Professional Practice Profile for Initial Registration as a Pharmacist

A customised tool of entry-level competencies incorporating guidance on Pharmacy School and Intern Training Provider contributions

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Approved through the Advanced Pharmacy Practice Framework Steering Committee and adopted by the Pharmacy Board of Australia

Contributors

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This document is a customised tool developed from the *National Competency Standards Framework for Pharmacists in Australia 2010*. It is not intended to replace those *Standards* and for further details, readers should refer to the original document.

Comments

Any comments about this document may be provided to the Pharmaceutical Society of Australia, the custodian of the document on behalf of the pharmacy profession. In particular, we would welcome feedback from users of this document in relation to their experience in the application of the tool. This will help inform the review which is planned for commencement in early 2013.

Please email comments to: ELcompetencytool@psa.org.au

Contents

1 Introduction

1.1 Purpose of this document

This document was created under the auspices of the Advanced Pharmacy Practice Framework Steering Committee (APPFSC) — a profession-wide consultative forum — as a practical tool to assist in the preparation and assessment of pharmacy graduates and candidates for initial registration as a pharmacist in Australia.

It has been developed from the *National Competency Standards Framework for Pharmacists in Australia 2010* (the 'National Competency Standards Framework ') and presents the Professional Practice Profile expected at initial registration as a pharmacist (i.e. entry-level).[1] In addition, the contributions of Pharmacy Schools (PSs) and Intern Training Program (ITP) Providers to the learning and professional development of students and candidates for registration are presented within the Profile for guidance.

The advent of competency based registration and the national registration process have highlighted the importance of life-long learning and the place of Continuing Professional Development (CPD) in the professional practice of pharmacists. This document focuses attention on and reinforces the fact that the continuum of professional learning and development begins on entry to a PS and that progression to initial registration is the first of many professional achievements along the continuum of learning.

1.2 Target audience

The target groups expected to benefit from referring to or using this document include academics in PSs, personnel involved in the provision of ITPs, preceptor pharmacists, pharmacy students, intern pharmacists and candidates for initial registration. It is envisaged it will also be of assistance for developing the assessment tools required to verify achievement of the learning and development 'endpoints' described.

1.3 Development of this document

The following summarises the key steps and outcomes relevant to the development of this customised competency tool.

Stage 1: Competency Standards Review Steering Committee (2009–10)

- **Identified and agreed on a subset of competency standards that should apply at initial registration** as a pharmacist (i.e. entry-level competency standards). These are highlighted in the National Competency Standards Framework with grey shading.
- Successfully **mapped the entry-level competency standards to the Threshold Learning Outcomes** (TLOs) for Health, Medicine and Veterinary Science. See Appendix 3 for a description of this work and the final mapping.
- Recommended that a future task to articulate the complementary contributions of PSs and ITPs to the achievement of the entry-level competency standards was desirable (beyond the scope of the Committee at the time).

Resources used to provide general guidance during the mapping (above) and articulation (below) exercises included:

- Applied and Enabling Basic Disciplines in the Pharmacy Curriculum (refer to Appendix 4);
- Australian Pharmacy Council (APC) Accreditation Standards (in particular, Standard 8: The Graduates) for PSs and Development and Learning Outcomes for ITPs (refer to the extract in Appendix 5);
- APC Indicative Curriculum[2]; and
- discussions that occurred during the selection of entry-level competency standards in the National Competency Standards Framework.

Stage 2: Advanced Pharmacy Practice Framework Steering Committee (2011–)

- Confirmed the recommendation of the CSRSC to undertake the PS–ITP articulation work with the aim of providing greater clarity to and enhancing the application of the National Competency Standards Framework, particularly by those who are teaching and preparing candidates for initial registration.
- **Completed the articulation of PS–ITP contributions to Performance Criteria**. It was determined that this is where a distinction can be made about whether the candidate has gained knowledge, understanding and skills (relevant largely to PSs) or demonstrated the application of learning into professional practice in the workplace (relevant to ITPs). This exercise revealed considerable overlap in the contributions assigned for PSs and ITPs thus confirming the competency standards represent a continuum of learning.

[1] Refer to the *National Competency Standards Framework for Pharmacists in Australia* 2010, Section 2.4 Summary of Competency Standards for Initial registration as a Pharmacist.

[2] Refer to Appendix 1 of APC Accreditation Standards. December 2009; Version 1.0.

- **Customised the Evidence Examples** to show the expected 'endpoints' of the contributions of PSs and ITPs. (NB: Customisation of Evidence Examples in this manner is recommended in the National Competency Standards Framework as a means of ensuring the generic material in the Framework is made relevant for a specific practice application.[3]) This process also resulted in:
  - change in terminology from Evidence Examples to **Examples of Program Expected Outcomes** (PEOs), where "Program" refers to the PS course or the ITP; and
  - shift to the use of active verbs to support the role of PSs and ITPs in conducting assessments of pharmacy students and intern pharmacists, respectively. The predominant focus by PSs on the acquisition of knowledge and skills is reflected in the use in PEOs of verbs such as *demonstrates, describes, explains, analyses*, whereas a focus by ITPs on the capacity to apply learning in practice is shown through the use in PEOs of verbs such as *integrates, interprets, applies*.
- **Completed wider consultation** on the draft customised competency tool and further refined the document.
- Approved the customised competency tool for presentation to Steering Committee organisations for consideration of endorsement by the respective boards.
- **Approved** the customised competency tool by consensus of the Steering Committee organisations for submission to the Pharmacy Board of Australia (PBA).

In December 2011, the APPFSC received advice that the PBA had adopted the customised competency tool to help inform future standards for the accreditation of Australian pharmacy schools/courses and pharmacy ITPs.

1.4 Scope of this document

For users of this customised competency tool, it is important to note the following.

- The customised competency tool is based on and derived from the National Competency Standards Framework. The tool and the Framework should be read and used in conjunction with one another. **This tool does not replace the National Competency Standards Framework.**
- The customisation has only resulted in:
  - the addition of labels at Performance Criteria level to indicate the mapping of the contributions of PS and/or ITP (NB: the PS and/or ITP label against the Elements simply summarise the mapping to the Performance Criteria under them); and
  - tailoring of the original Evidence Examples (and subsequently referred to as Examples of PEOs).

  Changes have not been made to other parts of the competency standards.
- Only limited examples of PEOs have been provided.
- The competency standards consist of statements which represent a continuum of learning and therefore the PEOs should not be taken as fixed or absolute endpoints but rather be accepted as guidance on minimum endpoints.
- The example PEOs are not intended to constrain PSs and ITPs. Those involved in the design and delivery of programs are encouraged to integrate additional 'value' through their offerings but also be flexible in the development of the students and candidates.
- It is recognised that students also participate in clinical placements. However, it is generally regarded that they are 'learning in the workplace' and not expected to 'demonstrate the application of knowledge and skills in the workplace' (the latter applies to intern pharmacists).
- The important role of workplace preceptors in training and mentoring students and intern pharmacists is acknowledged. Workplace preceptors are not specifically mentioned in this document but are considered to be working in partnership with PSs and ITPs for relevant clinical placements.

1.5 Future of this document

It is appreciated that this customised tool will evolve following the application by, and experience of, various groups and individuals. We welcome feedback from users of this document, particularly in relation to their experience in the application of this tool.

[3] Refer to the *National Competency Standards Framework for Pharmacists in Australia* 2010, Section 1.8 Developing a Professional Practice Profile.

2 Summary of the Competency Standards for Pharmacists in Australia

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

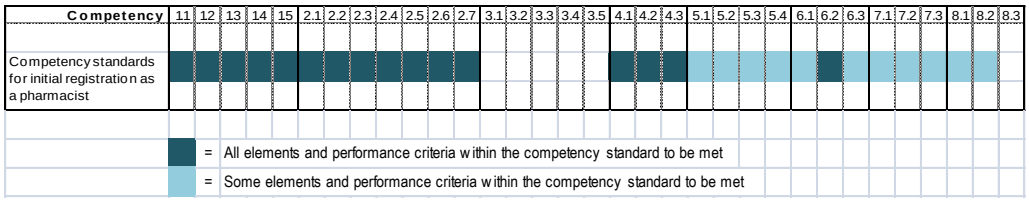
Note 2: Domain 3 does not include any requirements applicable at initial registration.

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

3 Summary of Competency Standards for Initial Registration as a Pharmacist

The following table provides a summary of the full set of competency standards for initial registration as a pharmacist in Australia. The grid below represents this information graphically.

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



4 Professional Practice Profile for Initial Registration as a Pharmacist

Note 3: This document does not represent the total competency framework outlined in the *National Competency Framework for Pharmacists in Australia 2010*. Only those competencies applicable at initial registration have been extracted and presented here and the Performance Criteria numbering under each Element is sequential. It will therefore not be apparent where content that is not applicable to entry-level pharmacists has been removed. In addition, Evidence Examples presented in the original document have been customised and are presented as Examples of Program Expected Outcomes, where "Program" refers to a Pharmacy School (PS) course or an Intern Training Program (ITP).

Note 4: Terms listed in the Glossary (Appendix 2) are marked with an asterisk on first occurrence.

