

Professional Practice Standards 2023

Version 6



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The work to develop the standards included review by experts, open and targeted stakeholder consultation and the consensus of organisations and individuals involved.

The Pharmaceutical Society of Australia (PSA) thanks all those involved in the process and gratefully acknowledges the contribution of the following individuals and organisations.

Project advisory group members

Dr Deanna Mill, Chair
Ilhaz Roomiani, Department of Health
Dr Phi Le, Department of Health
Jerome Boland, Department of Health
Mark Kirschbaum, Pharmacy Board of Australia
Dr Josephine Maundu, Australian Pharmacy Council
Jessica Seeto, The Pharmacy Guild of Australia
Mike Stephens, National Aboriginal Community Controlled Health Organisation
Dr Jacinta Johnson, The Society of Hospital Pharmacists of Australia
Flynn Swift, National Australian Pharmacy Students' Association
Gary West, Pharmaceutical Defence Limited
Timothy Plunkett, Australian Digital Health Agency
Professor Debra Rowett, Council of Pharmacy Schools
Janelle Dockray, Professional Pharmacists Australia
Debra Letica, Consumers Health Forum of Australia
Professor Lisa Nissen, academic.

Standard review group members

Hannah Knowles, Chair	Dr Marya Angley
Anne Todd, Chair	Deborah Hurwitz
Andrew Sluggett, Chair	Dr Kirsty Galbraith
Hannah Mann	Dr Richard Brightwell
Craig Stevens	Janelle Dockray
Nerida Croker	Dr Selena Boyd
Michelle Hansen	Suzanne Valastro
Dee-Anne Hull	Michael Bakker
Michael Cousins	Branko Radojkovic
Ayomide Ogundipe	Dr Beverley Glass
Lisa Wark	Kerry-Anne Casanova
Dr Lynda Cardiff	Karla Wright
Elise Wheadon	Margaret Fagan
Rachel Rees	Mina Naguib
Brenda Shum	

PSA project team

Jacob Warner
Peter Guthrie
Claire Antrobus
Kay Sorimachi
Chris Campbell
Emma Abate
Nena Nikolic
Ness Clancy
Madeline Thompson
Carolyn Allen
Leah Robinson
Natalie Bedini
Marwa El Jamaly
Haider Ordonez

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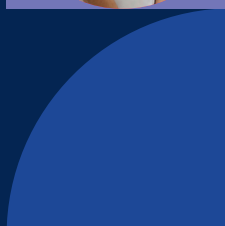
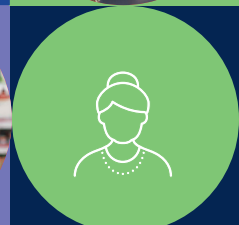
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The Professional Practice Standards version 6 have been endorsed by:



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Acknowledgement of Country

In the spirit of reconciliation, the Pharmaceutical Society of Australia (PSA) acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, sea and community. We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

We recognise that Aboriginal and Torres Strait Islander history and cultures are inseparable from Australia's collective history and culture, and are something to be proud of and celebrate. This is reflected in the recognition of the diversity of cultures, and the richness, strengths and resilience of the world's oldest living cultures. We recognise that this includes the continuation of cultural practices, including the use of bush medicines, languages and connection to Country. Aboriginal and Torres Strait Islander peoples were our first pharmacists.

We are proud that we live in the country with the world's oldest continuous living cultures, and we are playing our part to support Aboriginal and Torres Strait Islander peoples to keep these cultures alive and vibrant.



Foreword

Pharmacists continue to play a crucial role in ensuring safe and reliable access to medicines and healthcare services, particularly during public health emergencies such as floods, fires, and pandemics. As the scope of pharmacist practice continues to expand, it is critical that pharmacists have an up-to-date and evidence-based foundation to guide their professional practice. A key component of the support needed is clear and actionable Professional Practice Standards.

Triggered by policy changes (e.g. expansion of pharmacist-administered vaccination services), changes in practice, emerging research on the utility of guidance documents and the scheduled review cycle, an update of Version 5 of the Professional Practice Standards was considered timely and essential.

The review process involved input from many individuals and organisations, including pharmacists practising in different settings and career stages, consumer representatives, regulators, educators, researchers and government agencies. The result is a contemporary and evidence-based resource that provides improved clarity and usability for pharmacists across different roles, practice settings and career stages.

We extend our heartfelt thanks to all those involved in the significant body of work to review, revise and update the Professional Practice Standards. The level of work and cooperation observed is a testament to a profession that is clearly committed to striving for quality practice that improves the health of Australians.

We encourage all pharmacists to use the newly revised and updated Professional Practice Standards as a contemporary, evidence-based resource to guide their quality professional practice. By incorporating these standards into daily practice, pharmacists will ensure safe, effective and person-centred care for all Australians.

Dr Deanna Mill
Chair
Project Advisory Group
July 2023



About the standards

The PSA's Professional Practice Standards define and articulate the minimum performance expectations of professional behaviour of all pharmacists in Australia.

Pharmacists have a fundamental responsibility to ensure safe and effective delivery of healthcare services. The Professional Practice Standards (PPS) are used to assess whether a pharmacist's performance enables delivery of safe, high-quality, reliable and clinically effective healthcare services. Practising according to accepted standards supports medicine safety and quality use of medicines.

The PPS apply to the practice of all pharmacists, regardless of their professional role or the scope, level or location of their practice.

The Pharmacy Board of Australia (the Board) defines 'practice' (adapted) as follows:

To practise as a pharmacist means undertaking any role, whether remunerated or not, in which the individual uses their skills and knowledge as a pharmacist in their profession. Practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with individuals and others; 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.

The PPS:

- identify the minimum performance expectations of professional behaviour of all pharmacists
- describe the accountability that all pharmacists will be assessed against according to their individual 'scope of practice'—defined as *a time-sensitive, dynamic aspect of practice that indicates those professional activities that a pharmacist is educated, competent and authorised to perform, and for which they are accountable*¹
- serve as a source of education and reflection of performance for the purpose of practice improvement.

The standards and Australian pharmacist practice

Relationship to other guidance and legislative documents

The overall framework underpinning the practice of pharmacists consists of several groups and layers of interdependent policies, legislation, and professional and ethical resources. The relationship between documents that articulate, govern and guide pharmacist practice is shown in Figure 1.

Pharmacists must use the PPS in conjunction with, and always comply with, relevant legislation, regulatory frameworks, other standards and codes of ethics, conduct and practice. Pharmacists must also be informed by organisational policies and procedures, and professional practice and treatment guidelines.

The national competency standards and the PPS are complementary to each other. The national competency standards describe the skills, attitudes and other attributes (including values and beliefs) attained by an individual based on knowledge (gained through study) and experience

(gained through subsequent practice) that together enable the individual to practise effectively as a pharmacist. The PPS define and articulate the minimum expected standards of professional behaviour by pharmacists in Australia.

Pharmacists are expected to be competent when applying the PPS to their practice. Both the competency standards and the PPS must be met to ensure the delivery of high-quality services by pharmacists.

Details of legislative requirements are beyond the scope of the PPS. However, when required, PSA will provide guidance to pharmacists on new or amended requirements, clarify professional obligations and assist with interpretation guidance or legislative documents.

At all times, pharmacists must comply with relevant Commonwealth and state or territory legislation. No part of the PPS should be interpreted as permitting a breach of the law or discouraging compliance with legal requirements.

Figure 1: Guidance and regulation of pharmacist practice in Australia



Relevant organisations

- Pharmacy Board of Australia
 - www.pharmacyboard.gov.au
- Pharmaceutical Society of Australia
 - www.psa.org.au
- The Society of Hospital Pharmacists of Australia
 - www.shpa.org.au
- The Pharmacy Guild of Australia
 - www.guild.org.au
- Australian Pharmacy Council
 - www.pharmacycouncil.org.au
- Australian Government Department of Health and Aged Care
 - www.health.gov.au
- State and territory health departments
 - www.health.gov.au/about-us/contact-us/local-state-and-territory-health-departments
- Pharmaceutical Defence Limited
 - www.pdl.org.au
- Australian Commission on Safety and Quality in Health Care
 - www.safetyandquality.gov.au

Applying the standards to practice

The PPS have been designed to reflect the dynamic healthcare environment pharmacists work within. The safe and effective use of medicines is at the core of pharmacy practice. Pharmacists' roles have evolved significantly and pharmacists practise at all phases of the medicines management cycle (MMC).

To demonstrate this evolution, the PPS have been redesigned to reflect the alignment with the MMC.

Pharmacists practise in all steps of the medicines management cycle.

Recognising the variety of roles pharmacists have in health care, including roles not directly involved in patient care, the Fundamental domain contains standards that are always relevant to all registered pharmacists, regardless of practice setting. These standards should always be used in conjunction with other relevant standards that apply to the delivery of a particular service or activity. The Fundamental standards are *Person-centred care*, *Responsibility and accountability* and *Collaborative practice*.

There are nine domains of the PPS. These are:

- Fundamental
- Service delivery
- Patient assessment
- Prescribing
- Dispensing and preparation
- Administration
- Review and monitoring
- Providing health information
- Public health.

Figure 2, the PPS MMC, displays those domains relevant to the MMC.

Pharmacists need to be aware of all of the standards in the PPS to be able to determine the specific standards that apply to their practice. Figure 3, Domains and standards in the PPS, displays all of the standards aligned with the relevant domain.

The pharmacist's individual scope of practice will inform which standards apply. Pharmacists should consider the phases of the MMC that relate to each service or activity to be provided and apply the corresponding standards when providing the service or activity.

