress and/or the outcomes of treatment.

Standard 6.2 Deliver primary health care

Performance Criteria	Evidence Examples
Element 1 – Ensure the clinical appropriateness of medicines and health care products	
1 Establishes whether selected medicines or health care products are suitable for intended use.	• Ability to clarify the clinical need for which a medicine or health care product has been requested or selected.
2 Assists consumers/carers to make informed choices on the selection of appropriate medicines or health care products.	• Ability to provide explanation and/or justification for clinical intervention where medicines or health care products may not be appropriate or are contraindicated. • Ability to provide explanation/justification for advice provided to consumers/carers on medicines or health care product selection.
3 Recommends medicines (including dosing regimen and form) or health care products that will satisfy the consumer's need and which are suitable and safe to use.	• Ability to recommend medicines (including dosing regimen and form) or health care products that will satisfy the consumer's therapeutic need, taking into account their health beliefs and preferences. • Ability to discuss the issues relevant to selection of commonly used products (e.g. contact lens solutions, wound care products, pregnancy tests, urine testing tablets/strips) and devices/equipment (e.g. glucometers, spirometers, blood pressure measurement devices, syringes and needles, vaporisers, heat lamps, nebuliser pumps). • Ability to justify the choice of recommended medicines or products in terms of consumer factors (e.g. medical conditions/disease states, age, weight, allergies, pregnancy and lactation), drug factors (e.g. bioavailability, pharmacokinetics, interactions, toxicity) or other factors that are likely to impact on their safety or suitability for use.
Element 2 – Promote safe and effective use of medicines and health care products	
1 Assesses the consumer's need for information about the selected or recommended medicine or health care product.	• Ability to ask questions, listen and watch to determine the consumer's level of understanding and their need for additional information or demonstration of technique for use or care.

Performance Criteria	Evidence Examples
2 Provides advice about the selected/recommended medicine or health care product, using written consumer information resources as required for further clarification.	• Ability to explain, in terms appropriate for informing the consumer, about the medicine and its use, the expected outcomes and actions to take should these outcomes not be achieved. • Ability to demonstrate and/or describe the correct use and care of a range of commonly used health care products (e.g. spacers, inhalers, glucometers and thermometers). • Ability to use written information resources (e.g. cautionary and advisory labels, equipment instruction leaflets) to clarify or reinforce advice provided.
3 Ensures that the consumer/ carer understands how the medicine or health care product is to be used/administered.	• Ability to check that the information provided has been understood (e.g. uses questions to confirm understanding, interprets cues that information has not been understood, and restates information in a different way to improve clarity). • Ability to check the consumer's technique for using a recommended health care product, aid or device.
4 Works with the consumer/ carer to positively impact on the benefits derived from use of a recommended medicine or product.	• Ability to identify other factors (e.g. fluid intake, dietary measures, manual handling technique) that may assist the therapeutic actions of medicines or reduce exacerbations of symptoms/conditions.
5 Undertakes follow-up of consumers where indicated to monitor progress and/or outcomes.	• Ability to discuss criteria by which consumers may be selected for follow-up (e.g. anxiety and/or poor capacity to understand medicines or dosing information, further information to be provided or referral to a medical practitioner). • Ability to undertake follow-up in a manner that is consistent with consumer expectations and/or consent.
Element 3 – Support non-medicinal management options	
1 Explains reasons for advising against the use of medicines.	• Ability to identify and describe situations where the use of medicines is either not indicated or is likely to be of limited benefit. • Ability to explain/justify decisions for advising against medicines treatment.
2 Recommends non-medicinal interventions or actions to assist management of symptoms/conditions.	• Ability to identify and describe non-medicinal actions or interventions that may have a positive impact on the severity, frequency or duration of the symptoms/condition (e.g. dietary and sleeping habits or exercise routines or other lifestyle factors).
3 Measures and fits consumers with health care items for individual use.	• Ability to measure and fit consumers with surgical aids or specialised equipment (e.g. elasticised hosiery, crutches and aids to sports injuries).
4 Offers suggestions for other possible sources of support or assistance.	• Ability to describe or promptly access information on relevant services, organisations or health programs that may offer support or assistance.
Element 4 – Provide direct care consistent with the role of a pharmacist	
1 Provides treatment for minor injuries.	• Ability to describe the limitations applicable to pharmacists treating minor injuries, including sprains, cuts, burns, bites and stings.
2 Provides advice on the selection and use of dressings and bandages.	• Ability to differentiate between the uses of various types of dressings and bandages. • Ability to demonstrate the correct use of a range of dressings and bandages.
3 Applies emergency first aid measures consistent with professional role and expertise.	• Ability to demonstrate current proficiency in First Aid techniques (e.g. hold a current recognised First Aid Certificate).

Performance Criteria	Evidence Examples
4 Observes relevant safety precautions to protect personnel, the consumer and the environment.	• Ability to describe the purpose and application of universal precautions in the event of exposure to blood or other body fluids (e.g. use of gloves, washing hands, minimising exposure, cleaning of contaminated work areas, methods of destruction of contaminated waste). • Ability to describe circumstances where prompt onward referral of the consumer is warranted (e.g.in the event of anaphylaxis or other acute deterioration of condition). • Ability to describe systems used to facilitate prompt onward referral and/or transport.
Element 5 – Manage records for primary health care services	
1 Ensures primary health care services, including progress and/or outcomes, are recorded accurately in the consumer medication record consistent with legislative requirements and professional standards and conventions.	• Ability to describe or promptly access information on legal and professional requirements for updating the consumer medication record. • Ability to describe a system of documentation that captures details of the primary health care service provided, including advice, recommendations, actions and interventions and progress or health outcomes achieved. • Ability to demonstrate compliance with legal and professional requirements for recording primary health care services.

Standard 6.3 Contribute to public and preventive health

This Standard covers health promotion activities undertaken by pharmacists to prevent illness and support early detection and intervention for diseases commonly encountered in the Australian community (e.g. asthma, diabetes, arthritis and kidney and heart disease). It encompasses work undertaken with consumers to manage risk factors for disease and with government, consumers/carers, medical practitioners and other members of the health care team to improve consumers' health.

Pharmacists have a key role to play in supporting the shift in focus from a sickness model of health care to one of prevention and wellness. To achieve this shift pharmacists are embracing an extended professional role while also maintaining core functions associated with medicines distribution and supply. Pharmacists are active participants in public health programs intended to minimise the burden of disease in the community. They support initiatives directed at the early detection of disease and assist consumers to make healthy lifestyle choices and to better manage their risk factors for disease. A key supporting strategy for this extended role is the dissemination of current, relevant and evidence-based health information.

Performance Criteria	Evidence Examples
Element 1 – Understand public health issues	
1 Understands public health priorities and the basis of action for prevention and early detection initiatives.	• Ability to discuss diseases that are priority areas for action in the Australian community (e.g. asthma, diabetes, heart disease, arthritis and cancer). • Ability to discuss the basis for the public health education strategies/ campaigns directed at disease prevention (e.g. immunisation for prevention of childhood diseases, prevention of chlamydia and other sexually transmissible diseases, needle and syringe exchange program and the prevention of hepatitis B and C). • Ability to describe the application and/or availability of screening programs in the Australian community (e.g. screening for cervical, bowel and breast cancer, glaucoma and hypertension).