Domain 1 Professional and ethical practice

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

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

Standard 1.1 Practise legally

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

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

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

Standard 1.1 Practise legally

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Comply with statute law, guidelines, codes and standards [PS/ITP]	

Performance Criteria	Examples of Program Expected Outcomes
1 Understands the requirements of statute law, professional guidelines, codes and standards that comprise the legislative environment for practice. **[PS]**	• Describes the key legislative instruments and their impact on professional practice and the delivery of pharmaceutical services and products. • Describes requirements of professional codes, guidelines and standards adopted as part of the legislative framework for practice.
2 Applies legislative requirements directly applicable to the provision of pharmacy services. **[ITP]**	• Promptly accesses and correctly interprets the requirements of statute law in relation to specific situations (e.g. provision of medication management reviews in residential aged care homes (RACHs)). • Describes examples of how common pharmacy practice activities are undertaken to comply with legislative requirements (e.g. storage and documentation of controlled substances, labelling of prescription medicines). • Describes how legislative requirements have influenced operational policies and procedures.
3 Understands the obligations created by codes of conduct/ethics for professional practice adopted by the registering authority. **[PS/ITP]**	• Describes, explains and interprets the obligations created by codes of conduct/ethics. [PS] • Applies and complies with relevant codes in terms of specific services or situations. [ITP]
4 Interprets and applies the requirements imposed by guidelines and standards adopted by the registering authority. **[PS/ITP]**	• Describes, explains and interprets the key requirements of relevant guidelines and standards (e.g. CPD, mandatory notifications and advertising). [PS] • Describes the process required for mandatory notification of the conduct or impairment of a health practitioner. [PS] • Practises in a manner consistent with the requirements of relevant professional guidelines and standards. [ITP]
5 Understands the issues relevant to maintaining workplace safety. **[PS]**	• Explains the key areas of responsibility under Occupational Health and Safety Legislation for maintaining a safe workplace. • Describes features of the work environment that may impact on workplace safety (e.g. sharps and waste management, work station design, equipment design and use, security systems).
6 Accepts shared responsibility for maintaining a safe working environment. **[ITP]**	• Describes and/or promptly accesses risk management protocols such as those for emergencies, threats or injury (e.g. fire, bomb threat, armed hold-up, cytotoxic* spill, needlestick injury). • Complies with policies and procedures intended to improve safety in the workplace (e.g. hazardous waste management, workplace access policies, wears protective equipment such as masks, goggles, jackets, gloves when compounding). • Maintains immediate work environment in a clean, tidy, hygienic and hazard free state (e.g. halls and doorways free of obstacles, garbage regularly disposed of, spills promptly cleaned, equipment maintained according to manufacturers' recommended maintenance schedule, wipes benches daily, hand hygiene observed).
7 Considers the responsibilities in the workplace that arise from more general statute law. **[PS/ITP]**	• Describes the general implications of occupational health, industrial relations and trade practices legislation (e.g. equal opportunity and fair trading provisions, obligations to provide for disabled access to facilities and services). [PS] • Interprets and complies with occupational health, industrial relations and trade practices legislation (e.g. equal opportunity and fair trading provisions, obligations to provide for disabled access to facilities and services). [ITP]

Performance Criteria	Examples of Program Expected Outcomes
Element 2 – Respond to common law requirements [PS/ITP]	
1 Understands the pharmacist's duty of care to consumers and other clients of the service. **[PS/ITP]**	• Describes and explains the concept of professional 'duty of care' and the legal implications of professional actions being considered 'unsatisfactory professional conduct', 'professional misconduct' or 'negligence'. [PS] • Interprets and applies the concept of professional 'duty of care' and the legal implications of professional actions being considered 'unsatisfactory professional conduct', 'professional misconduct' or 'negligence'. [ITP] • Explains the purpose of professional indemnity insurance. [PS] • Demonstrates currency of indemnification. [ITP]
2 Considers the rights, responsibilities, duty of care and/or legislative obligations applicable to other health professionals/facility personnel. **[PS/ITP]**	• Describes and explains factors relevant to professional service delivery that arise from the legislative obligations, rights and responsibilities or duty of care of collaborating health professionals/facility personnel (e.g. medical practitioners and nurses). [PS] • Demonstrates compliance with legislative obligations, rights and responsibilities or duty of care of collaborating health professionals/facility personnel (e.g. medical practitioners and nurses) in the workplace. [ITP]
3 Responds promptly to situations of uncertainty in regard to professional conduct. **[PS/ITP]**	• Describes the timing and order of steps to be taken in the event of an error, potential misadventure and/or claim of professional misconduct or negligence. [PS] • Describes circumstances where the professional conduct or impairment of a health professional may warrant intervention or mandatory notification. [PS] • Responds to circumstances where the professional conduct or impairment of a health professional may warrant intervention or mandatory notification. [ITP]
Element 3 – Respect and protect the consumer's right to privacy and confidentiality [PS/ITP]	
1 Considers the impact of privacy legislation on professional practice. **[PS]**	• Describes the key features of relevant Federal and State/Territory privacy legislation impacting on professional pharmacy practice (e.g. disclosure, consent* to collect, requests for own health records). • Describes the legislative limitations on collection, use and disclosure of personal information (including health information).
2 Understands the consumer's expectations and rights in relation to maintenance of privacy and confidentiality. **[PS]**	• Describes the types of information that must be kept confidential. • Describes the likely impact on consumer dignity and trust of breaches to privacy and confidentiality.
3 Takes all reasonable steps to assure consumer privacy is maintained and to avoid unauthorised or accidental disclosure of confidential information. **[PS/ITP]**	• Describes and complies with circumstances in practice, including during disposal of records, where consumer privacy or confidentiality could be compromised. [PS] • Explains and complies with the steps taken to protect consumer privacy and maintain confidentiality of personal and health information (e.g. including transmission of electronic records for Home Medicines Reviews (HMRs)). [PS] • Accepts shared responsibility in the workplace to protect consumer privacy and maintain confidentiality of personal information (including health information). [ITP]
4 Takes appropriate action to advise the consumer and prevent a recurrence of a breach of consumer privacy. **[ITP]**	• Describes circumstances that warrant advice to consumers that a breach of privacy has occurred. • Describes corrective actions taken to prevent a recurrence of a breach of privacy.

Performance Criteria	Examples of Program Expected Outcomes
Element 4 – Support and assist consumer consent [PS/ITP]	
1 Accepts the importance of gaining consumer consent. **[PS]**	• Explains the importance of the consent process as the means by which consumers exert autonomy and grant or withhold permission.
2 Understands the nature of consumer consent. **[PS]**	• Describes the essential elements of valid consent (e.g. capacity to consent, clear and accurate explanation, confirming consumer understanding, absence of coercion, without prejudice, explicit statement of right to decline). • Describes the nature of consent as an ongoing process rather than an event and that it can be withdrawn by the consumer at any time.
3 Obtains consumer consent as required for professional services, including those where personal health information will be collated and shared with other health professionals. **[PS/ITP]**	• Describes services or situations where consent is required (e.g. HMRs, Residential Medication Management Reviews, brand substitution). [PS] • Obtains consent from consumers and/or carers* or guardians for relevant services. [ITP]
4 Understands procedures to follow in the event that consent is denied or withdrawn. **[PS/ITP]**	• Describes documentation and/or actions required where consent is denied or withdrawn. [PS] • Follows procedures in the event consent is denied or withdrawn. [ITP]

Comment

- Legislation referred to in this Standard includes the latest editions and amendments of:
  - *Health Practitioner Regulation National Law Act 2009*
  - State/Territory legislation controlling the conduct of pharmacists and approval of pharmacies
  - State/Territory legislation controlling medicines, drugs, poisons and controlled substances
  - *National Health Act 1953*
  - The Commonwealth Privacy Act and relevant State/Territory privacy legislation
  - The Commonwealth Therapeutic Goods Act and Regulations
  - Commonwealth and State/Territory legislation controlling health care
  - Disability and equal opportunity legislation

- Depending on the roles and responsibilities they have, pharmacists will also have compliance obligation under relevant sections of the Occupational Health, Industrial Relations and Trade Practices legislation.

Standard 1.2 Practise to accepted standards

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

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

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

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Demonstrate personal and professional integrity [PS/ITP]	
1 Understands the position of trust in which the profession is held. **[PS]**	• Describes the fundamental obligations of pharmacists to behave and practise in a manner that upholds the reputation and standing of the profession.
2 Understands the scope of practice of a pharmacist in relation to that of other health professionals. **[PS/ITP]**	• Describes roles and activities undertaken compared to the roles and expectations of collaborating health professionals. [PS] • Stays within the scope of practice of a pharmacist in relation to other health professionals. [ITP]
3 Understands pharmacists are accountable for the services provided and the associated outcomes. **[PS/ITP]**	• Describes the responsibilities of pharmacists for the services provided. [PS] • Accepts responsibility for the actions and decisions taken in the course of professional practice and the associated outcomes (direct and indirect). [ITP] • Promptly responds to poor or potentially poor outcomes (e.g. in the event of error or misinformation). [ITP]
4 Works within the limits of professional expertise. **[PS/ITP]**	• Recognises and describes the limitations in their knowledge, skills and experience in relation to the services provided. [PS] • Seeks advice from a pharmacist when the service to be provided in the workplace is outside the expected scope of an intern pharmacist. [ITP]
5 Accesses additional information and/or expert advice and assistance when needed. **[PS/ITP]**	• Recognises and describes the limitations in expertise and/or interpretive ability that would necessitate additional support being sought. [PS] • Describes how additional information or clarification can be or is obtained. [PS] • Accesses information, expert advice or assistance in the workplace when a task is beyond the expected scope of practice of an intern pharmacist. [ITP]
6 Contributes to the ongoing development of the profession. **[PS/ITP]**	• Describes ways in which individuals can contribute to the development of the profession. [PS] • Explains the benefits of participating in professional organisations and/or committees. [PS] • Participates in professional organisations and/or committee activities. [ITP] • Contributes to ongoing development of the profession (eg. mentoring pharmacy students, participating in pharmacy practice research). [ITP]
Element 2 – Contribute to enhanced service quality [PS/ITP]	
1 Understands the consumer's right to receive safe and high quality pharmacy services. **[PS]**	• Explains the obligation to apply professional care and expertise to deliver high quality pharmacy services.
2 Understands the means by which the quality of pharmacy services can be maintained and improved. **[PS]**	• Explains the difference between quality improvement and quality assurance. • Describes quality assurance and quality improvement methodologies, including the types of measures that can be used.
3 Accepts responsibility for assuring the quality of professional services provided. **[PS/ITP]**	• Describes the tools and methods available for monitoring the quality of professional services provided (e.g. consumer feedback, clinical audit*, self-audit against quality standards). [PS] • Promotes consistent high quality work from others. [ITP] • Assesses or self-audits the quality of professional services provided against endorsed standards and guidelines to identify where change would be beneficial. [ITP]

Performance Criteria	Examples of Program Expected Outcomes
4 Seeks continuous improvement in service quality. **[ITP]**	• Describes and/or demonstrates quality improvement and/or quality assurance activities in which they are or have been participants.
5 Shows initiative in implementing and evaluating changes to practice. **[ITP]**	• Describes or demonstrates changes in service delivery or professional practice that are a direct result of a quality improvement activity. • Describes ways in which the outcomes of practice change can be evaluated.