Figure 2: Professional Practice Standards medicines management cycle²

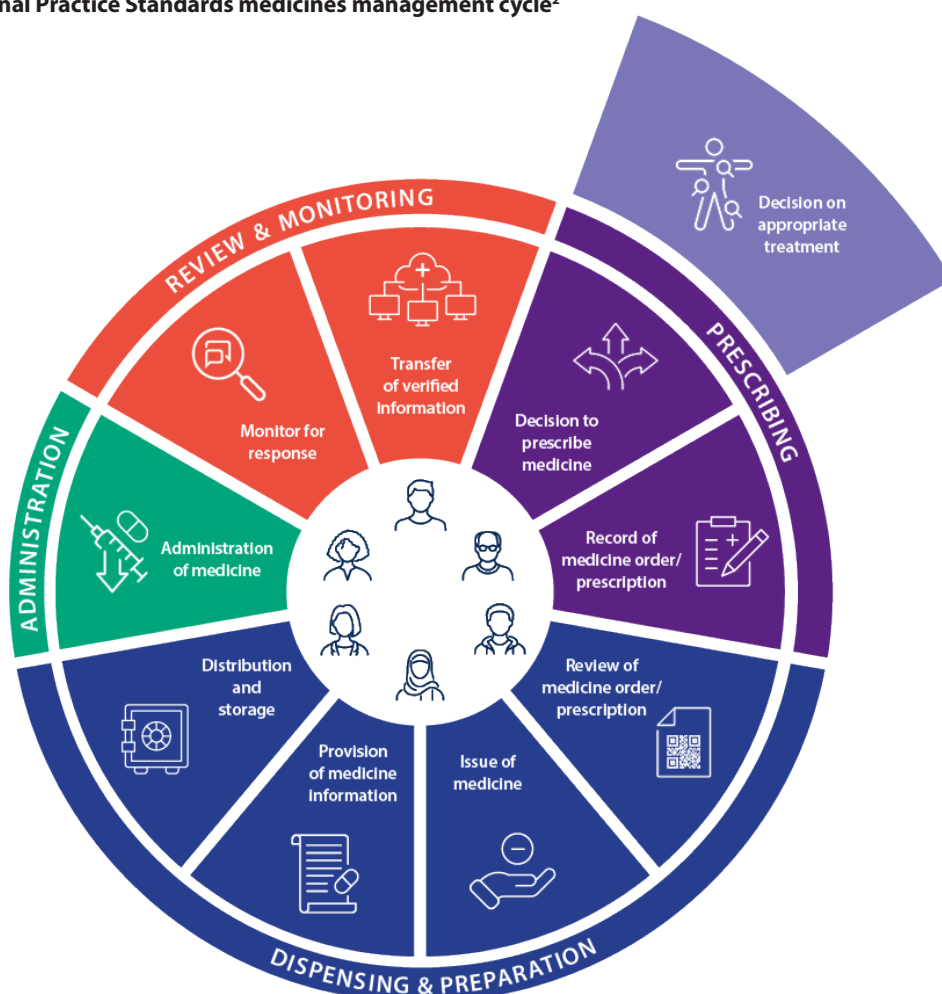


Figure 3: Domains and Standards in the Professional Practice Standards



What do pharmacists need to do?

To assess whether performance expectations are being met in relation to a **specific service** (e.g. vaccination service, dispensing service) **or professional activity** (e.g. providing health information) that the pharmacist is currently delivering, or is preparing to deliver in the future:

- Determine the steps involved in delivering the specific service or performing the particular professional activity.
- Select the standards that apply to that service or activity – note that multiple standards will apply. In addition, all standards in the *Fundamental* domain will always apply.
- Assess your performance in relation to the specific service/activity selected that you are currently delivering, or that you are planning/preparing to deliver in the future – e.g. by using the PPS implementation program.
- Consider the outcomes of the assessment. Adapt your current practice as necessary to meet the relevant standards (or to help prepare for future service delivery), e.g. by following the guidance in the action plan developed upon completion of the PPS implementation program.

To assess a pharmacist's **overall** performance in their current professional role/practice:

- Consider individual scope of practice in the context of all professional activities and services performed as a pharmacist.
- Select the standards that apply to each of the professional activities and services you undertake. Individual standards will apply to multiple activities or services. Note that all standards in the *Fundamental* domain always apply to all pharmacists.
- Assess your performance when undertaking the professional activities and services according to the relevant selected standards, e.g. by using the PPS implementation program.
- Consider the outcomes of the assessment. Adapt your overall practice as necessary to meet the relevant standards, e.g. by following the guidance in the action plan developed upon completion of the PPS implementation program.

The PPS implementation program can be used to help pharmacists better understand the PPS, apply the PPS to their practice and assess their performance against relevant standards.

Examples are included below to help guide pharmacists to identify the relevant standards for their practice. Examples of situations that apply to a standard are provided in each standard, these examples are not intended to be exhaustive.

Each action in the selected standards always applies to the delivery of that service as a **minimum performance expectation**.

Examples of how to use the standards in practice

Figure 4: Vaccination service




























Domains		Standards		Stage of the service the standard addresses
FUNDAMENTAL		Person-centred care		Standards in the fundamental domain always apply to all aspects of a specific service or professional activity a pharmacist delivers
		Responsibility and accountability		
		Collaborative practice		
SERVICE DELIVERY		Service delivery		Follow systematic procedures
PATIENT ASSESSMENT		Patient assessment		Identify patient, determine/confirm therapeutic need for vaccine
PRESCRIBING		Prescribing		Decide to prescribe vaccine – safe, indicated and appropriate timing
DISPENSING AND PREPARATION		Dispensing		
		Compounding		
		Medicine packing		
		Safe and secure handling of therapeutic goods		Store and prepare the vaccine – cold-chain, reconstitute/dilute
ADMINISTRATION		Administration of a medicine		Administer the vaccine – inject the vaccine, respond to emergency
REVIEW AND MONITORING		Medication review		
		Medicine use evaluation		
		Patient monitoring		
PROVIDING HEALTH INFORMATION		Providing health information (patient counselling)		Provide information about the vaccine and disease
PUBLIC HEALTH		Screening, case-finding and risk assessment		
		Health promotion		Promote vaccine role and acceptance

Figure 5: Continued dispensing service


















Domains		Standards	Stage of the service the standard addresses
FUNDAMENTAL		Person-centred care	Standards in the fundamental domain always apply to all aspects of a specific service or professional activity a pharmacist delivers
		Responsibility and accountability	
		Collaborative practice	
SERVICE DELIVERY		Service delivery	Follow systematic procedures
PATIENT ASSESSMENT		Patient assessment	Identify patient, validate ongoing therapeutic need for medicine
PRESCRIBING		Prescribing	Decide to prescribe medicine – safe, indicated and appropriate timing
DISPENSING AND PREPARATION		Dispensing	Dispense the medicine
		Compounding	
		Medicine packing	
		Safe and secure handling of therapeutic goods	Store the medicine
ADMINISTRATION		Administration of a medicine	
REVIEW AND MONITORING		Medication review	
		Medicine use evaluation	
		Patient monitoring	
PROVIDING HEALTH INFORMATION		Providing health information (patient counselling)	Provide information about the medicine and condition
PUBLIC HEALTH		Screening, case-finding and risk assessment	
		Health promotion	

Figure 6: Research project




























































Domains		Standards		Stage of the service the standard addresses
FUNDAMENTAL		Person-centred care		Standards in the fundamental domain always apply to all aspects of a specific service or professional activity a pharmacist delivers
		Responsibility and accountability		
		Collaborative practice		
SERVICE DELIVERY		Service delivery		Intervention tested consistent with relevant requirements
PATIENT ASSESSMENT		Patient assessment		Intervention tested consistent with relevant requirements
PRESCRIBING		Prescribing		Intervention tested consistent with relevant requirements
DISPENSING AND PREPARATION		Dispensing		Intervention tested consistent with relevant requirements
		Compounding		
		Medicine packing		
		Safe and secure handling of therapeutic goods		
ADMINISTRATION		Administration of a medicine		Intervention tested consistent with relevant requirements
REVIEW AND MONITORING		Medication review		Intervention tested consistent with relevant requirements
		Medicine use evaluation		
		Patient monitoring		
PROVIDING HEALTH INFORMATION		Providing health information (patient counselling)		Intervention tested consistent with relevant requirements
PUBLIC HEALTH		Screening, case-finding and risk assessment		Intervention tested consistent with relevant requirements
		Health promotion		

Figure 7: Prescribing a *Pharmacist Only* medicine service

Domains	Standards		Stage of the service the standard addresses
FUNDAMENTAL		Person-centred care	   Standards in the fundamental domain always apply to all aspects of a specific service or professional activity a pharmacist delivers
		Responsibility and accountability	
		Collaborative practice	
SERVICE DELIVERY		Service delivery	 Follow systematic procedures
PATIENT ASSESSMENT		Patient assessment	 Identify patient, assess presenting complaint, determine management
PRESCRIBING		Prescribing	 Decide to prescribe <i>Pharmacist Only</i> medicine – safe, indicated
DISPENSING AND PREPARATION		Dispensing	
		Compounding	
		Medicine packing	
		Safe and secure handling of therapeutic goods	 Store the medicine
ADMINISTRATION		Administration of a medicine	
REVIEW AND MONITORING		Medication review	
		Medicine use evaluation	
		Patient monitoring	
PROVIDING HEALTH INFORMATION		Providing health information (patient counselling)	 Provide information about the medicine and condition
PUBLIC HEALTH		Screening, case-finding and risk assessment	
		Health promotion	



FUNDAMENTAL

Standard 1

Person-centred care

The pharmacist provides care to the person that is responsive and respectful of the person's needs and decisions in collaboration with other members of the healthcare team involved in the person's care.

This standard is a fundamental standard to professional pharmacy practice.

It always applies to all registered pharmacists, regardless of the practice setting.

Actions required

Work in partnership

1. The pharmacist provides equitable, culturally safe, respectful and responsive health care to all people.
2. The pharmacist supports the person to actively participate in and make informed decisions about their health care through shared decision-making (e.g. uses management plans, considers health literacy, discusses potential benefits and harms of treatment).
3. The pharmacist maintains the person's privacy and confidentiality (e.g. information security). If this is breached, the pharmacist informs the patient and relevant regulatory bodies of the breach and circumstances as soon as is practical.