Performance Criteria	Evidence Examples
2 Understands and promotes the role of pharmacists in health promotion.	• Ability to describe or explain the role of pharmacists in health promotion, including their role in supporting healthy lifestyle choices.
3 Understands the role of risk factors in influencing the incidence and/or severity of common diseases.	• Ability to discuss the role of risk factors (e.g. hypertension, smoking, obesity, dietary and alcohol intake habits, excessive sun exposure) in contributing to an increased incidence and/or severity of disease.
4 Understands the health infrastructure that exists for providing preventive health* information and advice.	• Ability to describe the preventive health services and information provided by organisations (e.g. Diabetes Australia, National Asthma Council, National Heart Foundation, Alcohol and Drug Foundation, Safe Work Australia) for individuals or groups within the community.
Element 2 – Promote the health of consumers	
1 Participates in evidence-based public health campaigns, including health screening programs, consistent with the role a pharmacist.	• Ability to provide clear and consistent messages (with the support of program materials) relevant to public health campaigns (e.g. harm reduction programs such as needle and syringe exchange and return of unwanted medicines). • Ability to describe or promptly access information on expected professional standards and conventions and current clinical guidelines for screening for disease. • Ability to perform screening tests (e.g. blood pressure, blood glucose) according to professional conventions and standards and to interpret results according to current and authoritative clinical guidelines.
2 Undertakes analysis to identify health promotion issues of interest or concern.	• Ability to describe the approach used to identify a health promotion issue, the target audience and the strategy to be applied.
3 Initiates or collaborates in the systematic planning and implementation of health promotion strategies.	• Ability to describe a systematic process for planning the goals, objectives, content, delivery and evaluation of health promotion strategies. • Ability to describe the key educational/awareness raising messages of the strategy. • Ability to describe how consistency of message with that being given by other participating health professionals will be assured. • Ability to prepare and deliver evidence-based public health information with content and language that is appropriate to the audience.
4 Supports and assists the evaluation of health promotion strategies.	• Ability to describe how outcomes (e.g. enhanced knowledge, enhanced participation in screening) are assessed against goals to evaluate strategy effectiveness. • Ability to design an instrument that provides both qualitative and quantitative data on the effectiveness of a health promotion strategy.
5 Acts to increase capacity to support health promotion initiatives for the community or targeted consumer groups.	• Ability to describe the education and training provided to personnel to ensure they have the capacity to support health promotion activities. • Ability to describe education and training undertaken to enhance own capacity to support health promotion activities.
Element 3 – Support consumer health literacy and self-management	
1 Encourages and supports consumers to enhance their health literacy*.	• Ability to discuss a partnership approach with consumers for building health literacy. • Ability to discuss options for enhancing consumer access to reliable resources and information for maintaining health and wellness. • Ability to discuss the importance of providing consumers with effective and relevant choices for maintaining their health.
2 Identifies consumers likely to benefit from provision of specific health and lifestyle advice.	• Ability to explain the behaviours that reflect readiness to respond to preventive health advice. • Ability to describe consumer groups likely to benefit from targeted educational advice.

Performance Criteria	Evidence Examples
3 Delivers responsible, consistent, evidence-based advice to consumers about the potential benefits of preventive health activities.	• Ability to provide relevant evidence-based preventive health/lifestyle advice (e.g. diet, smoking, exercise) to consumers without engendering resistance or other adverse reaction. • Ability to provide information and advice in a form, format and language that promotes understanding. • Ability to reinforce preventive health messages in a manner consistent with that provided to consumers by other members of the health care team. • Ability to use electronic aids (e.g. PowerPoint presentation) and/or print materials (e.g. newsletters, posters, brochures) to support the delivery of public health information.
4 Confirms consumers' understanding of risk factors and strategies for reducing the risk of disease.	• Ability to ask questions and seek feedback to assess consumer understanding. • Ability to modify the form, format and/or language used to deliver information and advice to enhance understanding.
5 Supports and reinforces consumers' efforts at self-management of their risk factors for disease.	• Ability to describe and/or demonstrate the use of a system for follow-up of consumers counselled about the need to modify their risk factor exposure. • Ability to discuss strategies proven to be effective in motivating consumers to continue with preventive health activities/lifestyle choices.

Domain 7 Promote and contribute to optimal use of medicines

Standard 7.1	Contribute to therapeutic decision-making
Standard 7.2	Provide ongoing medication management
Standard 7.3	Influence patterns of medicine use

This Domain includes those Competency Standards that address aspects of clinical practice directed at ensuring the safe and appropriate management of medicines. The Standards cover three of the key components of the consumer-focussed medication management cycle applicable to each episode of consumer care. The components covered are:

- decision on appropriate treatment;
- provision of medicines information;
- monitoring of response to treatment; and
- transfer of verified treatment information.

The central objective of clinical pharmacy practice* is the achievement of QUM, that is:

- selecting management options wisely;
- choosing suitable medicines if a medicine is considered necessary; and
- using medicines safely and effectively.

The Standards in this Domain address the way in which pharmacists contribute their unique expertise to the healthcare team, participate in the management and education of individual consumers, apply best available evidence into professional practice and identify and manage the risks associated with medicines use. (Refer also to **Standard 6.1 Assess primary health care needs** and **Standard 6.2 Deliver primary health care**.)

Pharmacists have a pivotal role to play in providing advice and guidance to prescribers on medication selection, monitoring and evaluation. It is a role which is enhanced by team-based models of care and which becomes more important as the complexity of illness and range of available treatments increases. In clinical practice pharmacists are expected to have an enhanced capacity to interpret and apply the results of laboratory tests and investigations, and to draw from prior clinical experience, evidence-based guidelines and the latest medical literature and research to contribute to the management of medical conditions. They work in partnership with consumers, medical practitioners and other health professionals to deliver 'patient-centred' care through adopting a questioning and analytical approach to resolving therapeutic dilemmas or problems.

The Standards in this Domain are complementary to those in Domains 4, 5 and 6. Pharmacists involved in supply of prescribed medicines, preparation of pharmaceutical products and/or provision of primary health care will also draw upon the competencies within this Domain. However, in clinical practice pharmacists may apply these competencies independent of the competencies in those other Domains.

Standard 7.1 Contribute to therapeutic decision-making

This Standard addresses the way in which pharmacists work in partnership with consumers and other members of the health care team to clarify and assess the current medication management of a consumer before providing evidence-based advice and/or recommendations for optimising treatment and improving health outcomes.

As health professionals pharmacists have a responsibility to participate in all aspects of medication management in partnership with the consumer and/or carer. They must have a clear understanding of their responsibilities in the health care team and understand their accountability for those responsibilities and for supporting continuity in medication management.

Key responsibilities for pharmacists in contributing to medication management include taking an accurate and complete medication history, assessing current medication management and contributing to the medication management plan*. In order to contribute to the medication management plan pharmacists must be able to identify actual and potential medication management issues, clarify medication management goals and select evidence-based strategies or actions for achieving those goals. This depends on them using a logical approach to problem-solving through consideration of clinical information to identify preferred therapeutic options. They also have responsibility for providing medicines and health information to consumers and/or carers to confirm and enhance their understanding of their condition and its treatment and promote adherence to the medication treatment regimen.

The ease with which pharmacists can access information about the medication treatment of individual consumers and the volume of information available to them varies depending on the setting in which they practise. Whatever the setting, pharmacists have a duty of care to use the information they can access to provide the best possible therapeutic advice for improving the health and wellbeing of consumers while also protecting consumer privacy and confidentiality.

Performance Criteria	Evidence Examples
Element 1 – Obtain accurate medication history	
1 Accesses and reviews the consumer's medication records or notes with consumer consent.	• Ability to access the consumer's electronic and/or hard copy medication record and/or notes. • Ability to understand medical terminology and medical abbreviations.
2 Reviews specialised charts and treatment records and relevant laboratory tests/investigations.	• Ability to describe the use and limitations of laboratory tests and investigations (e.g. renal function and microbiological sensitivity tests) that are likely to impact on medication treatment. • Ability to understand specialised treatment charts and records (e.g. fluid balance charts, cancer chemotherapy treatment charts).
3 Obtains additional relevant clinical information through consultation with consumers and/or carers or other health professionals (with consumer consent).	• Ability to explain and justify additional information requirements (e.g. non-prescription and complementary and alternative medicines). • Ability to effectively consult consumers and/or carers, including those where sensitivity to cultural issues must be observed (e.g. Indigenous Australians, migrants) or special communication needs exist (e.g. physical or cognitive impairment). • Ability to clarify through consultation with the consumer/carer all current medications (including complementary and alternative medicines) and the manner in which they are managing those medications.
4 Uses relevant information sources to clarify or confirm information or meet additional information needs.	• Ability to identify and/or describe information sources that are useful for specific types of information. • Ability to describe actions that may be taken in the event that discrepancies or gaps are evident in the medication history. • Ability to discuss the value and limitations of selected information sources for supporting the completion of a medication history.
5 Creates an accurate and complete medication history.	• Ability to describe the types of information needed in a consumer medication history before a reliable medication management assessment can be made. • Ability to document an accurate and complete medication history.
Element 2 – Assess current medication management	
1 Understands the purpose of assessing current medication management.	• Ability to relate the medication management assessment to the goals of QUM. • Ability to discuss the types of issues impacting on achievement of QUM.
2 Accesses or develops and uses tools and resources that assist the assessment of medication management.	• Ability to identify existing tools or develop additional resources (e.g. template record sheets) that will facilitate assessment of medication management.
3 Understands the pathophysiology and required monitoring of the consumer's medical conditions/diseases.	• Ability to explain the nature and progression of diseases/medical conditions and the associated signs and symptoms commonly experienced. • Ability to describe the relevance/usefulness of monitoring (e.g. blood glucose, blood pressure, peak expiratory air flow) for assessing disease control/management. • Ability to describe the laboratory tests and investigations used to monitor the disease/condition and/or its progression.
4 Understands the pharmacological and/or therapeutic basis for the use of medicines and the therapeutic goals to be achieved.	• Ability to explain the medication treatment regimen in terms of the pharmacological actions and therapeutic uses of the medicines and the consumer's medical conditions/diseases. • Ability to describe the therapeutic goals to be achieved from medication treatment.
5 Evaluates the significance of laboratory tests and investigations to the current medication treatment regimen.	• Ability to interpret and assess the clinical significance to medication treatment of laboratory tests and investigations (e.g. renal or liver function, serum electrolytes, full blood count, serum drug level) that are outside the normal or desired range.