Standard 1.3 Deliver 'patient-centred' care

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

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

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

Performance Criteria	Examples of Program Expected Outcomes
Element 2 – Address consumer needs [PS/ITP]	
1 Adopts a respectful and empathic attitude to consumers. **[PS/ITP]**	• Shows respect, dignity and consideration for consumers. [PS] • Maintains composure, to communicate and behave in a respectful manner, even during difficult situations. [PS] • Accepts shared responsibility in the workplace by intervening if a colleague is not adopting a respectful and empathic attitude. [ITP]
2 Partners with consumers in the delivery of professional services. **[PS/ITP]**	• Describes the means by which consumers are able to participate in health service planning and delivery. [PS] • Engages the consumer as an active participant in the delivery of professional services. [ITP]
3 Adapts service delivery, as far as practicable, to satisfy the needs of consumers. **[PS/ITP]**	• Describes circumstances where service delivery may need to be adapted because of the health status or disability of a consumer. [PS] • Anticipates and/or recognises consumer need within the limits of their experience. [ITP] • Elicits information relating to values, beliefs and cultural backgrounds of consumers to guide the adaptation of the provision of professional services. [ITP]
4 Encourages consumers to seek and use information relevant to their health needs. **[PS/ITP]**	• Describes barriers and facilitators to consumers adopting information relevant to their health needs. [PS] • Supports consumers to make therapeutic and lifestyle decisions that are consistent with achieving good or improved health. [ITP]
5 Responds to consumer comment and feedback about the services and advice provided. **[PS/ITP]**	• Describes issues upon which consumer feedback may be used to improve service delivery. [PS] • Receives and responds to consumer complaint or comment about the services and/or advice received in a way that minimises conflict. [ITP]
6 Accepts responsibility for advocating on behalf of consumers consistent with the professional role and expertise of a pharmacist. **[ITP]**	• Describes areas where the rights or needs of consumers might be presented and/or supported with other health professionals and/or public authorities (e.g. advocacy on behalf of a consumer group for access to specific products or pharmacy services).

Standard 1.4 Manage quality and safety

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

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Protect and enhance consumer safety [PS/ITP]	
1 Understands the concept of a continuum of care. **[PS]**	• Discusses the risks to consumer safety posed by care that extends between care settings (e.g. hospital to community, hospital to hospital) and/or is delivered by multiple health care providers (GP to Specialist, GP to pharmacist). • Discusses ways in which continuum of care can be enhanced.

Performance Criteria	Examples of Program Expected Outcomes
2 Understands the potential sources of error in professional service delivery and their likely consequences. **[PS/ITP]**	• Describes factors which increase the likelihood of error and/or misadventure (e.g. interruptions, excessive workload, inadequate supervision, working beyond limits of expertise, personal impairment, transfer of care, failure to follow procedures such as scanning or dispensing from the original prescription). [PS] • Discusses ways in which risk factors can be identified and managed. [PS] • Applies strategies to identify, prevent and manage risk factors in the workplace. [ITP]
3 Ensures appropriate professional services documentation is completed for identifying and managing risks to consumers. **[PS/ITP]**	• Describes documentation that should be completed to protect consumer safety. [PS] • Maintains relevant, accurate and up-to-date records. [ITP]
4 Recognises the importance of maintaining a 'no blame' culture in the workplace. **[PS/ITP]**	• Discusses the impact of a 'no blame' culture on reporting and preventing recurrence of incidents. [PS] • Practises according to a no-blame culture. [ITP]
Element 2 – Respond to identified risk [PS/ITP]	
1 Participates in prompt withdrawal of stock or equipment that is subject to a product recall notice. **[ITP]**	• Describes and/or demonstrates recall procedures to be used in response to a product recall notice or to access the information promptly.
2 Accepts responsibility for reporting and following up medication incidents. **[PS/ITP]**	• Explains the importance of documenting and following up medication incidents. [PS] • Describes and complies with the reporting and follow-up processes in use. [ITP] • Describes the course(s) of action available to minimise harm. [ITP] • Identifies follow-up strategies likely to be effective in preventing recurrence (e.g. root cause analysis). [ITP]
3 Accepts responsibility for identifying and responding to personal circumstances that could impair professional performance. **[PS/ITP]**	• Describes personal factors that could impair performance. [PS] • Describes sources of support where impaired performance is suspected or confirmed. [ITP] • Accepts responsibility in the workplace and seeks support if impaired performance of own practice is suspected or confirmed. [ITP]
4 Acts promptly in the event of a medication incident to minimise harm and/or prevent recurrence. **[ITP]**	• Describes the course(s) of action available to minimise harm. • Identifies follow-up strategies likely to be effective in preventing recurrence (e.g. root cause analysis).
5 Understands the responsibility to inform consumers of medication incidents likely to impact on their health or well-being. **[PS/ITP]**	• Describes the principles of open disclosure as they apply to health care incidents. [PS] • Discusses the requirements for open disclosure and how these relate to the expectations of professional indemnity insurance providers. [PS] • Applies principles of open disclosure to health care incidents in the workplace. [ITP]
6 Documents medication incidents including actions taken to minimise the impact on consumers and/or prevent recurrence. **[ITP]**	• Describes and/or uses an appropriate recording system. • Demonstrates compliance with workplace procedures or guidelines for documenting and responding to medication incidents.

Standard 1.5 Maintain and extend professional competence

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

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

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

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

Standard 1.5 Maintain and extend professional competence

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Accept the importance of life-long learning [PS/ITP]	
1 Understands the concept of life-long learning for pharmacists. **[PS/ITP]**	• Discusses life-long learning (continuous striving to gain knowledge and maintain competence) in the context of career development and the pharmacist's professional role in delivering health care services. [PS] • Applies principles of life-long learning. [ITP]
2 Encourages and supports the professional development of colleagues. **[ITP]**	• Maintains a positive attitude to continuous learning and professional development. • Provides professional advice and guidance to others consistent with the limits of own expertise.
3 Understands the expectations of the registering authority and professional associations in relation to maintenance of competence and ongoing professional development. **[PS/ITP]**	• Locates and interprets the PBA's continuing professional development requirements for registration in relation to maintenance of competence and life-long learning. [PS] • Discusses the expectations of the registering authority and professional associations in maintaining competence, and the scope of professional development activities/opportunities provided by professional associations and other organisations. [PS] • Complies with the requirements of the registering authority and expectations of professional organisations in relation to maintenance of competence and ongoing professional development. [ITP]
4 Understands the importance of self-assessment, reflective learning, peer review* and performance review as sources of feedback on professional capability. **[PS/ITP]**	• Describes the reflective learning and peer review processes. [PS] • Applies self-assessment, reflective learning and peer review processes. [ITP]
Element 2 – Undertake self-directed learning [PS/ITP]	
1 Develops a professional development plan (that includes goals and strategies) to maintain and/or improve professional capability. **[PS/ITP]**	• Describes the process for defining a professional practice profile of the competencies relevant to a specific role and applying it to develop a personal learning plan. [PS] • Develops a personal learning plan. [ITP]

Performance Criteria	Examples of Program Expected Outcomes
2 Accepts responsibility for achieving learning and professional development goals. **[ITP]**	• Explains a plan of action for addressing professional development and learning needs (for new knowledge, skills or attributes). • Identifies potential sources of activities, their quality and relevance, to address identified learning and professional development needs. • Participates in a range of activities (e.g. experiential learning, academic courses, presentations, clinical audits and workshops) that address learning and professional development needs.
3 Regularly monitors learning and development achievements against the plan. **[ITP]**	• Compares learning and development achievements with established goals.
4 Applies learning to improve performance and/or extend professional practice. **[ITP]**	• Applies new knowledge and/or experiences to enhance problem-solving abilities, change professional practice or deliver new services. • Implements and describes practice change subsequent to reflective review process.

Domain 2 Communication, collaboration and self-management

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

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

Standard 2.1 Communicate effectively

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

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

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

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

Standard 2.1 Communicate effectively

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Adopt sound principles for communication [PS]	
1 Maintains open lines of communication. **[PS]**	• Exchanges and shares information with others. • Writes and speaks English of a standard expected of a health professional.
2 Values the input of others. **[PS]**	• Demonstrates respect for the opinions and views of others.
3 Understands that non-verbal elements can exert a significant impact on the effectiveness of communication. **[PS]**	• Describes key non-verbal factors impacting communication (e.g. presentation, posture, gestures, facial expression).

Performance Criteria	Examples of Program Expected Outcomes
4 Recognises barriers to effective communication must be addressed. **[PS]**	• Describes barriers to effective communication (e.g. emotional status (distress, anger or aggression), culture, values and beliefs, sensory impairment (hearing or vision), disabilities (mental or physical), personality conflict, socioeconomic or educational status, communication through a third party). • Demonstrates or describes strategies and/or resources to address barriers to effective communication (e.g. revised communication pathways, tools for third party communication).
Element 2 – Adapt communication for cultural and linguistic diversity [PS/ITP]	
1 Understands the likely impact of the pharmacist's values, beliefs and cultural and linguistic background on communication with consumers. **[PS/ITP]**	• Demonstrates insight into personal background issues that may impact on communication with consumers from a variety of cultural and linguistic backgrounds. [PS] • Applies insight into personal background issues that may impact on communication with consumers from a variety of cultural, societal and linguistic backgrounds. [ITP]
2 Recognises the special communication needs of consumers and/or carers with different cultural and linguistic backgrounds. **[PS/ITP]**	• Describes the barriers to communication that exist for consumers and/or carers with different cultural and linguistic backgrounds. [PS] • Demonstrates sensitivity to the needs, values, beliefs and cultural backgrounds of others. [ITP]
3 Responds, as far as practicable, to the needs of those from diverse cultural and linguistic backgrounds. **[PS/ITP]**	• Describes strategies and/or resources for communicating effectively with people from different cultural backgrounds, including Indigenous Australians (e.g. use of appropriate interpreters, revised communication pathways). [PS] • Applies strategies and utilises resources for communicating effectively with people from different cultural backgrounds, including Indigenous Australians. [ITP]
Element 3 – Manage the communication process [PS/ITP]	
1 Establish rapport and empathy with the consumer. **[PS/ITP]**	• Demonstrates active listening skills and empathy in the communication process. [PS] • Actively listens, empathises and engages with the consumer and understands their position/ needs. [ITP] • Expresses opinions and provides information to consumers in written and/or verbal form in a manner that does not elicit concern, anger or other adverse response. [ITP]
2 Establishes communication pathways necessary to achieve desired work outcomes. **[ITP]**	• Achieves work outcomes through the establishment of a communication network.
3 Ensures communication is appropriate to the audience and the material. **[PS/ITP]**	• Selects a vocabulary, communication style and form for both written and verbal communications that is appropriate for the situation, the audience and the material being communicated (e.g. avoids unnecessary jargon, clearly explains medical and pharmaceutical terminology). [PS] • Applies a communication style appropriate for the audience in the workplace. [ITP]