Provide advice

4. The pharmacist communicates effectively with the person (i.e. tailors the communication method to the needs of the person [e.g. cultural considerations, hearing, sight, literacy, cognition, language] and confirms the person's understanding [e.g. teach-back technique]).
5. The pharmacist provides current, relevant and evidence-based advice to the person (i.e. critically appraises the evidence).

Work in collaboration

6. The pharmacist works effectively and respectfully (e.g. communicates, collaborates) with the person and other members of the healthcare team to optimise the delivery of care to the person (e.g. referral, interdisciplinary team-based care, information sharing, developing and contributing to management plans).



FUNDAMENTAL

Standard 2

Responsibility and accountability

The pharmacist takes responsibility and is accountable for their own actions and decisions, and for the team they manage.

This standard is a fundamental standard to professional pharmacy practice. It always applies to all registered pharmacists, regardless of the practice setting.

Pharmacists are valuable contributors and can be leaders within the interdisciplinary team. The level of leadership will vary depending on the pharmacist's role. Leadership obligations and, therefore, accountability for the service are increased when in senior clinical, managerial or organisational oversight roles (e.g. community pharmacy owner, chief pharmacist, director of clinical services, pharmacist manager, chief research investigator, sole operator, quality improvement manager, clinic manager, outreach manager).

Defining responsibility and accountability in the provision of health care is necessary for effective clinical governance.

Actions required

Collaborative leadership

1. The pharmacist actively supports and encourages team members to use and improve their knowledge and skills (e.g. *provide appropriate training*).
2. The pharmacist adopts principles of co-design and co-development when developing, designing or providing a service.
3. The pharmacist works with patients, communities, and other members of the healthcare team to identify areas of importance for health (e.g. *low vaccine uptake, poor adherence to medicines, local outbreak of infectious disease*).
4. The pharmacist designs and implements strategies to improve patient and community health (e.g. *expansion of an immunisation service, implementation of a dose administration aid service, provision of education to colleagues and the public on infectious diseases*).

Responsibility and accountability

5. The pharmacist reviews feedback received from patients or other members of the healthcare team to inform additional learning and training (e.g. *continuing professional development*).
6. The pharmacist self-assesses their knowledge, skills and attitudes to maintain professional competence and inform additional learning and training (e.g. *continuing professional development*).
7. The pharmacist demonstrates accountability (e.g. *works transparently to clear objectives, accepts assessment of their performance*), and accepts responsibility for their own actions and decisions and those of the team members they manage or oversee.



FUNDAMENTAL

Standard 3

Collaborative practice

The pharmacist collaborates with other members of the healthcare team to deliver coordinated, person-centred care to improve health outcomes and optimise the quality use of medicines.

This standard is a fundamental standard to professional pharmacy practice.

It always applies to all registered pharmacists, regardless of the practice setting.

Actions required

Communication and collaboration

1. The pharmacist contributes to an open discussion about scope of practice, role and skills with other members of the healthcare team.
2. The pharmacist develops and maintains effective relationships with other members of the healthcare team.
3. The pharmacist works with other members of the healthcare team to coordinate the delivery of care to meet the patient's goals, needs and preferences (*e.g. referral, transitions of care, information sharing, contributing to management plans and healthcare records, negotiating overlaps in roles and tasks*).
4. The pharmacist works collaboratively with other members of the healthcare team to develop, implement and monitor activities and services aimed at optimising the quality use of medicines and patient outcomes (*e.g. medication use evaluations, medication reviews, research, health promotion activities*).
5. The pharmacist communicates effectively with other members of the healthcare team to facilitate change (*e.g. tailored communication, maintaining communication skills, frequent communication*).
6. The pharmacist contributes to a culture of open communication and a receptive willingness to cooperate and communicate with other members of the healthcare team.

Education

7. The pharmacist works collaboratively with other members of the healthcare team to identify areas to provide education to other healthcare team members (*e.g. medicine information, therapeutic drug monitoring requirements, deprescribing*).
8. The pharmacist adopts principles of co-design and co-development when providing education to other members of the healthcare team.
9. The pharmacist works collaboratively with other members of the healthcare team to contribute to the development of resources.



SERVICE DELIVERY

Standard 4

Service delivery

The pharmacist delivers services to improve health outcomes.

This standard always applies to all registered pharmacists providing services to patients.

It contains actions that apply to the delivery of any professional service.

Pharmacists in senior clinical, managerial or organisational oversight roles have an increased obligation to plan, resource, monitor and review services provided by the organisation (e.g. community pharmacy owner, chief pharmacist, director of clinical services, pharmacist manager, sole operator, quality improvement manager, clinic manager, outreach manager).

This standard describes universal quality systems needed to support and monitor clinical effectiveness and patient safety in any health service. These systems also define the scope of the service. The integration of these systems with requirements of other standards, both in this document and elsewhere support clinical governance by aligning to evidence for the service and accepted scope.

Actions required

Policies and procedures

1. The pharmacist collaboratively develops a standard operating procedure for the service, prior to the implementation of the service, which:
 - outlines the service (e.g. purpose, principles, risks, limitations)
 - describes the roles and responsibilities of those involved in delivering the service
 - describes the education, training and/or qualifications required of the team delivering the service
 - describes how to manage patient, organisational and workplace health and safety risks
 - includes a written agreement for third-party involvement
 - describes the quality assurance measures.
2. The pharmacist follows and maintains the standard operating procedure for service delivery.
3. The pharmacist accepts responsibility for the safety, quality, efficiency and review of service delivery, including third-party delivery.
4. The pharmacist confirms that delivery of the service will be in accordance with legislative, organisational and professional requirements (e.g. professional indemnity insurance, workplace insurance, ethics approval).

Education and qualifications

5. The pharmacist confirms all contributors to the service (including third-party) are capable of delivering the service before providing the service (e.g. up-to-date knowledge and training, necessary skills, cultural safety training).
6. The pharmacist confirms all contributors to the service (including third-party) are appropriately qualified before providing the service (e.g. successful completion of required training, certifications, contractual guarantee).

Resources and environment

7. The pharmacist provides appropriate facilities for the safe delivery of the service. If facilities are not appropriate, changes are made to correct this or the service is not provided. These facilities should include:
 - sufficient space to safely provide the service
 - suitable surfaces and furnishings
 - equipment adequate to provide the service (*e.g. meets Australian standards and/or is registered or listed in the Australian Register of Therapeutic Goods, is regularly calibrated and maintained*)
 - environmental controls (*e.g. temperature, air handling*)
 - suitable quality products and consumables
 - personal protective equipment (*e.g. medical masks, disposable gloves*)
 - suitable containers for storage and processes for disposal of waste (including clinical, hazardous and confidential waste)
 - protection of patient and pharmacist privacy (*e.g. visual, digital, auditory*)
 - access to current, relevant evidence-based tools and resources (*e.g. guidelines, protocols, reference material*).
8. The pharmacist cleans the service delivery area using an evidence-based process according to the requirements of the service that minimises the risk of contamination (*e.g. before and after each compounding activity or the administration of a medicine*).
9. The pharmacist confirms there are sufficient contributors to the service to enable safe service delivery, including an emergency response, before providing the service (*e.g. a suitable number of team members to complete all requirements of the service and respond to any potential emergency, contributors have capacity*). If contributors are not sufficient, changes are made to correct this or the service is not provided.
10. The pharmacist creates and maintains a safe, non-judgemental service environment that allows those involved in delivering and receiving the service to communicate freely and openly.
11. The pharmacist assesses the possible impact to the environment and the wider community for delivery of the service. Where the impact is negative and can be reduced, the pharmacist implements the appropriate measures.

Service requirements

12. The pharmacist obtains informed consent from the patient before providing the service. This can include financial consent (*e.g. costs to the patient*), consent to access medical records or receive medicines, and consent to communicate with relevant persons involved in their care.
13. The pharmacist makes appropriate clinical decisions and recommendations (*e.g. evidence-based, culturally appropriate*) consistent with the patient's management plan and relevant professional practice and treatment guidelines.

Document

14. The pharmacist uses a suitable system (*e.g. computer software, eHealth record, paper-based filing*) to securely record, store, maintain, transmit and retrieve relevant patient details in the medication profile and healthcare record (*e.g. electronic healthcare record*) in accordance with legislative, organisational and professional requirements.
15. The pharmacist uses a suitable system to document a near miss or an incident after each occurrence (*e.g. dispensing software, incident register*).
16. The pharmacist uses a suitable system to report an incident after each occurrence in accordance with legislative, organisational and professional requirements (*e.g. adverse reaction to a medicine to the Therapeutic Goods Administration, dispensing error to management and professional indemnity insurer*).

Review

17. The pharmacist seeks feedback on the service from patients, those involved in delivering the service and other stakeholders (*e.g. evaluation and satisfaction surveys*).
18. The pharmacist monitors and reviews feedback when received and implements changes to the service, when appropriate, as part of a quality improvement activity.
19. The pharmacist appropriately reviews all aspects of the service as part of a quality improvement and team training activity (*e.g. conducts a review after feedback or when an incident occurs, reviews the accuracy of dose administration aid packing every month*).



PATIENT ASSESSMENT

Standard 5

Patient assessment

The pharmacist assesses the person's needs and determines appropriate management with them.

This standard always applies to registered pharmacists when assessing the person's needs and determining appropriate management with them.

Examples of situations requiring patient assessment include:

- A person presenting a prescription to be dispensed.
- A person requesting administration of an influenza vaccine.
- A person presenting with symptoms they are concerned about.
- An older person presenting with a skin tear.
- A person requesting clotrimazole cream.
- A person requesting a cream to be compounded.
- A person requesting a medicine review.