Performance Criteria	Evidence Examples
6 Considers the appropriateness of the current medication treatment regimen in the context of consumer and drug factors.	• Ability to describe consumer factors (e.g. medical conditions/disease states, age, weight, allergies, pregnancy and lactation) and drug factors (e.g. bioavailability, pharmacokinetics, efficacy, toxicity and interactions) that are likely to impact on the efficacy or safety of treatment. • Ability to discuss the appropriateness of the current treatment regimen (medicine, dose, dosage form, methods of administration, frequency and duration of dosing), taking into account relevant consumer and drug factors.
7 Identifies clinically significant potential or actual medication-related problems in the current medication treatment regimen.	• Ability to use professional judgement to identify clinically significant potential or actual medication-related problems in the current medication treatment (e.g. interactions, relative or absolute contraindications, incompatibilities, allergies, adverse drug reactions* (ADRs)). • Ability to determine whether the consumer is experiencing unintended effects on daily activities from the current medication treatment.
8 Identifies factors likely to adversely affect adherence to intended medication treatment regimen.	• Ability to describe consumer and lifestyle factors or features of the medications or medication treatment regimen that are likely to adversely impact on a consumer's ability to manage their medicines (e.g. language, literacy and numeracy skills, manual dexterity, vision, racial, religious and cultural background, dosing regimen, side-effect profile and cost). • Ability to discuss the potential for accidental or deliberate misuse of medicines.
9 Applies evidence-based resources, treatment guidelines or protocols to assess the medication treatment regimen.	• Ability to access and understand research, consensus or best practice treatment guidelines or institutional treatment protocols for specific conditions (e.g. diabetes, arthritis or asthma) or areas of practice (e.g. gerontology, cardiology, oncology, endocrinology, psychiatry, paediatrics or neonatology). • Ability to identify situations where a change in therapy consistent with evidence-based guidelines would be beneficial to an individual consumer.
10 Uses professional judgment to determine whether changes in the medication treatment regimen are warranted in the interests of improved safety or efficacy.	• Ability to describe and justify changes in therapy, dosage form or dosing regimen that are thought appropriate for improving safety or efficacy of medicine use. • Ability to discuss the types of circumstances that may warrant discontinuation or change of treatment (e.g. duplication of medicines, absence of indication for continuing use, ineffective for control of symptoms or meeting therapeutic goals, contraindications exist).
Element 3 – Recommend change in medication management	
1 Assesses treatment options and formulates evidence-based recommendations for changes to medication management that, where appropriate, are informed by laboratory tests or investigations.	• Ability to identify appropriate alternative treatment options (including complementary medicines and non-medicinal interventions) to overcome medication related problems. • Ability to differentiate between identified treatment options on the basis of efficacy, safety and cost and justify the selected options (including where relevant a preferred medicine, dosage form and dosing regimen) in terms of factors relevant to the individual consumer. • Ability to apply logical decision-making to develop a plan for addressing the key medication-related issues identified. • Ability to calculate the optimal dose for an individual consumer where a dosage adjustment factor exists (e.g. weight, renal function).
2 Prioritises the care needs of consumers.	• Ability to justify in terms of consumer safety, benefit, cost or other criteria the identified priority order of consumer care needs. • Ability to recognise circumstances where immediate intervention on behalf of the consumer is warranted.

Performance Criteria	Evidence Examples
3 Develops a report that formalises medication management recommendations (including calculated doses and dosing frequency) and the evidence base from which they were developed.	• Ability to use formulae, nomograms or other dosing programs or protocols to calculate or estimate the required dose/dosing schedule, including dilutions and infusion volumes and rates. • Ability to prepare a report that clearly and concisely documents recommendations and the basis upon which they are made. • Ability to describe and/or demonstrate the use of a systematic process for documenting medication management advice and recommendations as well as the outcomes of these where they are known.
4 Communicates recommendations to the consumer/carer, prescribers, other health professionals/facility personnel as appropriate.	• Ability to clearly describe and justify the rationale behind recommended changes to medication management in written (e.g. a formal report to a medical practitioner) and/or verbal (e.g. a case conference) form. • Ability to communicate recommendations for changes in medication management without engendering concern or other adverse reaction.
5 Supports continuity of care through documentation of clinical interventions and recommendations.	• Ability to accurately and succinctly document the nature of the intervention and/or recommendation in the consumer's medication record and/or notes. • Ability to ensure recommendations accepted as part of the continuing plan for use or management of medicines are correctly incorporated into the medication management plan.
6 Evaluates the effectiveness of their medication management recommendations in achieving QUM.	• Ability to discuss ways in which their contribution to the achievement of QUM might be evaluated. • Ability to respond to feedback on the effectiveness of their medication management recommendations.
Element 4 – Support and assist consumer self-management	
1 Provide medicines and health information in a manner that assists consumer/carer understanding of their medical condition and/or medication treatment.	• Ability to provide to consumers concise and accurate verbal and/or written health and medicines information relevant to their condition and its treatment (e.g. the nature of the condition and/or treatment, precautions, and adverse effects). • Ability to ascertain consumer understanding and modify language, form or format of information to enhance understanding.
2 Initiates action, in consultation with prescribers, other health professionals/facility personnel and/or consumers/carers, to address issues impacting on adherence.	• Ability to identify and discuss with consumers changes to medication management that may enhance adherence to optimal treatment or treatment regimen. • Ability to work with consumers to maintain an up-to-date record of current medication treatment, including complementary and alternative medicines. • Ability to recognise when a DAA, administration device (e.g. an inhaler spacer), modified dosage form or similar intervention may assist therapy.
3 Works with consumers/carers, and other health professionals/ facility personnel where required, to support and assist lifestyle changes likely to improve health outcomes.	• Ability to provide advice on lifestyle changes (e.g. cessation of smoking, changes to dietary and exercise habits) that may contribute to improved health and well being. • Ability to identify relevant information and support services to assist specific desired lifestyle changes.

Standard 7.2 Provide ongoing medication management

This Standard is concerned with the role pharmacists have in following up individual consumers to verify they are achieving the intended benefits and desired outcomes from medication treatment without experiencing unnecessary adverse effects or problems in managing their medication treatment regimen.

Much of the follow-up and ongoing care provided by pharmacists will be undertaken within a collaborative health care team where the medication management plan is a key instrument for guiding the ongoing use or management of medicines. Within the team pharmacists are expected to take a leading role in promoting optimal medication treatment by identifying and addressing medication management issues through sequential assessment processes. Consumer follow-up that includes observations by both the pharmacist and the consumer provides the opportunity for pharmacists to make an ongoing contribution to medication management.

Though consumers are often lost to follow-up through events beyond the control of pharmacists (e.g. early discharge from hospital, change in residential address, consumer choice) maintenance of an ongoing professional relationship is essential for maintaining safe and effective medication management. This is particularly true for consumers with chronic medical conditions (e.g. diabetes, asthma and arthritis) or for those who are considered to be at risk of medicine misadventure (e.g. those with multiple medications, complex treatment regimens, or being treated with medicines with a narrow therapeutic index).