Performance Criteria	Examples of Program Expected Outcomes
4 Expresses thoughts and ideas clearly, consistently and unambiguously. **[PS/ITP]**	• Formulates and expresses ideas and opinions clearly in written and verbal form. [PS] • Communicates information accurately, concisely and confidently in writing and verbally. [PS] • Clarifies and elaborates ideas, opinions and information to enhance understanding. [PS] • Formulates and expresses ideas and opinions clearly in written and verbal form in the workplace. [ITP] • Communicates information accurately, concisely and confidently in writing and verbally in the workplace. [ITP] • Clarifies and elaborates ideas, opinions and information to enhance understanding in the workplace. [ITP]
5 Explores the needs of consumers and communicates relevant information. **[PS/ITP]**	• Elicits needed information and identifies the information needs of a particular audience/consumer. [PS] • Asks relevant questions, listens attentively and responds to verbal and non-verbal cues and uses an interpreter if necessary to clarify communication needs. [PS] • Consistently elicits needed information and identifies the information needs of a particular audience/consumer in the workplace. [ITP] • Consistently asks relevant questions, listens attentively and responds to verbal and non-verbal cues and uses an interpreter if necessary to clarify communication needs in the workplace. [ITP]
6 Verifies that the information provided has been received and understood. **[PS/ITP]**	• Follows up, asks questions and/or uses visual or other aids to confirm that the intended 'message' has been received and is understood. [PS] • Describes or demonstrates the use of a systematic process for following up that demonstrates written reports have been received and understood. [PS] • Describes or demonstrates the use of a systematic process for following up that demonstrates written reports have been received and understood in the workplace. [ITP]
7 Recognises the importance of responding to feedback for improving communication. **[PS/ITP]**	• Explains how response to feedback enhances communication. [PS] • Alters communication in response to feedback. [PS] • Takes responsibility to enhance communication in response to feedback in the workplace. [ITP]
Element 4 – Apply communication skills in negotiation [PS/ITP]	
1 Recognises circumstances where a negotiated outcome is required. **[PS]**	• Describes and analyses circumstances where conflicting interests must be addressed to achieve an outcome.
2 Recognises the importance of research and preparation in the negotiation process. **[PS/ITP]**	• Identifies relevant information which will be necessary for a successful negotiation. [PS] • Takes responsibility in the workplace and identifies and applies relevant information necessary for achieving a successfully negotiated outcome. [ITP]
3 Understands the importance of finding a position that satisfies the objectives of each party to the negotiation. **[PS/ITP]**	• Describes the benefits of a negotiated outcome. [PS] • Describes acceptable outcomes for particular situations. [PS] • Takes responsibility in the workplace and achieves outcomes which are acceptable to each party. [ITP]
4 Addresses circumstances requiring a negotiated outcome. **[PS/ITP]**	• Uses appropriate communication to achieve a desired outcome. [PS] • Demonstrates an appropriate negotiation strategy for a particular situation. [PS] • Reviews or follows up on a negotiated outcome. [ITP]

Standard 2.2 Work to resolve problems

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

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

Standard 2.2 Work to resolve problems

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Analyse the problem/potential problem [PS/ITP]	
1 Accepts responsibility for addressing problems. **[PS/ITP]**	• Understands the importance of and addresses problems in a timely manner. [PS] • Addresses problems in a timely manner in the workplace. [ITP]
2 Identifies and clarifies the problem and its likely causes. **[PS/ITP]**	• Identifies and describes (verbally or in writing) the nature of a problem and probable causes or causative factors. [PS] • Identifies and describes (verbally or in writing) the nature of a problem and probable causes or causative factors in the workplace. [ITP]
3 Identifies possible approaches for resolving the problem. **[PS/ITP]**	• Documents the identified problem(s), causative factor(s) and options for resolving the problem. [PS] • Documents the identified problem(s), causative factor(s) and options for resolving the problem in the workplace. [ITP]
Element 2 – Act to resolve the problem/potential problem [PS/ITP]	
1 Understands when to seek assistance or guidance. **[PS/ITP]**	• Discusses the types of circumstances where assistance should be sought (e.g. impaired performance, suspected misconduct) and seeks assistance when necessary. [PS] • Seeks assistance or guidance when necessary in the workplace. [ITP]
2 Uses a collaborative approach for addressing problems. **[PS/ITP]**	• Encourages and accepts input by others into problem-solving. [PS] • Identifies individuals or groups whose input is essential for addressing the identified problem. [ITP] • Engages the cooperation of relevant personnel to implement the plan for addressing the problem. [ITP]
3 Uses initiative to formulate a plan for resolving an identified problem. **[PS/ITP]**	• Describes a preferred approach for addressing the problem and justifies the choice in terms of causes and intended or expected outcomes. [PS] • Formulates a plan and resolves a problem. [ITP]
4 Completes relevant documentation as required. **[PS/ITP]**	• Understands the types of problems requiring documentation (e.g. medication incidents, personnel disputes, injuries in the workplace). [PS] • Accurately completes required documentation. [ITP]
5 Recognises the need for regular review of the results achieved to identify any further action(s) required. **[PS/ITP]**	• Discusses the purpose of reviewing the results achieved (e.g. incomplete resolution, other problems created). [PS] • Reviews results to determine what further action, if any, is required. [ITP]

Standard 2.3 Collaborate with members of the health care team

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

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

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

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

Standard 2.3 Collaborate with members of the health care team

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Support team development and cohesion [PS/ITP]	
1 Accepts the value of partnerships and teamwork to improve consumer care. **[PS/ITP]**	• Describes and explains interprofessional practice. [PS] • Demonstrates a positive attitude to working collaboratively with others. [PS] • Demonstrates a positive attitude to working collaboratively with others in the workplace. [ITP]
2 Engenders trust for the role of a pharmacist and cooperation from other team members. **[ITP]**	• Maintains respect and confidence in the pharmacist's contribution. • Provides feedback, encouragement and support to team members.
3 Understands the role, responsibilities and expertise of the pharmacist in relation to that of other members of the health care team. **[PS/ITP]**	• Describes roles and responsibilities in relation to a pharmacist's expertise and the expectations of collaborating team members. [PS] • Upholds roles and responsibilities of the pharmacist as a member of the health care team. [ITP]
4 Recognises and respects the professional rights, skills and contributions of other team members. **[PS/ITP]**	• Describes the complementary roles and responsibilities of members of the healthcare team. [PS] • Demonstrates recognition and respect of the complementary roles and responsibilities of members of the healthcare team. [ITP]
5 Respects and preserves the relationships that other members of the health care team have with consumers. **[PS/ITP]**	• Describes the role of other members of the health care team in a way that engenders understanding and confidence in the team and its members. [PS] • Discusses the role of other members of the health care team and the relationships they have with consumers in a way that engenders understanding and confidence in the team and its members. [ITP]
Element 2 – Promote effective teamwork [ITP]	
1 Accepts responsibility for fulfilling the role expected of a pharmacist within the team. **[ITP]**	• Responds to the demands and expectations of members of the health care team. • Shares information and expertise to facilitate a shared understanding.
2 Identifies opportunities for collaboration on common goals and interests. **[ITP]**	• Describes the types of issues that can be addressed within the health care team (e.g. adherence*, standard protocols and procedures, research).

Standard 2.3 ***Collaborate with members of the health care team***

Performance Criteria	Examples of Program Expected Outcomes
3 Shows leadership* in responding to pharmaceutical or therapeutic issues. **[ITP]**	• Demonstrates a proactive approach to responding to pharmaceutical or therapeutic issues that arise within the team.
4 Collaborates with other health care professionals to enable consumers to achieve the best health outcomes. **[ITP]**	• Maintains rapport and work in partnership (share information with consumer consent, and works cooperatively on consumer health goals) with other health professionals to achieve therapeutic goals. • Actively contributes a pharmacist's perspective and makes a positive contribution to team based problem-solving and decision making.
5 Participates in evaluations of team effectiveness. **[ITP]**	• Describes ways in which the effectiveness of the team and the individuals within it can be assessed.
Element 3 – Maintain an effective professional role [PS/ITP]	
1 Ensures that the pharmacist's professional rights and values are not compromised. **[PS/ITP]**	• Describes requests of colleagues that might be regarded as unreasonable. [PS] • Applies assertiveness skills to deal with unreasonable requests and/or refusals that would compromise practice or consumer care. [ITP]
2 Upholds professional practice standards and conventions within the team. **[ITP]**	• Complies with professional practice standards and conventions relevant to the health care team. • Assists others in maintaining professional practice standards and conventions.

Standard 2.4 Manage conflict

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

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

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

Standard 2.4 ***Manage conflict***

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Understand the importance of preventing and managing conflict [PS/ITP]	
1 Understands the need to maintain productive professional relationships and a constructive work environment. **[PS/ITP]**	• Identifies the means by which rapport and/or cooperation is maintained. [PS] • Describes the means by which responses to input to the work environment are monitored. [PS] • Demonstrates rapport and cooperation, and monitors responses in the workplace. [ITP]
2 Understands the need to act promptly to prevent conflict arising. **[PS/ITP]**	• Describes situations where prompt action can prevent the development of conflict (e.g. rosters, punctuality, timeliness of service). [PS] • Identifies situations in practice where prompt action can prevent development of a conflict. [ITP]

Performance Criteria	Examples of Program Expected Outcomes
3 Understands the need to address conflict in a timely manner. **[PS/ITP]**	• Describes potential sources of conflict. [PS] • Describes the impact of conflict in the workplace (e.g. tension, low morale, absenteeism, system or service failure, and aggressive or uncooperative behaviours). [ITP]
4 Understands the need to work in an impartial and fair manner. **[PS/ITP]**	• Describes the importance of adopting a 'no blame' approach to understanding conflict in the workplace. [PS] • Practises according to a no-blame culture. [ITP]
Element 2 – Clarify the nature of the conflict [ITP]	
1 Understands when to seek assistance or guidance. **[ITP]**	• Discusses circumstances where assistance should be sought (e.g. claimed bullying or discrimination).
2 Works with colleagues to gather information relevant to identifying the source(s) and/or nature of the conflict. **[ITP]**	• Undertakes enquiry in a sensitive and non-confrontational manner. • Identifies the key issues and key participants in the conflict.
3 Understands the need to work in an objective manner when gathering information. **[ITP]**	• Describes the nature and source(s) of the conflict without apportioning blame.
4 Applies analytical skills to identify a range of approaches that might be used for resolving conflict. **[ITP]**	• Describes a range of possible approaches/strategies that are effective for resolving conflict in the workplace (e.g. negotiation, collaborative problem-solving, mediation, arbitration).
5 Identifies situations where onward referral is warranted. **[ITP]**	• Describes situations where referral is warranted (e.g. severe emotional distress, intractable dispute).
Element 3 – Act to address conflict [ITP]	
1 Works with colleagues to identify and agree a preferred approach. **[ITP]**	• Explains and justifies the preferred method for resolving the conflict. • Discusses preferred method (and other options if necessary) with those involved in the conflict.
2 Initiates onward referral as required. **[ITP]**	• Identifies and accesses contact details for relevant support services (e.g. counselling and mediation services, human resources department).
3 Adopts a collaborative approach to reviewing the impact of actions taken to identify any further action required. **[ITP]**	• Describes the means by which the success of the approach taken will be assessed. • Discusses how those involved in the conflict will be engaged in the assessment and follow-up process.