Actions required

Gather information

1. The pharmacist confirms the person's identity in accordance with legislative, organisational and professional requirements (*e.g. using at least three approved identifiers*).
2. The pharmacist establishes the person's needs. This may include:
 - reviewing or requesting relevant information (*e.g. prescription for a medicine, pathology results, dispensing history, My Health Record, vaccination record, reason for request of medicine or healthcare information, real-time prescription monitoring system*)
 - discussing the prescription, presenting complaint, signs and symptoms, information query or medical and medicines history with the person
 - discussing individual factors that may be relevant to management with the person (*e.g. health literacy, preferences, fears, concerns, lifestyle factors, ability to self-manage, social and cultural factors, beliefs about medicines*)
 - examining the person (*e.g. inspection of a wound or rash*).

Assess information

3. The pharmacist assesses the information gathered to:
 - identify concerns that require referral to another healthcare professional
 - make a diagnosis (working or final) or confirm and understand the existing diagnosis
 - identify key clinical issues that may affect management (*e.g. suitability of current medicines, medical history, allergies, medicine needs to be compounded*).

Communicate the findings

4. The pharmacist discusses the findings with the person.
5. The pharmacist agrees on the most appropriate management with the person. This may include:
 - no management, accompanied by medicines or health information
 - treatment, accompanied by medicines or health information
 - treatment and referral to another healthcare professional
 - referral to another healthcare professional.
6. The pharmacist refers the person to the relevant healthcare professional if:
 - the existing diagnosis or diagnosis (working or final) is outside the pharmacist's personal competence or scope of practice
 - the identified clinical issues are outside the pharmacist's personal competence or scope of practice
 - the current disease state is outside the pharmacist's personal competence or scope of practice.



PRESCRIBING

Standard 6

Prescribing

The pharmacist judiciously and collaboratively prescribes therapeutic goods to treat the patient's health needs safely and effectively.

This standard always applies to registered pharmacists who are authorised to prescribe medicines and medical devices and are permitted to do so by legislation, requirements of the Pharmacy Board of Australia and policies of the state or territory, health service or employer for where they are located or employed.

Examples of prescribing include:

- A pharmacist continuing a medicine without a prescription in accordance with the *Pharmaceutical Benefits Scheme Continued Dispensing* arrangements.
- A pharmacist deprescribing a patient's medicine based on pathology results according to an agreement with, and under the supervision of, an autonomous prescriber.
- A pharmacist initiating a *Pharmacist Only* medicine for acne vulgaris in a community pharmacy.
- A pharmacist initiating a *Prescription Only* medicine to treat an uncomplicated urinary tract infection.
- A pharmacist charting medicines for an inpatient according to a partnered pharmacist medication charting agreement.

Actions required

Agree on a management plan

1. The pharmacist agrees on a management plan, including a medicine management plan, with the patient and relevant healthcare professional in accordance with legislative, organisational and professional requirements.
2. The pharmacist addresses any concerns and expectations raised by the patient after the management plan has been agreed (e.g. regarding their health, the management plan, the medicine management plan).
3. The pharmacist refers the patient to the relevant healthcare professional when the patient's concerns, expectations or management are outside the pharmacist's personal competence or scope of practice.

Facilitate access

4. The pharmacist facilitates patient access to the therapeutic good in accordance with legislative, organisational and professional requirements (e.g. charting a medicine order, providing a *Pharmacist Only* or *Prescription Only* medicine to the patient).

Communicate the management plan

5. The pharmacist shares the management plan with relevant healthcare professionals involved in the care of the patient (e.g. shares a record via secure messaging with other members of the healthcare team).

Document

6. The pharmacist documents the interaction with the patient, the agreed management plan, including the medicine management plan and any communication with other healthcare professionals in accordance with legislative, organisational and professional requirements.



DISPENSING AND PREPARATION

Standard 7

Dispensing

The pharmacist facilitates the safe provision of a prescribed therapeutic good, according to a valid prescription or order, to treat a patient.

This standard always applies to registered pharmacists when dispensing a therapeutic good either directly or indirectly (i.e. no face-to-face contact) to a patient.

Examples of dispensing include:

- A pharmacist dispensing a *Prescription Only* medicine to a patient.
- A pharmacist dispensing a compounded medicine to a patient.
- A pharmacist dispensing a medicine to a patient in accordance with staged supply arrangements.
- A pharmacist dispensing a medicine to a resident at an aged care facility.
- A pharmacist dispensing medicine for a herd of animals.
- A pharmacist dispensing a medicine to a patient at an Aboriginal Community Controlled Health Organisation.

Actions required

Dispense the therapeutic good

1. The pharmacist confirms that the prescription or order is legally valid. If the prescription or order is not valid, the pharmacist contacts the prescriber to discuss and resolve the validity of the prescription or order.
2. The pharmacist assesses the information gathered and reviews the prescription or order to determine if dispensing the therapeutic good for the patient is:
 - safe (e.g. correct dose, correct route, no contraindications)**AND**
 - therapeutically appropriate (i.e. aligns with patient's health needs and prescriber's intentions).
3. If the pharmacist has any concerns or determines dispensing the therapeutic good for the patient is not safe or therapeutically appropriate, the pharmacist takes appropriate actions (e.g. implements interim measures, such as defers or limits supply, to facilitate access to the therapeutic good, discusses and resolves issues with the prescriber).
4. The pharmacist creates, or confirms existing is, an accurate and relevant patient healthcare record using an appropriate system (e.g. dispensing software) before dispensing the therapeutic good.
5. The pharmacist accurately dispenses the therapeutic good for the patient according to the prescription or order using an appropriate system (e.g. dispensing software) and quality assurance measures (e.g. barcode scanning, double-checking).
6. The pharmacist labels the medicine container to meet the needs of the patient, and in accordance with legislative, organisational and professional requirements (e.g. Poisons standard, National standard for labelling dispensed medicines, recommended and mandatory cautionary and advisory labels).

Document

7. The pharmacist documents the interaction with the patient (e.g. medicines dispensed, referral, recommendations, off-label use, education) and any communication with the prescriber (e.g. changes to treatment regimen) in accordance with legislative, organisational and professional requirements.



DISPENSING AND PREPARATION

Standard 8

Compounding

The pharmacist prepares compounded medicines that are safe and appropriate for the patient.

This standard always applies to registered pharmacists when compounding (simple or complex compounding) a medicine for a patient.

Examples of compounding include:

- Simple compounding in a community pharmacy or hospital pharmacy department.
- Sterile compounding in a hospital pharmacy department.
- Sterile or complex non-sterile compounding in a purpose-built compounding pharmacy.

Actions required

Assess risk

1. The pharmacist completes a risk assessment to determine the appropriateness of the medicine to compound for the patient. This must include:
 - patient-related risk (e.g. age, comorbidities, other medicines)
 - formulation-related risk (e.g. formulation stability and safety, sterile or hazardous compounded medicine)
 - personnel-related risk (e.g. precautions to protect health of the compounding team, ability to comply with special competencies for complex compounding)
 - premises-related risk (e.g. different equipment for hazardous medicines, appropriate facilities for the type of compounding)
 - regulation-related risk (e.g. availability of a suitable alternative commercial medicine).
2. Where a risk is identified, the pharmacist takes appropriate action to mitigate or exclude the risk (e.g. clearly labelling and separating equipment to avoid cross contamination, implementing measures to protect personnel, facilitating access to a suitable alternative commercial medicine that meets the needs of the patient).
3. If the medicine is not appropriate to compound, or the pharmacist does not have the required competencies, equipment or facilities, the pharmacist advises the patient and prescriber, and facilitates access to an alternative product (e.g. contacts prescriber to determine an alternative medicine).

Compound the medicine

4. The pharmacist implements any necessary safeguards for patient and pharmacist safety (e.g. compounds one medicine at a time, uses personal protective equipment when compounding a hazardous medicine, notifies team members not to interrupt during the compounding process, compounds the medicine when another pharmacist is available to handle other duties).
5. The pharmacist uses appropriate starting materials, compounding practices and techniques to compound the medicine for the patient according to an evidence-based formula (e.g. starting materials produced by a manufacturer with relevant approved licensing and/or certification).
6. The pharmacist uses an appropriate final container and closure and assigns an appropriate expiry date for the compounded medicine (i.e. maintains the physical, chemical and microbiological stability of the medicine and maintains the safety of the stored medicine).
7. The pharmacist labels the compounded medicine container to meet the needs of the patient, and in accordance with legislative, organisational and professional requirements (e.g. Poisons standard, National standard for labelling dispensed medicines, recommended and mandatory cautionary and advisory labels).

Document

8. The pharmacist documents the risk assessment, formula and compounding process each time a medicine is compounded for a patient (e.g. completes a compounding record form, documents the evidence to support the decision to compound the medicine). The formula should be supplied to the patient when requested.



DISPENSING AND PREPARATION

Standard 9

Medicine packing

The pharmacist packs medicines consistent with the order or intended use to maintain the stability of the medicine and support safe and effective use.

This standard always applies to registered pharmacists who pack medicines.

Examples of packing medicines include:

- A pharmacist packing medicines into a dose administration aid (DAA; unit-dose or multi-dose) for a patient.
- A pharmacist packing a 3-day emergency supply of a medicine for a patient.
- A pharmacist packing a medicine when a quantity less than the original commercial pack size quantity has been prescribed.
- A pharmacist packing medicine for imprest stock for use on a hospital ward or at an aged care facility.
- A pharmacist packing a medicine as a takeaway dose for a patient as part of opioid substitution therapy.
- A pharmacist packing a medicine into a more suitable container to meet the needs of a person with dexterity issues.

Actions required

Assess risk

1. The pharmacist completes a risk assessment to determine the appropriateness of the medicine for packing. This can include:
 - patient-related risk (e.g. *appropriate final container*)
 - formulation-related risk (e.g. *stability during process and final container, appropriate expiry date*)
 - personnel-related risk (e.g. *precautions to protect health of packing team members*)
 - premises-related risk (e.g. *appropriateness of the facility, clean and hygienic*)
 - regulation-related risk (e.g. *availability of a suitable alternative commercial medicine*).
2. Where a risk is identified, the pharmacist takes appropriate action to mitigate or exclude the risk (e.g. *alternative final container, appropriate closure, change formulation*).
3. If the medicine is not appropriate to pack, the pharmacist advises the intended recipient of alternative options.