Standard 7.2 Provide ongoing medication management

Performance Criteria	Evidence Examples
Element 1 – Seek consumer support	
1 Identifies consumers in need of follow-up.	• Ability to explain the criteria used to identify consumers requiring follow-up (e.g. referral to a GP, high risk consumer group, condition or treatment, consumer disability impacting on self-management capability).
2 Seeks commitment from the consumer/carer for planned monitoring and care.	• Ability to discuss the rights of the consumer to choose whether they participate in or receive recommended health services. • Ability to communicate effectively with consumer and/or carer to clearly explain the reasons for and potential benefits of a medication care plan and ongoing monitoring and care. • Ability to ensure the consumer/carer understands the reason or need for ongoing monitoring and care under a medication management plan. • Ability to gain consumer consent and co-operation for medication management plan development and follow-up.
3 Works with the consumer/ carer and other members of the health care team to establish therapeutic goals and formulate a medication management plan consistent with professional standards and conventions.	• Ability to work with the consumer/carer and members of the health care team to clarify or establish treatment goals. • Ability to promptly access relevant professional practice guidelines and standards. • Ability to structure a medication management plan that clarifies the responsibilities of each contributing member of the health care team, the timing and nature of agreed follow-up, and provides for recording progress and/or outcomes of treatment, including those associated with medication management recommendations.
Element 2 – Review clinical progress	
1 Confirms that medications can be administered as intended.	• Ability to seek information, asking questions where necessary, about dosing schedule and administration technique to assess and confirm that the consumer and/or carer or other responsible persons (e.g. personnel in RACHs) are able to correctly administer required medicines and manage the medication treatment regimen.
2 Investigates whether undesirable or unintended clinical effects may be related to medication treatment.	• Ability to describe ADRs that are predictable and commonly encountered or to access that information promptly. • Ability to describe and/or recognise signs of toxicity that may arise from overuse or overdose or to access that information promptly. • Ability to elicit and correlate time-based history of medication use and onset of undesirable clinical effect(s) from consumer records, the consumer and/or carer and other health professionals as required. • Ability to use research and analytical skills to establish a possible cause and effect relationship between the medications and the observed undesirable effect.

Performance Criteria	Evidence Examples
3 Records and/or reports, as appropriate, suspected or confirmed ADRs, sensitivities or allergies.	• Ability to describe or demonstrate the use of a systematic process for documenting suspected or actual ADRs, sensitivities and allergies in the consumer's medication record, notes and/or medication management plan. • Ability to accurately complete a standardised ADR report form (e.g. institutional report form or Advisory Committee on the Safety of Medicines (ACSOM) report form of the TGA.
Element 3 – Initiate monitoring and intervention	
1 Clarifies and reinforces consumers' understanding of the medical condition, required monitoring and/or medication treatment.	• Ability to clarify the consumer's level of understanding of their condition required monitoring and/or treatment regimen and their desire for further information through consultation with the consumer. • Ability to satisfy the consumer's desire for further information through provision of concise, accurate and relevant verbal and/or written health and medicines information.
2 Participates in assessment of whether medication treatment is achieving therapeutic goals/ outcomes.	• Ability to clearly describe the therapeutic goals for consumers whose treatment is being monitored (e.g. desired International Normalised Ratio (INR), blood glucose, cholesterol or blood pressure reading). • Ability to collaborate with the consumer and other health professionals to share information relevant to assessment of whether treatment is achieving therapeutic goals. • Ability to assist in monitoring disease control or medication treatment (e.g. measurement of INR, blood glucose levels, peak expiratory air flow).
3 Recommends therapeutic drug monitoring* (TDM) where indicated.	• Ability to recognise and explain circumstances where TDM is indicated. • Ability to explain the purpose (e.g. relationship between plasma level and therapeutic and toxic effects) and factors important to the process of TDM (e.g. timing, achievement of steady state, effect of loading doses).
4 Ensures TDM is performed appropriately.	• Ability to promptly access and explain information on TDM requirements for a range of medicines. • Ability to provide advice on the timing (in relation to last dose and duration of treatment) and frequency (in relation to steady state levels) required for TDM sampling to ensure a valid/useful result.
5 Provides advice on dosing adjustments and further monitoring indicated by the results of TDM or other laboratory tests/investigations.	• Ability to assess and explain the validity of TDM results for informing dosage adjustment. • Ability to apply valid TDM results to calculate/estimate and recommend changes to dose and/or dosing frequency. • Ability to provide advice on whether and when repeat TDM is indicated. • Ability to calculate and/or provide dosing advice based on consideration of therapeutic goal, progress and relevant test results (e.g. antibiotic dosage into peritoneal dialysis fluids).
6 Collaborates with the consumer/carer and other health professionals to improve medication management, taking account of test/investigation results, therapeutic goals and clinical progress or outcomes.	• Ability to use clinical judgment to identify medication management issues impacting on the effectiveness or safety of medication treatment. • Ability to apply problem-solving skills to identify actions or strategies for improving medication management (e.g. advice on dose or dosing regimen, DAA or other administration device, options for management of ADRs or signs of toxicity).
7 Uses onward referral to ensure consumers have access to required expertise.	• Ability to identify circumstances where onward referral is indicated. • Ability to explain the reasons for onward referral to the consumer/carer. • Ability to accurately complete a referral to another health professional that contains, at least, the date, reason for the referral, actions/treatments already provided and contact details for the referring pharmacist.

Standard 7.2 Provide ongoing medication management

Performance Criteria	Evidence Examples
Element 4 – Manage medication management records	
1 Maintains current and accurate consumer medication histories and/or medication management plans consistent with professional standards and conventions.	• Ability to promptly access and/or comply with relevant professional conventions and standards. • Ability to accurately document medication management activities, including the outcomes of any medication management recommendations.
2 Maintains medication management records in a manner that ensures confidentiality and continuity of care.	• Ability to apply storage conventions that allow medication histories/ medication management plans to be readily retrieved by authorised personnel. • Ability to describe or demonstrate the use of a secure storage and retrieval system for medication histories/medication management plans that includes a system of 'flagging' where consumer follow-up is intended or has occurred.

Standard 7.3 Influence patterns of medicine use

This Standard addresses the role pharmacists have for promoting the quality, cost-effective and safe use of medicines within institutions or in the community as a whole. It focuses on the responsibility pharmacists have to be informed about patterns of medicine use on a system-wide or population based level and to positively influence those patterns to improve the care consumers receive.

The degree of formality attached to processes directed at modifying or improving the way medicines are used in selected consumer populations will vary between work environments. In institutions, including RACHs, it is likely to be accomplished through a formally constituted drug use evaluation* (DUE) program under the auspices of a Drug and Therapeutics Committee. In RACHs a DUE program would be conducted under the auspices of a Medicines Advisory Committee. In the community it may be achieved through the provision of objective, evidence-based clinical information through processes such as academic detailing* or a clinical audit program.

DUE is an authorised, structured approach to improving the quality of drug use. It involves the evaluation of drug use against pre-determined standards with initiation of efforts to correct use that is inconsistent with the standards. Academic detailing and clinical audit are both processes that assist health practitioners to assess whether their practice conforms to evidence-based criteria or standards. Both involve reflective learning as a basis for practice change.

Apart from the QUM objectives associated with influencing patterns of medicine use, pharmacists have an inherent interest in modify patterns of medicine use to enhance consistency with evidence-based criteria or standards because of the cost of medicines to health care institutions and the community and their potential to impact on pharmacy workload and resources.

Standard 7.3 Influence patterns of medicine use

Performance Criteria	Evidence Examples
Element 1 – Understand the basis for investigating patterns of medicine use	
1 Understands the importance of promoting adherence to established criteria/standards for medicine use.	• Ability to describe the benefits of modifying medicine use consistent with evidence-based guidelines. • Ability to describe the place of reflective learning in the processes to review medicine use.
2 Understands the application of formal processes to review medicine use (e.g. DUE, clinical audit, academic detailing) for improving patterns of medicine use.	• Ability to describe key features of formal review processes such as DUE, clinical audit and academic detailing.