Standard 2.5 Commitment to work and the workplace

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

Individual pharmacists vary in the way they approach their professional life. Some will be generally optimistic and proactive in their approach and behave in an empowered manner while others may focus on the problems and issues and be more reactive to circumstances in the workplace. The underpinning qualities associated with these behaviours relate to the capacity of the individual pharmacist to recognise (self-awareness) and manage their emotions (self-management) as well as recognise the emotions of others (empathy). It is also influenced by their drive, initiative and capacity to motivate themselves and their ability to handle relationships. Together these factors comprise the emotional intelligence of the individual.[4]

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

Standard 2.5 Commitment to work and the workplace

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Adopt a conscientious approach [ITP]	
1 Uses a systematic and well organised work process. **[ITP]**	• Demonstrates a rigorous and systematic work process. • Demonstrates efficient work practices. • Uses time productively.
2 Accepts responsibility for and can account for professional judgments, acts and omissions. **[ITP]**	• Accounts for actions, omissions and outcomes associated with professional contribution.
3 Displays diligence and care. **[ITP]**	• Demonstrates care and attention to detail in undertaking work activities. • Delivers accurate and complete work output.
4 Adopts a responsible attitude and professional image in the workplace. **[ITP]**	• Demonstrates punctuality. • Demonstrates flexibility in extending working hours where needed to meet consumer needs. • Demonstrates appropriate attire and presentation for the role and situation.
5 Copes with emotions in a functional manner. **[ITP]**	• Recognises and takes responsibility for emotions. • Integrates emotions with intellect and will. • Deals positively with negative emotions such as anger.
Element 2 – Understand the work environment [ITP]	
1 Understands the structure in which the pharmacist works. **[ITP]**	• Clearly describes the structure of the organisation, environment and/or pharmacy service in which they work. • Describes where their position fits in the structure and their responsibilities and accountabilities.
2 Verifies the pharmacist's role and responsibilities within the organisation. **[ITP]**	• Describes their roles and responsibilities in terms of the position statement/duty statement applicable to the position held.
3 Understands the conditions of employment. **[ITP]**	• Describes the key conditions of employment, including specific inclusions or exclusions (e.g. award entitlements, contractual conditions, special arrangements). • Demonstrates compliance with conditions of employment.
Element 3 – Contribute to maintaining a safe working environment [ITP]	
1 Contributes to maintenance of workplace security systems. **[ITP]**	• Describes the key security systems for the workplace (e.g. for cash, narcotics and other controlled substances, investigational drugs, consumer records, entry and exit points) and levels of access and/or authority applicable to each.
2 Promotes maintenance of a safe and secure workplace by others. **[ITP]**	• Clearly describes to supervised staff those work practices expected of them that are intended to maintain a safe and secure workplace.

Standard 2.6 Plan and manage professional contribution

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

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

In planning and managing their workload pharmacists must deal effectively with contingencies that arise in the workplace as well as routine work commitments. To deliver required tasks in timely manner pharmacists must assess the nature and

demands of the tasks as well as the possible issues or problems that may need to be addressed. They have to assess whether there is a need for any additional guidance and support and identify a source for that support/guidance.

Standard 2.6 Plan and manage professional contribution

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Assure the adequacy of resources [ITP]	
1 Understands the need to assess the adequacy of available human resources. **[ITP]**	• Describes the adequacy of the available skill set for undertaking the required work. • Discusses the link between excessive workload and fatigue, stress, performance impairment and error.
2 Establishes the communication pathways necessary to achieve desired work outcomes. **[ITP]**	• Achieves work outcomes through the establishment of a communication network.
3 Assesses the adequacy of resources available to undertake work activities. **[ITP]**	• Assesses required resources for usual presenting workload. • Assesses specific requirements for undertaking work (e.g. information, stock, equipment, access to specific expertise) and to ensure those requirements are, or can be, met.
4 Works with colleagues to ensure resources are adequate for the usual workload. **[ITP]**	• Initiates action (e.g. advice to supervisor, recruitment activity) when available resources and usual workload are poorly correlated.
5 Works with colleagues to ensure adequate and appropriate stock and equipment is available. **[ITP]**	• Assesses required levels of stock and/or equipment in specific situations. • Complies with policies and procedures to order required stock and equipment.
6 Contributes to stock management and equipment maintenance in a manner consistent with local policy and procedures. **[ITP]**	• Describes requirements and/or complies with local policies for stock management and equipment maintenance.
Element 2 – Plan and prioritise [PS/ITP]	
1 Accepts responsibility for completing tasks in a timely manner. **[PS/ITP]**	• Manages multiple and/or conflicting demands on their time. [PS] • Accepts responsibility in the workplace and manages multiple and/or conflicting demands on their time. [ITP]
2 Understands the need for careful planning. **[PS]**	• Discusses the approaches/strategies for delivering outputs/outcomes in a timely manner (e.g. through productive and efficient work habits, prioritisation).
3 Assigns priorities to tasks in accordance with known circumstances. **[ITP]**	• Justifies assigned priority in terms of consumer need, difficulties to be resolved and timelines. • Identifies factors and/or criteria (e.g. urgency, importance, possibility of using alternative products or personnel) that impact on the priority assigned to tasks. • Adjusts priorities in response to changing circumstances.
Element 3 – Manage work activities [PS/ITP]	
1 Allocates resources according to established priorities. **[ITP]**	• Uses initiative and a flexible approach to manage human and other resources consistent with work demands.
2 Uses available resources to assist and support work effort. **[PS/ITP]**	• Describes the personnel and other support systems that are available in the work environment to facilitate and support various types of work activities. [PS] • Uses systems (e.g. a 'day book' for noting issues for follow-up, computer programs, and electronic communication and stock ordering systems) that facilitate and support work effort. [ITP]

Performance Criteria	Examples of Program Expected Outcomes
3 Seeks additional information and guidance required to complete tasks in a timely manner. **[PS/ITP]**	• Understands and applies information, guidance and instructions provided by others to progress work activities. [PS] • Recognises situations where additional information or expertise is needed from other personnel (e.g. manager/senior pharmacist, human resources manager, business manager) to complete tasks. [ITP]
4 Ensures work practices comply with local policies and procedures. **[ITP]**	• Applies and/or promptly accesses policies and procedures specific to the workplace that impact on own work practices (e.g. cash handling, stock management, complaints handling, waste disposal and security).
5 Determines which, if any, of the tasks may be safely delegated. **[ITP]**	• Identifies and justifies tasks or elements of tasks that may be appropriately delegated to other available personnel.
6 Manages problems/issues that may act as barriers to the timely completion of tasks. **[ITP]**	• Manages interferences (e.g. telephones, interruptions) that consume time without contributing to task completion. • Uses problem-solving skills to identify corrective action needed to resolve specific problems/issues that may impede work progress. • Manages normal work and contingencies/unplanned events or demands to meet work deadlines. • Adheres to pre-arranged schedules for completion of tasks.

Standard 2.7 Supervise personnel

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

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

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Accept the supervisory role [PS/ITP]	
1 Understands the nature of supervision. **[PS]**	• Describes the nature of the supervisory role, what is meant by direct supervision, and where responsibility for outputs and outcomes rests.
2 Accepts responsibility for supervising the work of colleagues. **[ITP]**	• Discusses key issues for effectively supervising the work of colleagues. • Contributes to revision of the duty statements /job descriptions of supervised personnel.
Element 2 – Delegate tasks [ITP]	
1 Ensures supervised personnel work within the limits of their competence. **[ITP]**	• Describes the limitations in an individual's skill or aptitude compared to the task requirements. • Recognises and describes the limitations applicable to delegation of specific tasks.
2 Defines and communicates delegated tasks and the expected performance to the personnel to whom it is delegated. **[ITP]**	• Uses effective communication to clearly describe the task to be undertaken and the expected performance.
3 Confirms that supervised personnel understand task requirements. **[ITP]**	• Confirms understanding of task requirements (e.g. using questioning, listening and non-verbal cues).

Performance Criteria	Examples of Program Expected Outcomes
Element 3 – Assist the work of supervised personnel [ITP]	
1 Understands when supervised personnel may make autonomous decisions. **[ITP]**	• Describes situations where autonomous decision-making by supervised personnel would be appropriate/legally defensible.
2 Works with supervised personnel to establish priorities and organise work flow. **[ITP]**	• Establishes a clear priority order of work activities in the short term (daily to weekly) and medium to long term (monthly to annually) with supervised personnel.
3 Recognises situation where additional support and/or guidance is needed for supervised personnel. **[ITP]**	• Identifies situations where supervised personnel are experiencing difficulties in completing work activities and/or where a mandatory notification obligation exists. • Describes signs/cues from supervised personnel that indicate additional guidance or support is needed (e.g. hesitancy, distress, seeks clarification from less authoritative sources). • Uses initiative and applies professional expertise to resolve problems encountered by supervised personnel.
4 Ensures work practises of supervised personnel are consistent with their roles and comply with local policy and procedures. **[ITP]**	• Promptly accesses and explains policies and procedures applicable to or impacting on supervised work (e.g. cash handling, stock acquisition and management, complaints handling, waste disposal and security). • Describes the defined roles of supervised personnel. • Clearly explains policy and procedure changes to supervised personnel.
Element 4 – Support improved performance of supervised personnel [ITP]	
1 Understands the performance assessment and management processes of the organisation. **[ITP]**	• Describes the performance assessment and management process within their organisation.
2 Monitors performance and contributes to the performance assessment of supervised personnel. **[ITP]**	• Discusses the key communication factors (e.g. sensitivity, tact and clarity), content issues (e.g. positive feedback, constructive comment, goals and strategies) and process issues (e.g. fair dealing and due process) relevant to providing performance feedback. • Describes the performance assessment documentation used for supervised personnel.
3 Provides constructive feedback to improve motivation and performance. **[ITP]**	• Discusses performance and offers constructive criticism and advice without engendering an adverse response.
4 Assists the work performance of supervised personnel. **[ITP]**	• Identifies resources, training or personal support that can be provided to facilitate performance improvement in supervised personnel. • Contributes to workplace training programs for supervised personnel.