Pack the medicine

4. The pharmacist packs medicines in accordance with the order or intended use (e.g. *imprest order, medication profile for a dose administration aid*).
5. The pharmacist packs the medicines to maintain adequate stability and safety (e.g. *packing as close as possible to the expected date of use, promptly sealing the container after packing, clean procedures, consider/use child-resistant container*).
6. The pharmacist labels the medicine container to meet the needs of the patient, and in accordance with legislative, organisational and professional requirements (e.g. *Poisons standard, National standard for labelling dispensed medicines, recommended and mandatory cautionary advisory labels*).

Check the medicine

7. The pharmacist involved in providing the medicine follows a quality assurance process. This can include checking that:
 - the packed medicine (including those packed by a third party) is accurate and consistent with the original order/ medicine profile
 - patient details are correct
 - the medicine has been appropriately packed and stored to maintain stability and safety
 - imprest stock is appropriate for the patient population.

Provide the medicine

8. The pharmacist confirms the identity of the person receiving the packed medicine (*e.g. using at least three approved identifiers*) in accordance with legislative, organisational and professional requirements.
9. The pharmacist checks the packed medicine for appropriateness before providing the medicine (*e.g. no signs of deterioration of the packed medicine, no signs of damage to the container that may impact the stability or safety of packed medicines*).

Monitor

10. The pharmacist reviews the appropriateness of the packed medicine at regular intervals (*e.g. patient ability to self-administer medicines from the DAA or the medicine bottle with a child-resistant closure, adherence, storage, appropriate quantity*). If there is a concern, the pharmacist takes appropriate action to enable safe and effective use of the medicine (*e.g. changing administration times of medicines, providing an alternative container, providing aids to help with the removal of the medicine from the container*).

Document

11. The pharmacist maintains an accurate and comprehensive record of medicines that are packed. This can include:
 - details of the person who packed the medicines
 - details and quantity of medicines packed
 - date of packing and distribution
 - pharmacist who checked the packed medicines
 - decisions for medicines not packed
 - records of any changes
 - patient or ward details
 - details of the person who received the medicines.



DISPENSING AND PREPARATION

Standard 10

Safe & secure handling of therapeutic goods

The pharmacist provides safe and secure handling of therapeutic goods to enable access and safeguard the patient.

This standard always applies to registered pharmacists who directly handle therapeutic goods (e.g. receive, store, distribute, dispose).

Examples of handling of therapeutic goods include:

- Receipt of medical devices from a supplier.
- Storage of medicines in a dispensary or imprest.
- Storage of medicines or ingredients according to cold-chain requirements.
- Distribution of medicines by delivery, including delivery by a third party, to a patient's home.
- Distribution of medicines to a hospital ward for use as imprest stock on the ward.
- Distribution of medicines to a prescriber through a PBS Prescriber Bag.
- Distribution of medicines to a residential care facility for urgent use according to an agreed protocol.
- Disposal of a destroyed, expired or unwanted medicine.
- Disposal of the excess from a compounded medicine.

Actions required

Receipt

1. The pharmacist verifies the integrity of therapeutic goods upon receipt from the supplier (*e.g. seals intact, no physical damage, maintenance of correct temperature during delivery*). If integrity is compromised, the therapeutic good is not used and is returned to the supplier or destroyed.
2. The pharmacist documents the receipt of therapeutic goods from the supplier in accordance with legislative, organisational and professional requirements (*e.g. inputs into stock management system, documents date and method of delivery*).

Storage

3. The pharmacist stores therapeutic goods, including dispensed and unwanted therapeutic goods, in accordance with manufacturers' directions, and legislative, organisational and professional requirements.
4. The pharmacist appropriately labels therapeutic goods to enable safe storage (*e.g. cytotoxic medicines in the dispensary, compounding ingredients in accordance with safety and stability requirements*).
5. The pharmacist uses an appropriate system to maintain and monitor the storage conditions of therapeutic goods, in particular temperature-sensitive items (*e.g. auditing temperature control equipment, testing of temperature alarms, air handling*). If a deviation occurs, the pharmacist completes a risk assessment to determine the integrity of the therapeutic good and takes the appropriate action (*e.g. time outside the temperature range and temperature change*).
6. The pharmacist completes a risk assessment to determine if therapeutic goods with a greater risk of harm (*e.g. diversion risk, hazardous medicine*) should be stored in a location that only allows authorised persons to access (*e.g. dihydrocodeine formulations in dispensary, hazardous compounding starting materials in a designated area*).

Distribution (including third-party distribution)

7. The pharmacist completes a risk assessment to determine the appropriateness of the therapeutic good for distribution. This can include:
 - patient-related risk (*e.g. ability to receive the medicine when distributed*)
 - formulation-related risk (*e.g. stability of the formulation during distribution*)
 - personnel-related risk (*e.g. safety during distribution*)
 - premises-related risk (*e.g. appropriateness of the distribution facility*)
 - regulation-related risk (*e.g. necessary security requirements are met*).
8. Where a risk is identified, the pharmacist takes appropriate action to mitigate or exclude the risk (*e.g. suitable transportation container/packaging to maintain cold-chain requirements, postal or delivery record, tamper-resistant packaging*).
9. If a therapeutic good is not appropriate to distribute, the pharmacist advises the intended recipient of alternative options.

Disposal

10. The pharmacist uses an appropriate system to safely dispose of expired and unwanted therapeutic goods, including destroyed medicines (*e.g. personal protective equipment for team members involved, crushing of medicines to minimise the risk of diversion, verified medicine disposal service to minimise harm to the environment*).



ADMINISTRATION

Standard 11

Administration of a medicine

The pharmacist safely administers or supervises the administration of a medicine to a patient according to their healthcare needs.

This standard always applies to registered pharmacists who administer or directly supervise the administration of a medicine to a patient.

Examples of administration of a medicine include:

- Injectable medicines—vaccines, medicines to treat a deficiency, medicines for chronic conditions.
- Non-injectable medicines—transdermal patches, eye drops, inhaler devices.

Examples of directly supervised administration of a medicine include:

- Delivery of opioid substitution therapy (OST).
- According to the patient's management plan.
- Restricted dosing regimens.

Actions required

Assess risk

1. The pharmacist completes a risk assessment to determine if the medicine is appropriate for administration to the patient. This can include:
 - patient-related risk (e.g. *accepted evidence of efficacy, safety and quality, appropriate duration since last administration, age*)
 - formulation-related risk (e.g. *formulation suitability*)
 - medicine-related risk (e.g. *safety of the medicine for the patient*)
 - personnel-related risk (e.g. *infection control*)
 - premises-related risk (e.g. *suitable area for administration*)
 - regulation-related risk (e.g. *scope of practice, appropriate qualifications*).
2. Where a risk is identified, the pharmacist takes appropriate action to mitigate or exclude the risk (e.g. *implementation of personal protective equipment, alternative formulation or medicine*).
3. If the medicine is not appropriate to administer, the pharmacist advises the patient and prescriber, and facilitates access to an alternative medicine (e.g. *contacts prescriber to determine an alternative medicine*).
4. If administration of the medicine to the patient is outside the pharmacist's personal competence or scope of practice, the pharmacist refers the patient to an appropriate healthcare professional.

Communicate the management plan

5. The pharmacist explains the medicines and administration process to the patient. This includes the risks, benefits and potential adverse events following administration, the process to report adverse reactions, monitoring, next dose, review and when to consult another healthcare professional or return to the pharmacist.
6. The pharmacist addresses any concerns and expectations raised by the patient (e.g. *their health, the medicine management plan, administration process*).

Facilitate access to the medicine

7. The pharmacist facilitates patient access to the therapeutic good in accordance with legislative, organisational and professional requirements (e.g. *valid prescription for supervised administration of opioid substitution therapy*).

Administer the medicine

8. The pharmacist confirms the correct medicine and dose is selected to administer to the patient.
9. The pharmacist implements safeguards to protect the patient and pharmacist (e.g. *administering one medicine to one patient at a time, appropriate personal protective equipment, presence of another adult when administering to a child, notifying team members not to interrupt during the administration process, choosing a time when another team member is available to handle other duties*).
10. The pharmacist uses the correct technique to prepare the medicine for administration to the patient (e.g. *verified equipment to measure the opioid substitution therapy dose, remove any packaging from a transdermal patch, follow the manufacturer's directions for reconstitution of a vaccine*).
11. The pharmacist prepares the patient to receive the medicine (e.g. *identifies the correct site, uses distraction techniques if administering by injection*).
12. The pharmacist uses the correct administration technique to administer or supervise the administration of the medicine safely to the patient (e.g. *intramuscular administration of influenza vaccine, clean cup and drinking water supplied for administration of methadone syrup*).
13. The pharmacist immediately disposes of any clinical waste (e.g. *used cups, adhesive strips, sharps, vials*) in the appropriate container after administration to the patient.

Monitor the patient

14. The pharmacist monitors the patient for the required duration after medicine administration to detect any adverse reaction (e.g. *15 minutes after vaccine administration, until consumption of a supervised dose*). If an adverse reaction occurs, the pharmacist takes the required steps to minimise harm to the patient.

Review the patient

15. The pharmacist discusses any ongoing care arrangements with the patient and relevant healthcare professionals to maintain continuity of treatment (e.g. *ongoing monitoring, follow-up, referral*).
16. The pharmacist shares the agreed management plan with the relevant healthcare professionals involved in the care of the patient.

Document

17. The pharmacist updates the patient management plan and any relevant external register with the details of the medicine administered (e.g. *dose administration register, Australian Immunisation Register, My Health Record*).
18. The pharmacist documents the interaction with the patient (e.g. *supply, referral, recommendations, education*) and the agreed management plan, including the medication management plan, in accordance with legislative, organisational and professional requirements.



REVIEW AND MONITORING

Standard 12

Medication review

The pharmacist collaboratively completes medication reviews to optimise the safe and quality use of medicines and identify and resolve medicine-related problems.