Performance Criteria	Evidence Examples
Element 2 – Review patterns of medicine use	
1 Develops an awareness of patterns of medicine use in their area of practice or in selected consumer populations.	• Ability to describe prescribing trends or protocols and/or patterns of medicine use in their area of practice or in selected consumer populations. • Ability to maintain and interpret data relevant to understanding existing and evolving patterns of medicine use.
2 Identifies situations where improvements in medicine use can or should be achieved through a formal review of medicine use.	• Ability to identify circumstances where a review of medicine use is likely to generate information that has the potential to improve patterns of medicine use.
3 Designs a review of medicine use.	• Ability to discuss key features of the review design (e.g. aims, methods, criteria/standards, reporting, intervention strategy). • Ability to justify study design in terms of the purpose or aims of the review. • Ability to develop and pilot test a data collection instrument to ensure its suitability for the review to be undertaken.
4 Accesses clinical or research literature needed to support the conduct of a review of medicine use.	• Ability to describe and/or apply a systematic search strategy for accessing clinical information needed to identify or establish audit criteria or standards. • Ability to access relevant evidence-based guidelines and established standards and criteria (e.g. specialised institutional protocols, or consensus or best practice guidelines such as those released by National Health and Medical Research Council (NHMRC) and National Heart Foundation).
5 Selects or formulates objective, evidence-based audit criteria or standards against which medicine use can be assessed.	• Ability to describe the evidence base underpinning selected criteria or standards. • Ability to justify the selection of criteria or standards to be used in reviewing medicine use.
6 Conducts the review of medicine use and analyses and interprets findings.	• Ability to apply evidence-based criteria/standards to assess professional practice (own and others). • Ability to collect data accurately, including via automated systems. • Ability to describe the process used to determine whether there were valid clinical reasons for divergence from audit criteria/standards. • Ability to formulate conclusions and recommendations for changes in practice that are supported by the findings.
Element 3 – Promote improvement in patterns of medicine use	
1 Contributes to information on the frequency and nature of ADRs associated with medicine use.	• Ability to describe and/or use formal ADR reporting systems (e.g. institutional reporting systems or report to the ACSOM).
2 Selects intervention strategies likely to be effective in modifying patterns of medicine use.	• Ability to describe the role of key stakeholders in driving change in the way medicines are used (e.g. key opinion leaders, medical practitioners, nurses and pharmacists influence prescribing, pharmacists and nurses influence medicine administration and administrators/committees exert authority over policies). • Ability to describe and discuss the relative merits of a range of interventions or strategies directed at modifying patterns of medicine use (e.g. educational activities, policy or procedure changes, formulary restrictions).
3 Initiates interventions strategies intended to promote practice change and positively influence patterns of medicine use.	• Ability to clearly and concisely/present review findings and recommendations. • Ability to apply findings and present recommendations for change through a range of interventions (e.g. oral presentation, publication in institutional newsletter or professional journals).

Performance Criteria	Evidence Examples
4 Responds to findings of a review of medicine use.	• Ability to describe changes in practice initiated as a result of review of patterns of medicine use. • Ability to work collaboratively with other health professionals to prepare or revise policies, procedures or treatment protocols in response to a review of medicine use.
5 Evaluates the impact of intervention strategies in changing patterns of medicine use.	• Ability to discuss how the impact of intervention strategies may be monitored and evaluated. • Ability to undertake an assessment of the impact on patterns of medicine use of intervention strategies.

Domain 8 Critical analysis, research and education

Standard 8.1	Retrieve, analyse and synthesise information
Standard 8.2	Engage in health, medicines or pharmacy practice research
Standard 8.3	Formally educate and train students and healthcare colleagues

This Domain includes those Competency Standards that address the capability of pharmacists to analyse and synthesise information from medical and pharmaceutical literature. It also covers their roles as researchers and educators. In the former, they contribute to our knowledge of medicines and their use or to the further development of the profession. In the latter, they help build capability in other pharmacists and healthcare professionals and strengthen the pharmacy workforce through the support and training of students.

Standard 8.1 Retrieve, analyse and synthesise information

This Standard is concerned with the ability of pharmacists to access, analyse, interpret and synthesise clinical information and apply their professional judgement to formulate an objective and balanced written or verbal response. This activity may be undertaken as part of their own practice, to support research activities or in response to a formal request for information.

The function of providing evidence-based information, advice and recommendations will be initiated on a proactive basis by pharmacists in industry and clinical pharmacists working in health care teams to support the prescribing, administration and monitoring of medicines. In contrast, pharmacists working in a drug and poisons information service or in government (e.g. supporting the regulation of medicines within the TGA) will most often provide evidence-based information in response to a direct request. These pharmacists as well as those in rural community pharmacies may also be required to access information on chemicals that have no therapeutic use (e.g. pesticides and herbicides), particularly where humans or animals have been exposed to the chemical either accidentally or intentionally.

The critical analysis of clinical research papers depends on the application of knowledge about research methodologies and statistical techniques to form an opinion on the validity of the research and the reliability of the findings and conclusions. It also relies on the use of professional judgement to determine the clinical significance (as distinct from the statistical significance) of the findings and the degree to which findings can be extrapolated to other settings to impact on how medicines are used.

Standard 8.1 Retrieve, analyse and synthesise information

Performance Criteria	Evidence Examples
Element 1 – Manage information resources and systems	
1 Ensures information resources are sufficient and appropriate for the types of information usually requested/provided.	• Ability to justify the adequacy (e.g. relevant, current, accurate, evidence-based) of information resources held in terms of the volumes and types of information usually provided. • Ability to explain and justify the criteria (e.g. quality of content, application and limitations, and cost) applied to evaluate the likely value of potential new information resources.
2 Establishes search strategies for the most common types of information requested/needed.	• Ability to produce a search strategy for various types of information requests. • Ability to explain the logic in the cascade of information resources cited in specific search strategies.
3 Establishes conventions for setting information retrieval priorities.	• Ability to explain conventions applicable to information retrieval priorities in terms of factors such as urgency of need, complexity of information sought, coexisting work requirements and available resources.
4 Develops a medicines and health information contact network.	• Ability to describe the role/uses of information network contacts (e.g. poisons and drug information centres, community support organisations, government departments and agencies, pharmacists within an area of practice, pharmaceutical companies, medical specialists).

Performance Criteria	Evidence Examples
5 Ensures accurate and complete records are securely stored and can be promptly retrieved.	• Ability to demonstrate the use of a standardised format for recording information requests and responses. • Ability to describe the conventions applied for storage of records. • Ability to apply a logical system for secure storage of records. • Ability to promptly and conveniently access stored records.
6 Establishes and maintains a formal feedback and analysis system to improve performance.	• Ability to describe the type of data needed to analyse performance. • Ability to explain issues that impact on the capacity of recipients to understand and/or act on information provided (e.g. clarity, relevance and justification). • Ability to demonstrate use of a systematic approach for identifying deficiencies in service (e.g. peer review, stakeholder feedback, internal audit), actions taken to improve service and to measure the impact of those actions.
Element 2 – Retrieve information	
1 Clarifies the nature and urgency of the required information.	• Ability to establish the urgency with which information is required. • Ability to ask questions, listen and restate requirements to ensure clarity and agreement on information needs. • Ability to concisely describe the nature, level of complexity and form in which information is required.
2 Considers the adequacy of available information resources for meeting information needs.	• Ability to differentiate types of information resources (e.g. advertorial/ promotional materials, objective/independent reference texts, peer-reviewed journal articles/research papers) on the basis of their quality, suitability and reliability. • Ability to discuss the scope and usefulness (applications and limitations) of a range of information resources, including indexing and abstracting services and electronic database.
3 Accesses additional information sources where those in the workplace are found to be inadequate.	• Ability to identify circumstances where available information resources are inadequate for responding to information needs. • Ability to select and justify the choice of other information sources (e.g. drug information centres, pharmaceutical manufacturers, specialist medical practitioners, schools of pharmacy or other pharmacists) for meeting information needs.
4 Applies a systematic search strategy for responding to information needs.	• Ability to apply a defined search strategy for a specific type of information. • Ability to develop and apply a logical and appropriate search strategy for required information in the absence of a defined search strategy.
5 Selects relevant information/ literature from a variety or resources, including electronic databases.	• Ability to demonstrate the use of a variety of electronic and hard copy resources to retrieve relevant information/literature. • Ability to select and justify the selection of material considered relevant for satisfying information needs.
Element 3 – Review and analyse information	
1 Understands basic concepts and terminologies required to critically analyse clinical information.	• Ability to describe the differences between 'levels of evidence' that apply to clinical research such as those applied by the NHMRC (e.g. Level II – well designed randomised controlled trial (RCT), Level IV – case series). • Ability to explain the meaning of statistical terms and/or methods commonly used in scientific/medical literature (e.g. relative and absolute risk, statistical significance, confidence intervals (CI), number needed to treat (NNT), cost-effectiveness and cost-benefit analysis).
2 Establishes the extent to which confidence may be placed in the content of clinical papers.	• Ability to discuss the quality and reliability of information in primary sources (e.g. RCT in peer-reviewed journal versus unreferenced statement). • Ability to discuss the validity of methods used (e.g. avoidance of bias, sampling methods, inclusion/exclusion criteria, use of surrogate markers). • Ability to explain the impact on medicine use or clinical significance of new information from primary sources.