Domain 4 Review and supply prescribed medicines

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

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

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

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

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

Standard 4.1 Undertake initial prescription assessment

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

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

Standard 4.1 Undertake initial prescription assessment

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Validate prescriptions [PS/ITP]	
1 Confirms that prescriptions are authentic and comply with legal requirements and professional conventions. **[PS/ITP]**	• Explains the key legal requirements of a valid prescription as specified by relevant State or Territory legislation. [PS] • Accesses information on the professional conventions and obligations applicable to dispensing prescriptions, including those for medicines that are subsidised under the Pharmaceutical Benefits Scheme (PBS). [ITP] • Demonstrates a verification/confirmation process for prescriptions received orally (e.g. by telephone) or electronically. [ITP]
2 Acts to ensure fraudulent or illegal prescriptions are not dispensed. **[PS/ITP]**	• Identifies substances/medicines that are known to be subject to abuse or intentional misuse. [PS] • Describes examples of fraudulent prescriptions. [PS] • Describes and/or demonstrates use of a system to detect and respond to prescriptions suspected of being fraudulent or deemed illegal. [ITP]

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

Standard 4.2 Consider the appropriateness of prescribed medicines

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

In deciding whether prescribed medicines can be safely and effectively added to an existing therapeutic regimen pharmacists have a duty of care to use the clinical information which is readily available to them and to otherwise acquire

that information which might reasonably be expected to make their professional judgement. In many instances this will necessitate contact with the prescriber or consultation with the consumer and/or carer. Where this is required pharmacists must be mindful of the requirements to protect consumer privacy and maintain confidentiality.

Standard 4.2 Consider the appropriateness of prescribed medicines

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Gather relevant information [PS/ITP]	
1 Uses a systematic approach to access and review the consumer medication record or notes. **[PS/ITP]**	• Identifies changes to therapy, patterns of usage and adherence, previous allergies, adverse effects and drug interactions and any relative or absolute contraindications from the consumer medication record or notes. [PS] • Accesses consumer medication records, including those that are stored electronically. [ITP]
2 Obtains additional essential medication related information from the consumer/carer and/or the prescriber. **[PS/ITP]**	• Identifies, and justifies the need for, additional information (e.g. age or weight of consumer, dose or dosing instructions) to be obtained from consumer/carer, prescriber or other health professionals. [PS] • Obtains additional information (e.g. age or weight of consumer, dose or dosing instructions) from consumer/carer, prescriber or other health professionals. [ITP]
3 Uses relevant information sources to clarify or confirm information or meet additional information needs. **[PS/ITP]**	• Identifies relevant information sources for different types of information. [PS] • Uses information resources to obtain or confirm required information. [ITP]
Element 2 – Review the prescribed medicines [PS/ITP]	
1 Understands the therapeutic use(s) or pharmacological rationale for use of prescribed medicines. **[PS]**	• Describes the therapeutic uses and/or pharmacology of prescribed medicines, or can readily access this information. • Identifies why particular medicines are likely to have been prescribed for a specific consumer. • Identifies why medicines may not have been prescribed for a specific consumer.
2 Considers consumer, drug and dosage form factors likely to impact on the efficacy or safety of treatment. **[PS]**	• Describes the types of consumer factors (e.g. medical conditions/disease states, age, weight, allergies, pregnancy and lactation), drug factors (e.g. bioavailability, pharmacokinetics, efficacy, toxicity, palatability) and formulation factors (e.g. use of preservatives, excipients, stability, sterility) that are likely to impact on efficacy and safety of treatment.
3 Identifies clinically significant potential or actual drug related problems likely to be associated with use of the prescribed medicines. **[ITP]**	• Identifies consumer factors (e.g. medical conditions/disease states, age, weight, allergies, pregnancy and lactation), drug factors (e.g. bioavailability, pharmacokinetics, efficacy, toxicity) and formulation factors (e.g. use of preservatives, stability, sterility) which impact on efficacy and safety of treatment.
4 Identifies factors likely to adversely affect adherence to the intended treatment. **[PS/ITP]**	• Describes consumer or lifestyle factors or features of the prescribed medicines that are likely to adversely impact on adherence (e.g. language, literacy and numeracy skills, manual dexterity, vision, racial, religious and cultural background, dosing regimen, side-effect profile, taste and cost). [PS] • Identifies consumer or lifestyle factors or features of the prescribed medicines that are likely to adversely impact on adherence (e.g. language, literacy and numeracy skills, manual dexterity, vision, racial, religious and cultural background, dosing regimen, side-effect profile, taste and cost). [ITP]
5 Uses professional judgement to determine whether any changes in prescribed medicines are warranted to promote enhanced safety and/or efficacy. **[PS/ITP]**	• Describes changes in the prescribed medicine, dosage form and dosing regimen that may be necessary in the interests of consumer safety and/or enhanced treatment efficacy. [PS] • Identifies and makes changes in the prescribed medicine, dosage form and dosing regimen necessary in the interests of consumer safety and/or enhanced treatment efficacy. [ITP]

Standard 4.2 ***Consider the appropriateness of prescribed medicines***

Performance Criteria	Examples of Program Expected Outcomes
Element 3 – Promote optimal medicines use [PS/ITP]	
1 Liaises with the prescriber regarding suggested changes in therapy to resolve or minimise issues likely to adversely impact on adherence. **[PS/ITP]**	• Describes the rationale behind recommended changes and alternative therapeutic options. [PS] • Liaises with the prescriber providing the rationale behind recommended changes and alternative therapeutic options. [ITP]
2 Initiates action, in consultation with prescribers and/or consumers, to address issues impacting on adherence. **[PS/ITP]**	• Recognises when a dose administration aid (DAA) or administration device (e.g. spacer) may assist therapy. [PS] • Addresses the use of a dose administration aid (DAA) or administration device (e.g. spacer) that may assist therapy with the consumer, carer or prescriber. [ITP]
3 Understands the need to accurately code and record clinical interventions consistent with professional standards or conventions and workplace policy. **[PS/ITP]**	• Describes a recording system for clinical interventions. [PS] • Captures, analyses and uses data on clinical interventions. [ITP]

Standard 4.3 Dispense prescribed medicines

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

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

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

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

Standard 4.3 ***Dispense prescribed medicines***

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Apply a systematic dispensing procedure [PS/ITP]	
1 Uses professional judgement to determine the priority order in which prescription medicines are dispensed. **[ITP]**	• Develops a priority order for prescribed medicines, taking account of factors such as the urgency of clinical need, professional activities involved (e.g. compounding and recording), consumer safety and legal requirements.
2 Maintains a logical, safe and disciplined dispensing procedure. **[PS/ITP]** **(NB: Same performance level expectations for PS and ITP.)**	• Operates computerised dispensing and bar code scanning systems to accurately select medicines and maintain consumer medication records. • Describes factors known to be associated with dispensing errors (e.g. stock with similar corporate packaging, frequent interruptions). • Applies a systematic process which incorporates sequential checks for accuracy. • Accurately selects product, dosage form and required quantity.

Performance Criteria	Examples of Program Expected Outcomes
3 Considers factors likely to compromise product efficacy and stability when repackaging medicines out of their original containers/packaging. **[PS/ITP]**	• Describes factors (e.g. light sensitivity, deliquescence) relevant to specific products that affect the advisability of or container/packaging selection for product repackaging. [PS] • Correctly repackages products taking note of factors (e.g. light sensitivity, deliquescence) which may compromise product efficacy and stability. [ITP]
4 Applies legible, comprehensible and complete labels to dispensed medicines. **[PS/ITP]**	• Produces labels in which instructions are expressed in readily understandable English and include all the information specified by the prescriber. [PS] • Produces labels in which the type face is large enough and dark enough to be easily read, instructions are expressed in readily understandable English, are adapted to meet specific consumer needs (e.g. poor sight) and include all the information specified by the prescriber. [ITP] • Selects a site for the label that does not cover important information provided by the sponsor company such as expiry date, batch number, storage requirements or dosing information. [ITP]
5 Incorporates relevant cautionary and advisory directions into the labelling of dispensed medicines consistent with legal requirements and professional conventions. **[PS/ITP]** **(NB: Same performance level expectations for PS and ITP.)**	• Uses ancillary labels or cautionary and advisory statements as specified in legislation, the *Australian Pharmaceutical Formulary and Handbook* (APF) and otherwise as considered appropriate.
6 Ensures dispensed medicines and the applied labels directly correlate to the prescribed medicines and dosing regimen. **[PS/ITP]**	• Demonstrates a rigorous and systematic process for checking dispensed medicines, including scanning of the product. [PS] • Uses the original prescription as the primary source for checking that both the label and dispensed medicine exactly correlate to the prescribed medicines. [PS] • Demonstrates a rigorous and systematic process in the workplace for checking medicines dispensed by others, including non-pharmacists. [ITP]
7 Accepts responsibility for ensuring dispensed medicines are issued (and administered for supervised dosing in the pharmacy) to the correct consumer. **[PS/ITP]**	• Describes a process for checking consumer/dosing details with those on the prescription at the time prescription medicines, including those for which there is supervised dosing (e.g. methadone), are supplied. [PS] • Takes shared responsibility for the use of a checking process of consumer/dosing details with those on the prescription at the time prescription medicines, including those for which there is supervised dosing (e.g. methadone), are supplied. [ITP]
8 Takes prompt action to minimise the impact of dispensing errors and reduce the risk of recurrence. **[PS/ITP]**	• Describes the steps necessary to minimise the impact of dispensing errors on consumers. [PS] • Minimises the impact of dispensing errors on consumers. [ITP] • Minimises the risk of recurrence of dispensing errors. [ITP]
Element 2 – Manage records [PS/ITP]	
1 Completes prescription records for dispensed medicines, including controlled substances, consistent with legal requirements. **[PS/ITP]**	• Demonstrates recording for prescription medicines. [PS] • Demonstrates maintenance of prescription records, including prescription annotations and compliance with legal requirements. [ITP] • Takes shared responsibility for recording according to requirements for prescription medicines, including controlled substances, in the workplace. [ITP]