This standard always applies to registered pharmacists when conducting a medication review.

A medication history review that occurs at the time of dispensing a medicine is covered by the actions in Standard 5: Patient assessment and Standard 7: Dispensing.

Examples of a medication review include:

- A pharmacist conducting an opportunistic medication review with a patient who presented with a medicine-related problem in a community pharmacy.
- A pharmacist in a hospital reviewing an inpatient's charted medicines.
- A pharmacist reviewing a patient's medicines prior to initiating a dose administration aid.
- A pharmacist reviewing a patient's medicines when making a change to an existing dose administration aid.
- A pharmacist conducting a medication review with a patient in an Aboriginal Community Controlled Health Organisation.
- A pharmacist conducting a comprehensive medication review with a patient (e.g. Home Medicines Review (HMR) in the patient's home in the community).
- An embedded pharmacist reviewing a patient's medicines in the general practice as part of their cycle of care.

Actions required

Assess needs

1. The pharmacist compiles a best possible medication history (BPMH) for the patient.
2. The pharmacist reconciles the patient's medicines using the BPMH. Any discrepancies are discussed and resolved with the prescriber.
3. The pharmacist reviews each medicine in the BPMH for suitability with the patient's current management plan (*e.g. aligns with management plan, safe and appropriate, effectiveness, potential or actual medication-related problems*).
4. The pharmacist agrees on the management plan, including the medication management plan, with the patient.
5. The pharmacist addresses any concerns and expectations raised by the patient after the management plan has been discussed (*e.g. regarding their health, the medicine management plan*).
6. The pharmacist creates a current and accurate patient medication profile.

Determine evidence-based recommendations

7. The pharmacist reviews the patient's medication profile with the aim of medicines optimisation.
8. The pharmacist determines clear, evidence-based recommendations to optimise the safe and quality use of medicines.
9. The pharmacist immediately contacts the relevant healthcare professional if any recommendations require urgent action (*e.g. patient is on a contraindicated medicine, pathology results or monitoring required, therapeutic drug monitoring required*).
10. The pharmacist works with relevant healthcare professionals to create a clear and current management plan, including a medicine management plan, for the patient.

Communicate the management plan

11. The pharmacist shares the management plan, including the medicine management plan, with other relevant healthcare professionals involved in the care of the patient (*e.g. shares a record via secure messaging with other members of the healthcare team*).

Document

12. The pharmacist documents the interaction with the patient and the management plan, including the medicine management plan, in accordance with legislative, organisational and professional requirements.



REVIEW AND MONITORING

Standard 13

Medicine use evaluation

The pharmacist systematically conducts a medicine use evaluation to optimise the quality, safety and cost-effectiveness of medicine use as part of a quality improvement activity.

This standard always applies to registered pharmacists when conducting a medicine use evaluation (MUE).

Examples of MUEs include:

- An antibiotic stewardship pharmacist reviewing the prescribed duration of antibiotic therapy against the recommended duration and providing education to prescribers based on the findings.
- A pharmacist reviewing hospital inpatient's prescribed venous thromboembolism prophylaxis and presenting findings to hospital staff that results in a change to hospital protocols.

Actions required

Assess needs

1. The pharmacist works collaboratively to identify areas suitable for a medicine use evaluation (*i.e. uses the principles of co-design and invites stakeholders to provide information and suggest areas for quality improvement, reviews data to identify areas that may require quality improvement*).
2. The pharmacist assesses the identified areas to select a suitable area for the MUE (*e.g. relevant to the practice setting, data able to be collected and analysed*).
3. The pharmacist collects information to develop or update their knowledge base on the topic (*e.g. review and critically appraise relevant literature, review relevant guidelines, engage an expert in the area*).
4. The pharmacist defines the evaluation criteria and measures.
5. The pharmacist determines the most appropriate study design (*e.g. quantitative, qualitative*).
6. The pharmacist identifies and confirms relevant data sources (*i.e. confirms suitability with stakeholders*).

Collect and evaluate data

7. The pharmacist collects data from internal and external sources using a standardised and documented method (*e.g. medicine use data, clinical data, national medicine regulatory or safety data, economic data*).
8. The pharmacist evaluates the collected data against the pre-determined evaluation criteria and measures.
9. The pharmacist develops clear, non-biased and evidence-based recommendations, supported by the findings, for changes to improve medicines use.

Communicate the findings

10. The pharmacist discusses the findings and recommendations with stakeholders.
11. The pharmacist appropriately disseminates the findings and recommendations according to the approval level/ requirements of the MUE (*e.g. publishes the research, provides antimicrobial stewardship data to government*).
12. The pharmacist seeks endorsement on the implementation of the recommendations from stakeholders.
13. The pharmacist develops an action plan for the agreed recommendations to be implemented.
14. The pharmacist works with stakeholders to implement the recommendations in the action plan (*e.g. delivery of education, update policies and procedures, targeted medication reviews*).

Monitor

15. The pharmacist works with the stakeholders to determine when to evaluate the outcomes of the intervention.
16. The pharmacist discusses the findings of the review with the stakeholders to determine if changes to recommendations are required.
17. The pharmacist works with the stakeholders to determine when to repeat the MUE (*e.g. align with new guideline recommendations, dynamic topic may require more frequent evaluations*).

Document

18. The pharmacist progressively documents the MUE process during each stage (*e.g. stakeholders, data sources, design, evaluation process, findings, recommendations, outcomes*).



REVIEW AND MONITORING

Standard 14

Patient monitoring

The pharmacist collaboratively monitors patient outcomes and supports patients to self monitor their condition and prevent complications.

This standard always applies to registered pharmacists when monitoring patient outcomes and supporting patients to self monitor.

Examples of patient monitoring include:

- A pharmacist monitoring blood glucose levels for a patient who is taking an antipsychotic medicine.
- A pharmacist monitoring a patient's weight as part of a weight management program.
- An embedded pharmacist contributing to a patient's diabetes annual cycle of care.
- A pharmacist monitoring an inpatient's vancomycin levels.

Actions required

Review or follow management plan

1. The pharmacist reviews or follows the monitoring requirements outlined in the management plan (*e.g. frequency of monitoring required, appropriate digital devices or apps for self monitoring*).

Assess needs

2. The pharmacist uses a validated method to obtain objective information from the patient (*e.g. glucometer to test blood glucose level, blood pressure monitor to test blood pressure, digital health monitoring aid*).

Communicate the findings

3. The pharmacist discusses the results with the patient (*e.g. limitations and significance of the tests in the context of the patient, comparison with reference ranges*).
4. The pharmacist addresses any concerns and expectations raised by the patient regarding the results.
5. The pharmacist refers the patient to the relevant healthcare professional when the results are outside the pharmacist's personal competence or scope of practice.
6. The pharmacist shares the findings with relevant healthcare professionals involved in the care of the patient.

Document

7. The pharmacist documents the interaction with the patient in accordance with legislative, organisational and professional requirements.



PROVIDING HEALTH INFORMATION

Standard 15

Providing health information (patient counselling)

The pharmacist critically appraises information to provide accurate, evidence-based, trusted and reliable medicines and health information to meet the needs of the patient, group of people and members of the healthcare team.

This standard always applies to registered pharmacists when providing any medicines and health information either one-on-one with a patient or to a group of people.

Examples of providing medicine and health information one-on-one include:

- A pharmacist providing medicine information to the patient after dispensing the medicine for the patient.
- A pharmacist providing information to the patient about an over-the-counter medicine when providing the medicine.
- A pharmacist providing health information about a vaccine before administering the vaccine to the patient.
- A pharmacist providing medicines information to the patient as part of a medication review.
- A pharmacist providing medicine information to the patient about a medicine they are reducing the dose of as part of a supervised prescribing arrangement.
- A pharmacist providing information to a prescriber about the safety of a medicine in pregnancy as part of a medicine information service.
- A pharmacist providing dietary and lifestyle modification information to a patient for the management of acute, uncomplicated constipation.

Examples of providing medicine and health information to a group of people include:

- A pharmacist providing information to a peer support group about local health services.
- A pharmacist providing information on social media about appropriate skin care.
- A pharmacist providing information to Aboriginal Health Workers about cold-chain management at an Aboriginal Health Service.
- A pharmacist participating in a hospital ward round or case conference providing medicines information to other healthcare professionals.

Actions required

Assess information

1. The pharmacist collects appropriate and relevant information to develop or update their knowledge base (e.g. journal articles, clinical guidelines).
2. The pharmacist reviews and critically appraises the relevant information.
3. The pharmacist determines the appropriate information to be provided to the patient or member of the healthcare team (e.g. unbiased, evidence-based, accurate, relevant, aligns with public health messaging).

Provide information

4. The pharmacist provides the appropriate information to the patient or member of the healthcare team in a timeframe that meets their needs. This can include:
 - information as part of a patient's management plan, including any changes that have occurred to the plan
 - information as part of a collaborative case conference
 - information related to medicine inquiry from another healthcare professional
 - written information to support verbal information
 - information about required storage conditions of packed medicines
 - information for a patient about monitoring their condition.
5. The pharmacist addresses any concerns and expectations raised by the patient or member of the healthcare team after the information has been provided. The pharmacist refers the patient to the relevant healthcare professional when the concerns and expectations are outside the pharmacist's personal competence or scope of practice.
6. The pharmacist supports the patient or member of the healthcare team to strengthen their literacy. This may include:
 - health literacy (*e.g. using appropriate language for the patient or member of the healthcare team*)
 - digital literacy (*e.g. advising how to access and determine what credible, evidence-based online resources are available, sharing where information was accessed*)
 - medicine literacy (*e.g. supporting the patient to maintain an accurate and comprehensive medicines list such as My Health Record, Active Script List, providing medicine information to the healthcare team member*).

Monitor

7. The pharmacist confirms with the patient or member of the healthcare team if the information provided meets their needs. If the information does not meet their needs, the pharmacist takes appropriate action to address this.