Performance Criteria	Evidence Examples
3 Understands and interprets the retrieved information.	• Ability to explain the content of clinical papers, including those relating to comparative efficacy and safety of medicines, cost effectiveness and the pharmacokinetics of different dosage forms.
4 Uses professional judgement to reconcile divergent or conflicting information and/or form a view where there is a paucity of information.	• Ability to identify situations where retrieved information is inconsistent or in conflict. • Ability to determine and justify a course of action/recommendation in the face of divergent or conflicting information or where there is a paucity of information (e.g. post-dialysis antibiotic dosing).
Element 4 – Synthesise information	
1 Integrates retrieved information into a clear, cohesive, objective and succinct response.	• Ability to integrate information from diverse sources to provide an objective and unambiguous response/summary. • Ability to clearly relate the clinical information to the request/information need, presenting circumstances and/or consumer or drug factors.
2 Constructs the response in a professionally defensible and responsible manner.	• Ability to describe issues (professional, ethical and legal) impacting on the way findings, advice, opinions and recommendations can or should be presented.
3 Applies a standardised referencing technique to link information to the evidence base.	• Ability to produce a fully referenced information summary and use a referencing technique of the type used in scientific writing (e.g. the Vancouver System).
4 Explains the evidence base underpinning the response clearly and concisely.	• Ability to clearly explain the evidence-based content of the response making reference, where appropriate, to the request/information need, presenting circumstances and consumer or drug factors.
5 Substantiates professional advice, opinions and recommendations contained within the response.	• Ability to differentiate professional opinion, advice or recommendations from literature findings. • Ability to justify opinions, advice and recommendations by reference to the evidence base, pharmacological knowledge, consumer or drug factors and/or presenting circumstances.

Standard 8.2 Engage in health, medicines or pharmacy practice research

This Standard addresses the role pharmacists have in conducting or contributing to research about medicines, medicine use, health or professional pharmacy practice. It encompasses the identification of research needs, the design and conduct of research and the analysis and dissemination of findings.

Pharmacists are involved in the design, conduct and analysis of research into medicines, medicines use, health and professional practice. To engage in research pharmacists must have a sound understanding of and capacity to apply research methodologies and statistical terms and techniques. They must also have an appreciation for the impact that research design has on the degree to which findings can be generalised to other situations or settings and the capacity to document their research through use of scientific writing skills.

All pharmacist researchers are likely to have their own research peer reviewed and to be involved in peer reviewing the work of other researchers as a means of encouraging reporting of research that is accurate, thorough and credible. Many pharmacist researchers will also take on the responsibility of mentoring and supervising other researchers or trainee researchers. In this role they will be expected to serve as a positive role model promoting excellence and professionalism in research. They will provide advice on issues such as research ethics, responsible conduct of research, or research design and methods to guide the development of other researchers and trainee researchers.

Research directed at professional practice is a key force for initiating change in professional service delivery systems and promoting the future advancement of the profession. Enhanced pharmacy practice and the development of new professional roles or services underpin the delivery of improved health outcomes for the community.

Particularly in academic environments, pharmacists may undertake or contribute to medicines research relating to the discovery of new therapeutic agents, new dosage forms or new therapeutic uses. In doing so, they will apply expertise in disciplines such as pharmacology, pharmaceutics, pharmacokinetics and social pharmacy*. Although pharmacists are engaged in research across a wide range of settings, all research to which they contribute will ultimately relate back to one of the four arms of the National Medicines Policy.

Performance Criteria	Evidence Examples
Element 1 – Understand research principles and concepts	
1 Understands research ethics and methods and key issues impacting on the design of research protocols.	• Ability to discuss ethical principles relevant to undertaking research (e.g. avoidance of conflict of interest, respect of participating individuals, maintenance of integrity and beneficence). • Ability to describe key factors to be considered in the design of research protocols (e.g. sample size, duration, inclusion and exclusion criteria, avoidance of bias, analysis technique). • Ability to describe the differences in core features of common research methods (e.g. case control study, cohort study, RCT, qualitative research methods).
2 Understands statistical terms and techniques used to analyse research data.	• Ability to describe statistical terms and techniques (e.g. t-test, p-value, confidence intervals, regression analysis). • Ability to discuss how statistical issues (e.g. sample size) impact on research design. • Ability to describe key economic concepts such as cost-effectiveness and cost benefit.
3 Understands the relationship that must be maintained between the research question, the findings and conclusions.	• Ability to describe the direct and logical connection between the research question, what the research has shown and the conclusions drawn.
4 Understands the importance of consumer involvement in research.	• Ability to discuss the means by which consumer involvement in research is encouraged and facilitated.
Element 2 – Conduct research	
1 Adopts a rigorous and systematic approach to identifying areas where there is a gap in the evidence base.	• Ability to apply a systematic approach to identify and prioritise areas where there are gaps in the evidence base. • Ability to describe and justify a research need. • Ability to clearly articulate the research question intended to be answered by the proposed research.

Performance Criteria	Evidence Examples
2 Critically analyse and review literature to establish existing knowledge in the area of research interest.	• Ability to undertake a literature review of the area of research interest. • Ability to discuss the evidence gap demonstrated by the literature review.
3 Develops and defines the research concept and methodology or protocol.	• Ability to develop a research concept and proposal to explore the area of research interest. • Ability to explain how the research proposal addresses the identified gap in evidence. • Ability to justify the appropriateness of the research method for exploring the research question.
4 Ensures required approvals are secured.	• Ability to describe approvals required as prerequisites for commencement of research (e.g. institutional or ethics committee approvals, grant application approval for funding). • Ability to complete documentation required to gain relevant approvals.
5 Conducts the research according to the research proposal, explicitly accounting for any variations.	• Ability to collect and document quantitative and/or qualitative data relevant to the research question. • Ability to describe any variations to methodology, their impact and how these have been addressed to assure the validity of the research.
6 Analyses and interprets the research results to clarify findings.	• Ability to accurately undertake calculations and statistical analysis on grouped data, including costs. • Ability to apply analytical and clinical reasoning skills to results to establish the research findings. • Ability to discuss research findings in terms of the research question.
7 Formulates discussion and conclusions that are supported by the research findings.	• Ability to explain and justify the discussion and conclusions in terms of the research findings. • Ability to recognise and describe the limitations of the research methodology and/or findings. • Ability to describe the clinical significance of the findings and/or the extent to which they may be generalised or applied to other settings.
8 Accepts responsibility for the management and retention of research data and materials.	• Ability to discuss the data and primary materials that should be retained. • Ability to describe or demonstrate use of a secure and accessible data storage system.
9 Documents research findings, including negative findings, accurately and completely.	• Ability to write a scientific paper that accurately reports methods, findings and conclusions.
Element 3 – Disseminate and apply findings	
1 Identifies the most appropriate dissemination strategies for sharing findings with colleagues and the wider community.	• Ability to describe a range of dissemination strategies for sharing research findings (e.g. web-based publication, in-service presentation in the workplace, publication in professional journal, national or international conference presentation).
2 Promotes practice change and enhanced knowledge by responsibly sharing research findings.	• Ability to justify the choice of dissemination strategy. • Ability to apply dissemination strategies to responsibly share research findings.
3 Integrate research evidence into professional practice.	• Ability to describe and justify required adjustments to workplace systems or practices in response to research findings. • Ability to demonstrate the application of research evidence into systems or policies and procedures. • Ability to describe practice changes initiated as a result of application of research evidence.

Standard 8.3 Formally educate and train students and healthcare colleagues

(Refer also to Domain 2 – Standard 2.7 Supervise personnel and Domain 3 – Standard 3.2 Manage and develop personnel.)

This Standard addresses the role of pharmacists as educators. It is a role that extends from the provision of formally constituted training sessions for pharmacists and other health professionals to involvement in undergraduate and postgraduate pharmacy education.

Pharmacists are actively involved in the education of groups of consumers,[8] students and other health care colleagues through formal educational activities. For example, it is common for one pharmacist to attend a training program and pass on the learning to colleagues through a formally constituted in-service program or for pharmacists to provide structured educational programs for specific consumer groups (e.g. cardiac rehabilitation). Similarly, small groups of pharmacists in healthcare facilities or in the community may participate in facilitated case study discussions. Formal educational programs may also be established by professional associations to promote and facilitate CPD or to train students. Within such programs presenting pharmacists take on the role of educator.