Performance Criteria	Examples of Program Expected Outcomes
2 Maintains accurate and up-to-date consumer medication records consistent with professional standards and conventions. **[PS/ITP]**	• Describes compliance with professional conventions in relation to maintenance of consumer medication records and where necessary, obtains additional guidance from professional guidelines and standards. [PS] • Demonstrates compliance with professional conventions in relation to maintenance of consumer medication records. [ITP]
3 Accurately records details of medication incidents (including 'near misses') including the actions taken to minimise their effects and prevent recurrence. **[PS/ITP]**	• Describes appropriate recording of, and response to, dispensing errors. [PS] • Demonstrates compliance with workplace procedures for documenting and responding to medication incidents. [ITP] • Takes shared responsibility for the minimisation of the risk of recurrence of dispensing errors. [ITP]
Element 3 – Assist consumer understanding and adherence [PS/ITP]	
1 Liaises with the consumer/carer to clarify their information needs. **[PS/ITP]**	• Demonstrates communication with consumers/carers to confirm their knowledge and understanding of their disease/condition and medications and clarify the level, type and form of information required. [PS] • Demonstrates communication with consumers/carers to clarify the level, type and form of information required. [PS] • Communicates with consumers/carers to confirm their knowledge and understanding of their disease/condition and medications clarify the level, type and form of information required. [ITP] • Communicates with consumers/carers to clarify the level, type and form of information required. [ITP]
2 Identifies additional information needs arising from changes in the medicines or medication treatment. **[PS/ITP]**	• Describes circumstances where a change in appearance of medicine or its packaging (e.g. as a result of brand substitution or changes in corporate packaging) needs to be discussed with the consumer/carer. [PS] • Identifies circumstances where a change in appearance of medicine or its packaging (e.g. as a result of brand substitution or changes in corporate packaging) needs to be discussed with the consumer/carer and responds to these circumstances. [ITP]
3 Provides advice on the medicine, dosing regimen, precautions, possible adverse effects and any specific storage requirements. **[PS/ITP]**	• Describes, in terms appropriate for informing the consumer, the therapeutic indications, pharmacological actions and precautions for dispensed medicines. [PS] • Describes in terms appropriate for informing the consumer the most relevant adverse effects. [PS] • Informs the consumer about the therapeutic indications, pharmacological actions and precautions for dispensed medicines. [ITP] • Discusses the most relevant adverse effects with consumers/carers without causing alarm. [ITP]
4 Reinforces and clarifies verbal advice by demonstrating administration technique and using written consumer information resources as required. **[PS/ITP]**	• Describes written consumer information resources (e.g. CMI leaflet) to identify and tailor information relevant to specific consumers and/or circumstances. [PS] • Uses written consumer information resources (e.g. CMI leaflet) to identify and tailor information relevant to specific consumers and/or circumstances. [ITP] • Describe and/or demonstrates administration technique for commonly used medicines, including inhalers, eye ointments, and eye, ear and nose drops. [PS] • Describes and/or demonstrates administration technique for commonly used medicines, including inhalers, eye ointments, and eye, ear and nose drops to consumers/carers. [ITP]

Performance Criteria	Examples of Program Expected Outcomes
5 Checks that consumers understand why the medicines have been prescribed and how they are to be used/administered and stored. **[PS/ITP]**	• Demonstrates procedures to check that medicines information provided has been understood (e.g. uses questions to confirm understanding, interprets cues that information has not been understood). [PS] • Checks that medicines information provided has been understood by consumers/carers (e.g. uses questions to confirm understanding, interprets cues that information has not been understood). [ITP]
6 Works with the consumer/carer to positively impact on adherence with prescribed treatment regimen. **[PS/ITP]**	• Demonstrates the use of aids/appliances (e.g. spacer, tablet cutter, single dose packaging). [PS] • Demonstrates to consumers/carers the use of aids/appliances (e.g. spacer, tablet cutter, single dose packaging). [ITP] • Discusses with consumers/carers the importance of adherence and possible courses of action that may improve their ability or willingness to adhere. [ITP]

Domain 5 Prepare pharmaceutical products

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

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

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

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

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

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

Standard 5.1 Consider product requirements

[Elements 3-6 of this Standard were revised to be shared between PS and ITP on the basis that the 'nuts and bolts' learning would occur in PS but confirmation/verification of capacity would rest with ITP and involve sign-off by the preceptor]
Note: This standard underpins all of the standards in this Domain and **is to be used in conjunction with each of the following**:

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

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

Standard 5.1 Consider product requirements

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Consider legislative and professional obligations [PS/ITP]	
1 Understands specific codes and regulations that apply to the preparation of pharmaceutical products. **[PS]**	• Locates and interprets the relevant codes (e.g. *Pharmaceutical Inspection Convention and Pharmaceutical Inspection Co-operation Scheme (PIC/S) Guide to Good Manufacturing Practice for Medicinal Products*) and legislative requirements that apply to the preparation of pharmaceutical products.
2 Complies with workplace practices and professional conventions for product preparation. **[PS/ITP]**	• Describes professional standards and conventions as well as standard procedures for the preparation of pharmaceutical products. [PS] • Demonstrates compliance with professional standards and conventions as well as workplace policies and procedures for the preparation of pharmaceutical products. [ITP]

Performance Criteria	Examples of Program Expected Outcomes
3 Ensures processes to protect consumer safety are applied. **[PS/ITP]**	• Describes checking processes required to assure consumer safety (e.g. double check of calculations, weighings and measurements, record batch number, check expiry date, quarantine of products prior to final check and release, label reconciliation, and check and release of final products). [PS] • Describes how the application of safety procedures is documented for prepared products. [PS] • Applies checking processes when preparing pharmaceutical products to assure consumer safety (e.g. double check of calculations, weighings and measurements, record batch number, check expiry date, quarantine of products prior to final check and release, label reconciliation, and check and release of final products). [ITP] • Demonstrates compliance with workplace procedures for documenting safety procedures applied when preparing pharmaceutical products. [ITP]
Element 2 – Confirm the need for the product [PS/ITP]	
1 Understands the therapeutic context in which the product has been requested. **[PS/ITP]**	• Explains the importance of establishing the therapeutic context in which products may be requested. [PS] • Describes sources of information (e.g. consumer's medication record/notes) likely to assist in establishing the therapeutic context in which products may be requested. [PS] • Explains the relevance of the therapeutic context in relation to specific products [PS] • Clarifies the context of treatment from the consumer's medication record or other sources such as consumer notes. [ITP] • Promptly accesses standard treatment protocols or individual consumer treatment plans. [ITP]
2 Obtains additional clinical or medication related information as needed. **[PS/ITP]**	• Justifies the need for, and identifies additional information needed to confirm the safety and/or appropriateness of providing prepared products. [PS] • Obtains additional information (such as consumer data) needed to confirm the safety and/or appropriateness of providing the requested product. [ITP] • Accesses and interprets test results relevant to the product requested (e.g. white cell count for chemotherapy, biochemistry for Total Parenteral Nutrition (TPN)).[ITP] • Describes and demonstrates the professional behaviour required when seeking additional clinical or medication related information from different individuals (e.g. consumer/carer and/or prescriber). [PS] • Maintains professional rapport with consumer/carer and/or prescriber when seeking additional clinical or medication related information. [ITP]
3 Uses evidence-based decision-making in determining what changes, if any, are warranted in the requested product. **[PS/ITP]**	• Describes and accesses evidence-based information on treatment protocols and preferred treatment options or formulations. [PS] • Promptly accesses evidence-based information on treatment protocols and preferred treatment options of formulations for specific consumers and products. [ITP] • Applies clinical information to determine if the requested product will meet consumer needs. [ITP]
Element 3 – Confirm the required formulation [PS/ITP]	
1 Selects a standard formulation to correspond to a specified product where one exists. **[PS/ITP]**	• Uses standard reference sources (e.g. APF, master manufacturing sheets) to access formulations. [PS] • Selects the correct standard formulation for a specific product. [PS] • Selects the correct standard formulation for a specific product for a specific consumer in the workplace. [ITP]

Performance Criteria	Examples of Program Expected Outcomes
2 Identifies circumstances that might warrant adjustments being made to a formulation. **[PS/ITP]**	• Recognises the potential in a formulation for physicochemical incompatibilities (e.g. acid-base reactions, precipitation, flocculation, oxidation, hydrolysis and colour change). [PS] • Identifies situations where a formulation requires adjustment to ensure adequate stability, compatibility and suitability for its intended use (e.g. use of pH buffers, alteration of vehicle, addition of suspending agent, preservative or antioxidant). [PS] • Identifies, in the workplace, situations where the formulation of a requested product requires adjustment to ensure adequate stability, compatibility and suitability for its intended use (e.g. use of pH buffers, alteration of vehicle, addition of suspending agent, preservative or antioxidant). [ITP]
3 Uses reference sources to modify the formulation in a manner consistent with consumer needs, and professional guidelines and conventions. **[PS/ITP]**	• Locates and interprets standard reference sources (e.g. APF) to correctly identify the nature and/or magnitude of the required adjustment. [PS] • Locates and interprets additional guidance on professional conventions relating to modification of formulations. [PS] • Uses a range of reference sources (e.g. APF, IV additive compatibility and caloric guides) to correctly identify the nature and/or magnitude of the required adjustment. [ITP] • Promptly accesses additional guidance on professional conventions relating to modification of formulations. [ITP]
4 Discusses and confirms required modifications with prescriber and/or consumer as required. **[PS/ITP]**	• Describes situations where legislation or professional conventions require the prescriber (e.g. change in concentration of active ingredient(s)) and/or the consumer (e.g. change in colour, flavour or dose) to be notified of a change. [PS] • Explains and confirms required modifications with the prescriber or consumer. [ITP]
Element 4 – Determine if production requirements can be met [PS/ITP]	
1 Understands the formulation instructions, including preparation methods. **[PS/ITP]**	• Recognises and explains the terminology, abbreviations and instructions for preparing specific products. [PS] • Interprets formulation terminology and abbreviations correctly and follows instructions when preparing specific products. [ITP]
2 Understands issues impacting on stability that are likely to influence preparation technique and selection of final storage container. **[PS/ITP]**	• Locates and describes sources of information on issues impacting on the stability/shelf-life of particular products. [PS] • Describes the effects of moisture, oxygen, light, heat and microbiological contamination on product stability, efficacy and shelf-life. [PS] • Identifies or promptly accesses information on any issues impacting on the stability/shelf-life of particular products and applies this information when preparing specific products to ensure product stability. [ITP]
3 Confirms the active ingredients and excipients required for preparing the product and their suitability for use. **[PS/ITP]**	• Accurately identifies ingredients by trade, generic or common name. [PS] • Differentiates active ingredients from excipients and explains the purpose of each ingredient present in the formulation (e.g. therapeutic agent, vehicle, flavouring and suspending agent, buffer, antioxidant, preservative). [PS] • Describes storage conditions suitable for a range of products. [PS] • Ensures storage conditions for ingredients and materials are optimal for protecting their integrity and quality. [ITP]