Document

8. The pharmacist documents the interaction with the patient or member of the healthcare team in accordance with legislative, organisational and professional requirements.



PUBLIC HEALTH

Standard 16

Screening, case-finding and risk assessment

The pharmacist uses evidence-based screening, case-finding and risk assessment methods to identify people at increased risk of, or who may have, an undiagnosed health condition.

This standard always applies to registered pharmacists when providing a screening, case-finding and risk assessment service to a person.

Examples of screening and risk assessment include:

- A pharmacist taking a person's blood pressure as part of a community screening program and interpreting the result as part of an absolute cardiovascular risk assessment.
- A pharmacist using a chronic obstructive pulmonary disease (COPD) screening device as part of a targeted case-finding strategy to identify people at risk of COPD to refer for standard diagnostic spirometry.
- A pharmacist completing a screening questionnaire with a patient to determine if they are at risk of depression.

Actions required

Assess needs

1. The pharmacist uses a validated tool (*e.g. evidence-based, accurate*) to obtain objective information from the patient.
2. The pharmacist assesses the information gathered to select the most appropriate method (*e.g. point-of-care test, risk assessment tool, screening questionnaire*) for the patient (*e.g. aligns with identified risk factors, intent of the service, patient preference*).
3. The pharmacist discusses with the patient the purpose (*e.g. can identify increased risk, help to prevent complications, guide referral for further investigation*) and limitations (*e.g. not used for diagnosis or changes to existing therapy*) of the service.
4. The pharmacist addresses any concerns and expectations raised by the patient (*e.g. regarding their health, the method used to assess risk*).

Complete the assessment

5. The pharmacist works with the patient to meet the requirements of the selected method.
6. The pharmacist interprets and evaluates the results in the context of the patient and the potential condition.

Communicate the findings

7. The pharmacist discusses with the patient:
 - the results, including their significance and limitations
 - appropriate strategies that may improve their results (*e.g. lifestyle measures and changes*).
8. The pharmacist refers the patient, according to the recommendations for the selected method, to the relevant healthcare professional.
9. The pharmacist shares the results with other relevant healthcare professionals involved in the care of the patient.

Document

10. The pharmacist documents the interaction with the patient (*e.g. education, results of any tests performed*) in accordance with legislative, organisational and professional requirements.



PUBLIC HEALTH

Standard 17

Health promotion

The pharmacist promotes health and preventive strategies to help people to increase control over and improve their health.

This standard always applies to registered pharmacists when promoting health or delivering a health promotion activity.

Examples of health promotion activities include:

- An embedded pharmacist creating a newsletter about the impact of medicines on oral health to align with an oral health day.
- A pharmacist speaking at a community event about the importance of vaccination to align with a public health initiative.
- A pharmacist implementing a smoking cessation program in a community pharmacy.
- A pharmacist posting information about stopping smoking on social media to align with *World no smoking day*.

Actions required

Assess needs

1. The pharmacist identifies topics suitable for a health promotion activity within their scope of practice (*i.e. uses co-design principles and invites the community and stakeholders to provide information and suggest topics, aligns with local or national health initiatives and emerging health needs of the public*).
2. The pharmacist assesses the identified topics to select a suitable topic (*e.g. relevant to the practice setting and community, meets the needs of the community and stakeholders, suitable for delivery by a pharmacist*).
3. The pharmacist plans the health promotion activity (*e.g. defines the goal, timeline, target audience, cultural considerations, required resources, promotion, follow-up, evaluation*).
4. The pharmacist determines what information is appropriate to include in the health promotion activity (*e.g. unbiased, evidence-based, accurate, relevant to the intended goal of the activity, public health message resources*).
5. The pharmacist determines the most effective way to deliver the health promotion activity (*e.g. appropriate mode of delivery, environment, time*).

Communicate the findings

6. The pharmacist translates the appropriate health information into a message or resource suitable for the patient to enable them to actively participate in their own health and wellbeing (*e.g. information is in language appropriate for the person, relevant, unbiased, evidence-based*).
7. The pharmacist provides information to the patient that can be accessed later (*e.g. written information or advice about suitable digital information, such as a leaflet, Self-care fact card or government website*).
8. The pharmacist provides information on other upcoming health promotion and health service opportunities to the patient.

Document

9. The pharmacist documents the health promotion activity in accordance with legislative, organisational and professional requirements (*e.g. stakeholders, the information provided, process, outcomes*).

Glossary

The terms used in this document and listed below have been sourced and/or adapted from publications listed in the References section.

Term	Definition
Adherence	The extent to which a person's behaviour corresponds with agreed recommendations from a healthcare provider.
Accountability	Being answerable for one's actions and the roles and responsibilities inherent in one's job or position. Accountability cannot be delegated.
Administration of a medicine	The process of giving a dose of medicine to a person or a person taking or self-administering a medicine.
Adverse (medicine) reaction	A response to a medicine that is noxious and unintended and occurs at doses normally used or tested in humans for the prophylaxis, diagnosis or therapy of disease, or for the modification of physiological function.
Approved identifiers	Items of information that can be used to identify a patient when care, medicine, therapy or services are provided. Patient identifiers may include: <ul style="list-style-type: none"> • patient name (family and given names) • date of birth • gender • address (including postcode) • healthcare record number • Individual Healthcare Identifier (IHI).
Autonomous prescriber	Autonomous prescribing occurs when a prescriber undertakes to prescribe within their scope of practice without the approval or supervision of another health professional. The prescriber has been educated and authorised to prescribe autonomously in a specific area of clinical practice. Although the prescriber may prescribe autonomously, they recognise the role of all members of the healthcare team and ensure appropriate communication occurs between team members and the person using a medicine.
Best possible medication history (BPMH)	<p>A list of all the medicines a patient is using at presentation. The list includes the name, dose, route and frequency of the medicine and is documented on a specific form or in a specific place. All prescribed, over-the-counter, bush and complementary medicines should be included.</p> <p>This history is obtained by a trained healthcare professional interviewing the patient and is confirmed, where appropriate, by using other sources of medicines information (e.g. the patient's medicines, patient medication list, authorised representative, electronic healthcare record, patient's general practitioner, recent hospital discharge summary, specialists, community pharmacy dispensing history).</p>
Clinical governance	An integrated component of corporate governance of healthcare service organisations that ensures everyone is accountable to patients and the community for assuring the delivery of safe, effective and high-quality services. Clinical governance systems provide confidence to the community and the healthcare organisation that systems are in place to deliver safe and high-quality health care.
Co-design and co-development	An approach to design and development of pharmacy services that actively involves all relevant stakeholders – including patients, pharmacists, managers and other team members.
Collaboration/ collaborative care	A process whereby two or more parties share their expertise and take responsibility for decision-making. For example, through interdisciplinary team-based care.
Complex compounding	<p>Requires and/or involves special competencies, equipment, processes and/or facilities to manage the higher risks and requirements associated with preparing and dispensing medicines of a complex nature.</p> <p>The <i>Australian Pharmaceutical Formulary and Handbook</i> Compounding Section contains specific examples of complex compounding.</p>

Term	Definition
Compounding	<p>The extemporaneous preparation and supply of a single 'unit of issue' of a therapeutic product intended for supply for a specific patient in response to an identified need.</p> <p>A single 'unit of issue' should be the quantity that the patient requires for the treatment period determined by the prescriber, and that ensures a quality and efficacious medicine.</p> <p>For the purposes of the Compounding standard, compounding does not include manipulation of a commercial product in accordance with the manufacturer's instructions to produce a 'ready to administer' form or repackaging of a non-sterile, non-aqueous commercial product. These two activities do not need to meet the requirements of the <i>Australian Pharmaceutical Formulary and Handbook</i> Compounding Section but still require appropriate procedures, packaging, labelling and expiry date.</p> <p>For further information, refer to the Compounding Section of the <i>Australian Pharmaceutical Formulary and Handbook</i>.</p>
Cultural safety	<p>A state in which people are enabled and feel they can access health care that suits their needs, are able to challenge personal or institutional racism (when they experience it), establish trust in services, and expect effective, quality care.</p> <p>Cultural safety is determined by the person, families and communities.</p>
Diagnosis	The identification, by a health professional within their scope of practice, of a condition, disease or injury, made by evaluating the symptoms and signs presented by a patient.
Digital health literacy	The ability to seek, find, understand and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem.
Dispensing	The safe provision of a medicine to a patient, which involves reviewing an order for a medicine (e.g. prescription, medication chart, patient request) in the context of the patient's medical history, and the preparation, packaging, labelling, documentation and transfer of the prescribed medicine. It includes providing advice to the patient.
Dose administration aid (DAA)	A tamper-evident, well-sealed device or packaging system that allows organisation of doses of medicine according to the time of administration.
Electronic health (eHealth) record	A person's health information stored in a secure digital system that allows authorised healthcare providers to access up-to-date information to improve care coordination and can reduce the risk of medical errors.
Embedded pharmacist	A pharmacist who is fully integrated within the care team and wherever medicines are used – including within primary care, residential care and other settings where medicines are prescribed, supplied and administered to patients.
Equitable health care	Health care that meets every person's health needs, irrespective of age, gender, ethnicity, sexuality, ability or other factors.
Evidence-based practice	A process that integrates the best available scientific evidence with professional judgement and patient preferences to make clinical decisions.
Hazardous substance	Substances, mixtures and articles that can pose a health or physical hazard to humans.
Health care	The prevention, treatment and management of illness and injury, and the preservation of mental and physical wellbeing through the services offered by healthcare professionals, such as medical, nursing, and pharmacy.
Healthcare professional	A healthcare provider trained as a health professional. Healthcare professionals may provide care within a health service organisation as an employee, a contractor or a credentialed healthcare provider, or under other working arrangements. They include pharmacists, nurses, midwives, medical practitioners, allied health practitioners, technicians, scientists and other healthcare professionals who provide health care, and students who provide health care under supervision.