Within pharmacy schools pharmacists are involved in the education and training of undergraduate and postgraduate students. They will usually have a greater depth of understanding of educational concepts and assessment processes and will usually also maintain an involvement in research.

Performance Criteria	Evidence Examples
Element 1 – Understand educational theory and principles	
1 Understands the importance of the learner to the educational process.	• Ability to discuss the importance to the success of educational activities of the learner's skills, motivation and commitment to learn. • Ability to discuss key factors important for initiating and/or sustaining the motivation of adult learners.
2 Understands the need to provide multiple and diverse learning opportunities to adult learners.	• Ability to discuss the variable learning styles or modalities in adult learners (e.g. visual versus auditory). • Ability to discuss the importance to adult learners of reinforcing key messages through repeat exposure.
3 Understands the application of competency standards or learning objectives to curriculum/content design.	• Ability to describe the relationship that exists between educational content and learning objectives and/or competency standards.
Element 2 – Facilitate learning	
1 Identifies gaps in knowledge, skills and professional behaviours.	• Ability to clarify and describe identified learning needs. • Ability to define learning needs in the form of learning objectives.
2 Selects or develops learning activities to address learning needs.	• Ability to justify the relevance of learning activities to learning needs. • Ability to develop a series of learning activities relevant to identified learning objectives or competencies.
3 Ensures educational resources and activities are engaging and deliver relevant and up-to-date information.	• Ability to demonstrate the currency and/or evidence base for the educational content used. • Ability to describe the way in which learner involvement and participation has been addressed (e.g. discussion and questioning, personal reflection, work group exercises).
4 Employs strategies to reinforce and clarify educational content.	• Ability to describe a range of strategies that could be used to reinforce and clarify educational content (e.g. tutorials or workshops, written materials, intranet or internet based resources). • Ability to describe and justify the choice of strategies used to reinforce and/or clarify educational content.
5 Ensures strategic linkages in content where activities constitute part of a course of study.	• Ability to describe the strategic intent of a course of study. • Ability to plan and design course curriculum appropriate for the intended course outcomes.

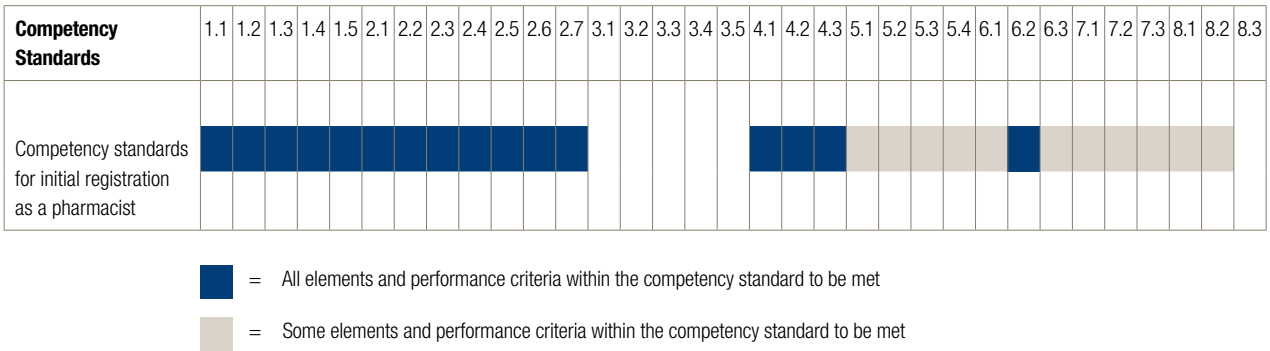
[8] The education of individual consumers is covered within Domains relating to the delivery of pharmaceutical services (i.e. Domains 4, 5, 6 and 7).

Performance Criteria	Evidence Examples
Element 3 – Assess learning outcomes	
1 Uses valid, reliable and appropriate tools and strategies to assess learning.	• Ability to discuss key issues impacting on the reliability and validity of learning assessment tools. • Ability to discuss the relative merits of different assessment methods.
2 Records and reports assessment outcomes in an accurate, timely and appropriate way.	• Ability to deliver assessment results in a timely and accurate way. • Ability to discuss key issues impacting on the capacity of assessment report methods to motivate further learning.
3 Seeks and applies constructive feedback from learners and peers on educational activities/materials and assessment strategies.	• Ability to describe systems through which learner and peer feedback is obtained. • Ability to describe how feedback has been used to enhance performance as an educator.
4 Participates in results moderation and adjudication processes according to established policy and procedure.	• Ability to describe established internal moderation processes. • Ability to describe results review/adjudication processes that are consistent with requirements for fairness and natural justice. • Ability to participate in results review processes without prejudice.

2.4 Summary of Competency Standards for Initial Registration as a Pharmacist

In section 2.3, the performance criteria applicable at entry-level to the profession (i.e. at initial registration) were designated by shading. The following table lists these and therefore provides a summary of the full set of competency standards for initial registration as a pharmacist in Australia. The grid below represents this information graphically.

Domain (* = universally applicable)	Standards	Elements	Performance Criteria
1 – Professional and ethical practice*	All	All	All
2 – Communication, collaboration and self-management*	All	All	All
4 – Review and supply prescribed medicines	All	All	All
5 – Prepare pharmaceutical products	5.1	1	1 & 2
		2	1–3
		3	1–4
		4	1–5
		5 & 6	All
	5.2	1 & 2	All
	5.3	1	1–3
	5.4	1	1–4
		4	1 & 4
6 – Deliver primary and preventive health care	6.1	1	1–3
		2 & 3	All
	6.2	All	All
	6.3	1 & 3	All
		2	1 & 2
7 – Promote and contribute to optimal use of medicines	7.1	1	1, 3–5
		2 & 4	All
		3	1 & 2, 4–6
	7.2	1, 2 & 4	All
		3	1–3, 6 & 7
	7.3	1	All
		2	1 & 2, 4
		3	1
8 – Critical analysis, research and education	8.1	1	1
		2	1–3, 5
		3	1–3
		4	3 & 4
	8.2	1	1 & 2
		3	3



Appendices

Appendix 1 – Abbreviations

The following abbreviations have been used in this publication.

Abbreviation	Term
ACSOM	Advisory Committee on the Safety of Medicines
ADR	adverse drug reaction
APC	Australian Pharmacy Council
APF	Australian Pharmaceutical Formulary and Handbook
CMI	Consumer Medicine Information
CPD	continuing professional development
DAA	dose administration aid
DUE	drug use evaluation
GP	general practitioner
HEPA	high efficiency particulate air
HMR	Home Medicines Review
INR	International Normalised Ratio
ITP	intern training program
NHMRC	National Health and Medical Research Council
PBA	Pharmacy Board of Australia
PBS	Pharmaceutical Benefits Scheme
RACH	residential aged care home
RCT	randomised controlled trial
TDM	therapeutic drug monitoring
TGA	Therapeutic Goods Administration
TLO	threshold learning outcome
TPN	total parenteral nutrition

Appendix 2 – Glossary

The following definitions have been adopted for the purpose of this publication.

Term	Definition	Source
Academic detailing	A non-commercial educational strategy where a trained person meets one-on-one with a health professional in their practice setting to provide evidence-based information with the intent of changing their practice to support and enhance judicious and cost-effective decision-making.	1
Accountability	Being answerable for one's actions, and the roles and responsibilities inherent in one's job or position. Accountability cannot be delegated.	2
Adherence	A qualitative measure of the extent to which a consumer's behaviour corresponds with recommendations agreed with a health care professional, ideally through a concordant approach. This can include accidental non-compliance (e.g. forgetting, misunderstanding directions).	2
Adverse drug reaction	Any response to a drug that is noxious and unintended, and that occurs at doses normally used in man for prophylaxis, for diagnosis or therapy for disease, or for modification of physiological function.	3
Carer	Anyone responsible for, or taking part in, the provision of care for another person (including parents, guardians or care workers). Carers may be formal or informal. A care worker is a paid worker with a title such as carer, aboriginal health worker, assistant in nursing, personal care assistant, HACC (Home and Community Care) worker.	2
Clinical audit	A quality improvement process that seeks to improve consumer care and outcomes through a systematic review of care against explicit criteria, identification of required actions for improvement, and the implementation of those actions. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery.	4
Clinical pharmacy practice	The practice of pharmacy as part of a multidisciplinary healthcare team directed at achieving QUM.	5
Collaboration	In the context of medication management, collaboration is a process whereby consumers and health care providers share their expertise and take responsibility for decision making. Accomplishing collaboration requires that individuals understand and appreciate what it is they, and others, contribute to the 'whole'.	2
Consent	Permission granted voluntarily by a consumer or individual who has been adequately informed and has the capacity to understand, provide and communicate their consent.	6
Consumer	A person who uses or is a potential user of health services, including their family and carers.	2
Counselling	A two-way communication process between the pharmacist and the consumer in which the pharmacist ascertains the needs of the consumer and provides him or her with the information required to safely and effectively administer medicines and/or use therapeutic devices.	7
Cytotoxic (drug)	Medicines used primarily in the treatment of cancer. They have deleterious effects upon cells and many have been found to be mutagenic, teratogenic and carcinogenic.	7
Drug use evaluation	An authorised, structured, ongoing system for improving the quality of drug use within a healthcare organisation. Drug use is evaluated by using pre-determined standards and efforts are initiated to correct patterns of use which are inconsistent with these standards. It includes a mechanism for measuring the effectiveness of these corrective actions.	8
Health literacy	Represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.	9