Term	Definition
Health literacy	<p>Health literacy can be separated into individual health literacy and the health literacy environment. Individual health literacy is a person's skills, knowledge, motivation and capacity to access, understand, appraise and apply information to make effective decisions about health and health care and take appropriate action.</p> <p>The health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the healthcare system, that affect how people access, understand, appraise and apply health-related information and services.</p>
Health promotion	Focuses on preventive health and encompasses a combination of interventions to enable individuals and communities to increase awareness, have control over and improve their health. This occurs with community participation through attitudinal, behavioural, social and environmental changes.
Incident	An event or circumstance where an error has been made, and a person or patient becomes aware of the error, irrespective of any outcome. This could include a dispensing error, an error with advice or a professional service.
Informed consent	Permission granted voluntarily by a patient or person who has been adequately informed (e.g. of options, risks, benefits) and has the capacity to understand, provide and communicate their permission. Consent can be verbal, written or implied (e.g. patient providing a prescription to the pharmacist, patient holding their arm out to have their blood pressure taken).
Interdisciplinary care	An approach to care that involves team members from different disciplines working collaboratively, with a common purpose, to set goals, make decisions and share resources and responsibilities. A team of healthcare professionals from different disciplines, together with the patient, undertakes assessment, diagnosis, intervention, goal-setting and the creation of a care plan. The patient, their family and carers are involved in any discussions about their condition, prognosis and care plan.
Leadership	The application of skills and attributes needed to inspire, motivate and lead a healthcare team and lead processes that improve the delivery of safe and high-quality health care.
Management plan	<p>A plan of systematic care outlined for the patient, reflecting shared decisions made with patients, families, carers and other support people about tests, interventions, treatments and other activities needed to achieve the goals of care provided by the pharmacist in collaboration with the patient and other healthcare professionals.</p> <p>For the purposes of these standards, the management plan includes diagnosis, recommendations for pharmacological and non-pharmacological interventions, duration of intervention, monitoring, therapeutic goals, education and advice provided, required follow-ups to monitor the patient's progress and when to refer to other healthcare professionals or return to the pharmacist.</p>
Medical device	Medical devices are therapeutic goods that can be used to diagnose, prevent, treat and monitor medical conditions. They include surgical equipment, syringes, gloves, pacemakers, baby incubators and implants.
Medical history	Details of a person's current and past medical and social history and cultural and demographic characteristics.
Medication review	A systematic, comprehensive and collaborative assessment of medication management for an individual person that aims to optimise the patient's medicines and outcomes of therapy by providing a recommendation or making a change.
Medication profile	A comprehensive summary of all regular medicines taken or used by a person. It is intended to promote better understanding and management of medicines by people, as well as improve communication between people and their healthcare providers.
Medicine	A substance used to treat or prevent disease and to maintain well-being. It can include prescription, over-the-counter, compounded, complementary and alternative or bush medicine.

Term	Definition
Medicines history	History of current and previous medicines, alcohol and substance use (including illicit substances), previous adverse drug reactions, allergies, medicines and treatments that have been modified or stopped recently and an indication of how the person takes or uses their medicines.
Medicines or medication literacy	The degree to which people can obtain, comprehend, communicate, calculate and process specific information about their medicines to make informed medicines and health-related decisions to safely and effectively use their medicines, regardless of the mode by which the content is delivered (e.g. written, oral or visual).
Medicine management plan	A continuing plan for the use of medicines that arises from a medication management assessment and is developed by the healthcare professional in collaboration with the patient.
Medicine use evaluation	A structured quality improvement activity to assess medicine use with the goal of optimising the quality, safety and cost-effectiveness of medicine use.
Monitoring	Regular measurement and assessment of specific clinical and social parameters to assist patients undergoing treatment for, or at risk of, specific health conditions.
Monitoring plan	A continuing plan for the regular monitoring of specific parameters developed in collaboration with the patient.
My Health Record	An online summary of a person's key health information, controlled by the person and managed by the Australian Digital Health Agency.
Near miss	An event that could have resulted in unwanted consequences, but did not because either by chance or through timely intervention the event did not reach the patient (e.g. an error is made in the dispensing of a medicine, but the error has been identified and corrected before the medicine reaches the patient, and the patient is unaware of the event).
Opioid substitution therapy (OST)	Different terminology is used by jurisdictions to refer to OST including opioid dependence treatment (ODT), opioid maintenance treatment (OMT), opioid replacement therapy (ORT) and medication-assisted treatment of opioid dependence (MATOD).
Patient	<p>A person who is receiving care in a healthcare service organisation. 'Patient' also extends to the person's support network, which can include authorised representatives, carers (including kinship carers), families, support workers and groups or communities.</p> <p>For the purposes of these standards, a patient can be a human, an animal or a group of one species of animal. When it is an animal or group of animals, the owner of the animal/s is referred to.</p>
Patient- or person-centred care	<p>Person-centred care involves understanding the person's values, needs, attitudes and preferences to enable mutual respect and shared decision-making. An approach to the planning, delivery and evaluation of health care that is founded on mutually beneficial partnerships among healthcare professionals and patients. Person-centred care is respectful of and responsive to the preferences, needs and values of patients and people.</p> <p>Key dimensions of person-centred care include respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of family and carers, and access to care.</p>

Term	Definition
Patient healthcare record	Information held about a patient in paper form or electronic form, which may include: <ul style="list-style-type: none"> • contact and demographic information • medical history • notes on treatment • observations • correspondence • investigations • test results • photographs • prescription records • medication charts • insurance information • legal information and reports • work health and safety reports.
Personal competence	A time-sensitive, dynamic aspect of an individual pharmacist's ability to accurately and safely complete a task (i.e. training and knowledge needs to be up to date).
Personal protective equipment	Equipment used to prevent and control infection, including appropriate gloves, waterproof gowns, goggles, face shields, masks and footwear.
Pharmacist	A person registered under the National Law (the Health Practitioner Regulation National Law, as in force in each state and territory) to practise in the pharmacy profession, other than as a student; or who holds non-practising registration in the pharmacy profession under the National Law. In these standards, 'pharmacist' refers to the registered pharmacist and, where applicable, the team that a pharmacist may manage or have oversight/responsibility for. The actions contained in the standards are expected to apply to all team members involved in providing the service.
Prescriber	A health professional authorised to undertake prescribing within the scope of their practice.
Prescribing	An iterative process involving the steps of information gathering, clinical decision-making, communication and evaluation that results in the initiation, continuation or cessation of a medicine. The definition of prescribing used may differ from the definition of prescribing provided in the legislation governing the use of medicines in each jurisdiction. Health professionals are advised to review the legislation in effect in the state or territory in which they practise to ensure they understand their legal authorisation to prescribe medicines.
Public health	The science and art of promoting health, preventing disease, and prolonging life through the organised efforts of society.
Quality improvement	The combined efforts of the workforce and others—including people, patients and their families, researchers, planners and educators – to make changes that will lead to better patient outcomes (health), better system performance (care) and better professional development. Quality improvement activities may be undertaken in sequence, intermittently or on a continuous basis.
Responsibility	To be entrusted with or assigned a duty or charge. In many instances, responsibility is assumed, appropriate to 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. Responsibility is about accepting the tasks/functions inherent in one's role.
Risk assessment	Assessment, analysis and management of risks. It involves recognising which events may lead to harm in the future and minimising their likelihood and consequences. For the purposes of these standards, a risk assessment may be a formal process involving documentation and maintenance of written records, or it may be an informal process.

Term	Definition
Scope of practice	A time-sensitive, dynamic aspect of practice that indicates those professional activities that a pharmacist is educated, competent and authorised to perform and for which they are accountable.
Screening and risk assessment	A systematic process used to identify members of a defined population who may be at risk of a disease or may have undiagnosed disease, evaluate that risk and provide advice or referral as appropriate.
Shared decision-making	A consultation process in which a healthcare professional and a patient jointly participate in making a health decision, having discussed the options and their potential benefits and harms and having considered the patient's values, preferences and circumstances.
Simple compounding	Compounding performed by any registered pharmacist that involves compounding non-sterile, non-hazardous medicines using a formula published in a recognised and reputable reference (e.g. <i>Australian Pharmaceutical Formulary and Handbook</i>) or using another formula where reliable information confirming quality, stability, safety, efficacy and rationality is available. Simple compounding excludes any compounding that meets the definition of complex compounding. The <i>Australian Pharmaceutical Formulary and Handbook</i> Compounding Section contains specific examples of simple compounding.
Standard operating procedure	A written document with a set or sequence of instructions for a routine or repetitive activity. It assists in delivering a service or activity to a consistent standard and outcome.
Structured prescribing arrangement prescriber	Structured prescribing occurs when a prescriber with a limited authorisation to prescribe medicines by legislation, requirements of the National Board and policies of the jurisdiction or health service prescribes medicines under a guideline, protocol or standing order. A structured prescribing arrangement should be documented sufficiently to describe the responsibilities of the prescriber(s) involved and the communication that occurs between team members and the person taking medicine. Health professionals may work within more than one model of prescribing in their clinical practice.
Supervised prescriber	Supervised prescribing occurs when a prescriber undertakes prescribing within their scope of practice under the supervision of another authorised health professional. The supervised prescriber has been educated to prescribe and has a limited authorisation to prescribe medicines that is determined by legislation, requirements of the National Board and policies of the jurisdiction, employer or health service. The prescriber and supervisor recognise their role in their healthcare team and ensure appropriate communication occurs between team members and the person taking medicine.
Therapeutic good	<p>Therapeutic goods are broadly defined as products for use in humans in connection with preventing, diagnosing, curing or alleviating a disease, ailment, defect or injury; influencing, inhibiting or modifying a physiological process; testing the susceptibility of people to a disease or ailment; influencing, controlling or preventing conception; or testing for pregnancy.</p> <p>This includes items used as an ingredient or component in the manufacture of therapeutic goods, or used to replace or modify parts of the anatomy.</p> <p>In these standards, this term is used to refer to a medicine, ingredient for compounding or medical device for use in humans or animals.</p>

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