Term	Definition	Source
Health promotion	The process of enabling people to increase control over their health and to improve their health outcomes. It represents a comprehensive social and political process which not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health.	10
Leadership	The art of influencing the behaviour of others toward a pre-determined goal.	2
Medication management plan	A continuing plan for the use of medicines that arises from a medication management assessment and is developed by the health care professional in collaboration with the consumer. It documents actual and potential medication management issues identified during the assessment process, medication management goals, and actions and strategies needed to address the issues and achieve the medication management goals. The medication management plan is to be shared with and used by all members of the healthcare team (institutional and community) and the consumer.	11
Medicine	A chemical substance given with the intention of preventing, diagnosing, curing, controlling or alleviating disease or otherwise enhancing the physical or mental welfare of people. It includes prescription and non-prescription medicines, including complementary healthcare products, irrespective of the administered route.	2
Mentor	An experienced, skilled and trustworthy person who is willing and able to provide guidance to less experienced colleagues. Mentors share their knowledge, expertise and experience on career, technical, professional and cultural issues. The teaching-learning process is usually a one-to-one, reciprocal, career development relationship between two individuals who may be diverse in age, personality, life cycle, professional status and/or credentials.	12
Monitoring	The regular measurement or assessment of specific clinical and social parameters to assist consumers undergoing treatment for, or at risk of, specific health conditions.	7
Partnership	A relationship where there is a sharing of expertise and responsibility among medical practitioners, nurses, pharmacists and consumers for a person's wellbeing. Working in partnership involves consultation between individuals and collaborative decision making.	2
Peer review	The evaluation by a practitioner of creative work or performance by other practitioners in the same field in order to assure, maintain and/or enhance the quality of work or performance.	13
Preceptor	A pharmacist who holds general registration and has undertaken preceptor training who is responsible for the supervision of a person undertaking a period of supervised practice in accordance with the requirements of the PBA. The period may be either during undergraduate clinical training placements or during a period of supervised practice as part of the process leading to general registration.	14
Preventive health	Encompasses approaches and activities aimed at reducing the likelihood that a disease or disorder will affect an individual, interrupting or slowing the progress of the disorder or reducing disability. Primary prevention reduces the likelihood of the development of a disease or disorder. Secondary prevention interrupts, prevents or minimises the progress of a disease or disorder at an early stage. Tertiary prevention focuses on halting the progression of damage already done.	15
Primary health care	A consumer's first point of contact with the health care system, generally for 'out-of-hospital' care services provided, for example, by GPs, pharmacists, physiotherapists, general practice nurses and other community health care workers.	16
Public health	The science and art of promoting health, preventing disease, and prolonging life through the organised efforts of society.	7
Quality use of medicines	Refers to the selection of wise management options, the choice of suitable medicines if a medicine is considered necessary, and the safe and effective use of medicines. The definition of QUM applied equally to decisions about medicine use by individuals and decisions that affect the health of the population.	7
Research	Original investigation undertaken to gain knowledge, understanding and insight.	17

Term	Definition	Source
Responsibility	To be entrusted with or assigned a duty or charge. In many instances responsibility is assumed, appropriate with one's duties. Responsibility can be delegated as long as it is delegated to someone who has the ability to carry out the task or function. The person who delegated the responsibility remains accountable, along with the person accepting the task or function.	2
Role model	A person regarded by others generally as a good example to follow with regards to their professional or social behaviour upon which one can emulate his or her own behaviour, including adopting appropriate similar attitudes. A role model need not be known personally to the individual.	18
Social pharmacy	The study of social and behavioural factors influencing medicine use including medicine- and health-related beliefs, attitudes, rules, relationships and processes. It may deal with the study of social aspects of medicines (e.g. drug research and development, production and distribution of medicines, drug information, control of supply) or the perceptions and use of medicines by consumers (e.g. factors affecting adherence, understanding of side effects). It draws upon disciplines such as sociology, social psychology, psychology, political science, education, communication, economics, history and anthropology.	19
Therapeutic drug monitoring	The application of pharmacology, pharmacokinetics, genetics, pathology and clinical medicine to the interpretation and use of measured drug concentrations in body fluids with the aim of improving drug therapy by giving advice on the therapeutic management of the consumer.	3

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Appendix 3 – Applied and Enabling Basic Disciplines in the Pharmacy Curriculum

Applied disciplines

Medicinal chemistry — a chemistry-based discipline concerned with the discovery, design, identification and preparation of therapeutically active compounds, the study of their biological properties and the derivation of quantitative structure-activity relationships.

Pharmaceutics — a discipline that combines the principles of physical, chemical and biological properties of drug (active ingredient) and excipients with the physiology and biology of the consumer in the design of dosage forms for medicines to achieve maximum therapeutic benefit.

Pharmacodynamics — the relationship of the drug (and/or metabolite) concentration to the magnitude of the pharmacological effects produced (what the drug does to the body).

Pharmacokinetics — explores the changes in the drug concentrations (quantification and interpretation) throughout the body following administration (what the body does to the drug).

Pharmacology — the interactions of drugs and medicinal substances at a cellular or molecular level to produce changes in the activity of the organism (host tissues or infectious organisms).

Pharmacy practice — the integration of the above disciplines with knowledge of disease states and pharmacotherapy, QUM, safety and risk management, health economics, health promotion and disease prevention, pharmacoepidemiology, the place of the pharmacy profession in the health care system, the standards of professional conduct, the ethics of the profession of pharmacy, the law relating to pharmacy, and the management of human, fiscal and time resources.

Enabling basic disciplines

Anatomy, biology and microbiology — the structure of organisms, particularly human, knowledge of living organisms and microscopic forms of life, and their vital processes.

Biochemistry — the chemistry of chemical compounds and processes in organisms.

Chemistry — the composition, structure and physical and other properties of organic and inorganic substances, with the transformations that they undergo, and their analysis.

Epidemiology — the incidence, distribution and control of disease in a population.

Information and communication technology.

Mathematics — the science of numbers and their operations, interrelations, combinations, generalisations, and abstractions and of space configurations and their structure, measurement, and transformations, including calculus and statistics, to the extent required for the study of a health science.

Pathophysiology — the essential nature of diseases and the structural and functional changes produced by them.

Physiology — the functions and activities of life or of living matter (as organs, tissues or cells) and of the physical and chemical phenomena involved.

Social pharmacy — the study of social and behavioural factors influencing medicine use including medicine- and health-related beliefs, attitudes, rules, relationships and processes.

Appendix 4 – Project Participants

Competency Standards Review Steering Committee

Members

Shane Jackson — *Chair*

Paul Gysslink — *Association of Professional Engineers, Scientists and Managers, Australia*

Grant Martin — *Australian Association of Consultant Pharmacy*

John Chapman — *Australian College of Pharmacy*

Peter Halstead — *Australian Pharmacy Council*

Pascale Dettwiller — *Council of Pharmacy Schools: Australia and New Zealand Inc.*

Lisa Nissen — *Pharmaceutical Society of Australia*

Stephen Marty — *Pharmacy Board of Australia*

Yvonne Allinson — *Society of Hospital Pharmacists of Australia*

Andrew Matthews — *The Pharmacy Guild of Australia*

Association of Hospital Pharmacists

Other participants

Kerry Deans — *Consultant*

Phoebe King — *Observer*

Kylie Woolcock — *Observer*

Kay Sorimachi — *Secretariat*

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Yvonne Allinson

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