Performance Criteria	Examples of Program Expected Outcomes
4 Understands the requirement to assess any risks associated with handling and/or manipulating the product and/or product ingredients. **[PS/ITP]**	• Describes potential sources of risk to personnel, products or to the environment associated with the handling and/or manipulation of product ingredients (e.g. cytotoxic or teratogenic agents, biologicals, strong acids or alkalis). [PS] • Undertakes a risk assessment and identify any sources of risk posed to personnel, the product or the environment (e.g. cytotoxic or teratogenic agents, biologicals, strong acids or alkalis). [ITP] • Describes products that may be prepared at an open manufacturing workstation from those that require aseptic dispensing (e.g. eye drops, injections and instillations). [PS] • Differentiates in the workplace, products that may be prepared at an open manufacturing workstation from those that require aseptic dispensing (e.g. eye drops, injections and instillations). [ITP] • Describes and/or demonstrates safe handling techniques (e.g. order of addition, use of specialised equipment/facilities) for ingredients that are potentially harmful (e.g. strong acids and alkalis, podophyllin, cytotoxic agents). [PS] • Demonstrates in the workplace, safe handling techniques (e.g. order of addition, use of specialised equipment/facilities) for ingredients that are potentially harmful (e.g. strong acids and alkalis, podophyllin, cytotoxic agents). [ITP]
5 Confirms availability and suitability of required equipment/environment. **[PS/ITP]**	• Describes the requirements/environment (e.g. protective equipment such as gloves, goggles, coat, hairnet, cleanroom, blender, heat source, measures and balances) appropriate for the preparation of a range of products (e.g. TPN, cytotoxic agent, extemporaneous product). [PS] • Identifies and uses equipment/environment (e.g. protective equipment such as gloves, goggles, coat, hairnet, cleanroom, blender, heat source, measures and balances) appropriate for the preparation of a specific product. [ITP] • Confirms the required equipment/environment is clean and has been properly maintained (e.g. recalibrated or recertified according to manufacturer's instructions or local policy). [ITP]
Element 5 – Prepare and maintain product documentation [PS/ITP]	
1 nderstands the value of using a worksheet, logbook or register for recording details of prepared products. **[PS]**	• Describes the reasons for completing a product worksheet/logbook/register (e.g. tracking batches of ingredients in the event of a recall, checking of involved personnel, quantities and ingredients in the event of consumer complaint or misadventure).
2 Calculates the required quantities for each of the ingredients in the final product. **[PS/ITP]**	• Accurately calculates (e.g. weight, volumes, percentages, displacement values and aliquots, dilutions) requirements for prepared products. [PS] • In the workplace, accurately calculates (e.g. weight, volumes, percentages, displacement values and aliquots, dilutions) requirements for specific final products. [ITP]
3 Ensures product worksheet, logbook or register is legible, accurate and complete. **[ITP]**	• Demonstrates the use of a worksheet, logbook or register as appropriate to document the details of prepared products, including ingredients and their batch number and expiry dates, compounding process, and expiry date and labelling of the final product. • Recognises calculation errors and/or inconsistencies between the worksheet/logbook/register and master manufacturing sheet or product order/prescription and addresses these errors or inconsistencies.

Performance Criteria	Examples of Program Expected Outcomes
4 Seeks additional information or guidance about any issue of concern or uncertainty before proceeding to preparation of the product. **[PS/ITP]**	• Describes ways in which additional guidance or enhanced certainty can be achieved (e.g. double checking of calculations by another individual, reviewing preparation methods described in master worksheet, use of reference texts to confirm strengths, doses or dilutions). [PS] • Demonstrates ways in which additional guidance or enhanced certainty can be achieved (e.g. double checking of calculations by another individual, reviewing preparation methods described in master worksheet, use of reference texts to confirm strengths, doses or dilutions). [ITP]
5 Applies a systematic process for assigning batch numbers and storing records of prepared products. **[PS/ITP]**	• Describes a system for creating batch numbers and storing and retrieving records of prepared products. [PS] • Demonstrates the use of a system for creating batch numbers and storing and retrieving records of prepared products. [ITP] • Undertakes recording and record storage functions consistent with local policies and procedures. [ITP]
Element 6 – Optimise packaging and labelling [PS/ITP]	
1 Prepares legible, comprehensible and complete final product labels in accordance with worksheet/logbook/register, legislative requirements and professional conventions. **[PS/ITP]**	• Locates, interprets and applies information on legal requirements and professional conventions applicable to the labelling of prepared pharmaceutical products. [PS] • Promptly accesses and applies information on legal requirements and professional conventions applicable to the labelling of prepared pharmaceutical products. [ITP] • Generates accurate, unambiguous and complete labels consistent with the details on the worksheet/logbook/register and with professional conventions and legal requirements (e.g. including name of consumer, name and contact for the pharmacy, strength/amount of active ingredient(s), dosing information, batch number, expiry and storage requirements). [PS] • Generates accurate, unambiguous and complete labels in the workplace for requested products for consumers, consistent with the details on the worksheet/logbook/register and with professional conventions and legal requirements (e.g. including name of consumer, name and contact for the pharmacy, strength/amount of active ingredient(s), dosing information, batch number, expiry and storage requirements). [ITP]
2 Chooses packaging for prepared products that promotes safe use and addresses factors likely to compromise product stability. **[PS/ITP]**	• Describes and/or uses information sources available to identify factors (e.g. light, moisture, temperature, container type) impacting on stability and shelf-life. [PS] • Utilises information sources to identify factors (e.g. light, moisture, temperature, container type) impacting on stability and shelf-life and applies this information to ensure the stability of the requested product. [ITP] • Describes and identifies containers appropriate for the intended use of the product (e.g. dropper bottles for eye and ear drops, Toomey syringe for bladder instillations) and for addressing factors known to impact on product stability/shelf-life (e.g. amber bottles, aluminium foil outer wrapping). [PS] • Chooses containers for requested products in the workplace appropriate for the intended use of the product (e.g. dropper bottles for eye and ear drops, Toomey syringe for bladder instillations) and for addressing factors known to impact on product stability/shelf-life (e.g. amber bottles, aluminium foil outer wrapping). [ITP]

Performance Criteria	Examples of Program Expected Outcomes
3 Applies labels to prepared products to optimise their stability and promote their correct storage and use. **[PS/ITP]**	• Describes additional labelling requirements for specific products that will promote their correct storage and use (e.g. supplementary labels such as 'Shake the bottle', 'Refrigerate' and 'Discard after…..days', or special administration instructions such as 'For intrathecal injection only'). [PS] • Uses additional labelling requirements for specific products that will promote their correct storage and use (e.g. supplementary labels such as 'Shake the bottle', 'Refrigerate' and 'Discard after…..days', or special administration instructions such as 'For intrathecal injection only'). [ITP] • Labels prepared products without obscuring manufacturers' information relevant to the correct storage and/or use of the final product. [ITP]

Standard 5.2 Prepare non-sterile drug products

[Elements of this Standard were revised to be shared between PS and ITP on the basis that the 'nuts and bolts' learning would occur in PS but confirmation/verification of capacity would rest with ITP and involve sign-off by the preceptor]

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

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

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

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Assemble ingredients and materials [PS/ITP]	
1 Selects ingredients of appropriate quality. **[PS/ITP]**	• Identifies ingredients of appropriate quality/standard suitable for inclusion in products intended for human therapeutic use (e.g. pharmaceutical grade, in date, stored according to storage advice on label, visually free of contamination and/or signs of degradation such as colour change, crystallisation or deliquescence). [PS] • Selects and uses ingredients of appropriate quality/standard in products intended for human therapeutic use (e.g. pharmaceutical grade, in date, stored according to storage advice on label, visually free of contamination and/or signs of degradation such as colour change, crystallisation or deliquescence). [ITP]
2 Selects ingredients and equipment accurately. **[PS/ITP]**	• Identifies ingredients (form and strength) and final container that exactly match the descriptions on the worksheet. [PS] • Selects and uses ingredients (form and strength) and final container that exactly match the descriptions on the worksheet when preparing products in the workplace. [ITP]
3 Reduces the potential for other activities and/or materials to impede, cross contaminate or cause error in the preparation process. **[PS/ITP]**	• Describes factors to be considered when choosing a suitable work area for preparing products. [PS] • Organises an area of suitable size in the workplace in which production can proceed in an unimpeded manner so that cross contamination and errors are prevented. [ITP]

Performance Criteria	Examples of Program Expected Outcomes
Element 2 – Apply compounding principles and techniques [PS/ITP]	
1 Measures quantities required according to the worksheet. **[PS/ITP]**	• Accurately weighs and measures ingredients. [PS] • Accurately weighs and measures ingredients according to the worksheet for the requested product. [ITP]
2 Adopts a systematic process for combining ingredients that is consistent with sound pharmaceutical compounding practice. **[PS/ITP]**	• Demonstrates preparation techniques and use of equipment (e.g. grinding, mixing, blending, balances and calibrated measures). [PS] • Demonstrates preparation techniques and use of equipment (e.g. grinding, mixing, blending, balances and calibrated measures) when preparing requested products for consumers. [ITP] • Demonstrates a systematic technique for making a variety of pharmaceutical products (e.g. creams, emulsions, solutions). [ITP]
3 Uses techniques that avoid contamination of the product. **[PS/ITP]**	• Demonstrates technique and personal hygiene measures that limit the opportunities for contamination of the product. [PS] • Demonstrates technique and personal hygiene measures in the workplace that limit the opportunities for contamination of the product. [ITP]

Standard 5.3 Aseptically prepare sterile drug products

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

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

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

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Understand the work environment and work practices [PS]	
1 Understands the operation of a cleanroom environment. **[PS]**	• Describes the function of a cleanroom, including pressure differentials, airflow, use of High Efficiency Particulate Air (HEPA) filters and placement of cabinet and other equipment.
2 Understands the principles of aseptic dispensing in a HEPA filtered horizontal laminar airflow cabinet. **[PS]**	• Describes the basis for use of aseptic dispensing technique in a horizontal laminar air-flow cabinet in a cleanroom. • Differentiates and describes products that require aseptic dispensing to ensure sterility (e.g. TPN, narcotic and antibiotic infusions and injections).
3 Understands the issues important to the selection of correct equipment for aseptically prepared products. **[PS]**	• Discusses issues (e.g. needle gauge, minibag volume, types of plastic infusion bags, luer lock syringes, sterilising and venting filters) relevant to correct selection of equipment for aseptic product preparation.

Standard 5.4 Prepare cytotoxic drug products

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

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

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

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

Standard 5.4 Prepare cytotoxic drug products

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Understand the work environment and work practices [PS]	
1 Understands the importance of preparing cytotoxic drug products in environments and using equipment specifically provided for that purpose. **[PS]**	• Explains the toxic potential of cytotoxic/teratogenic drugs. • Describes how features of the equipment and environment contribute to protection of product, environment and preparer. • Differentiates products requiring preparation in a cleanroom and cytotoxic drug safety cabinet or isolator. • Describes how the specialised techniques used in manipulation of cytotoxic drugs contribute to the protection of the product, environment and preparer.
2 Understands the operation of the cleanroom and cytotoxic drug safety cabinet and/or isolator cabinet. **[PS]**	• Describes the operation of an isolator cabinet and/or the airflow and venting systems of the cleanroom and cabinet (including the way in which the air pressure differentials work and the changes in pressure that occur in the event of the spill alarm system being activated).
3 Understands the safety procedures applicable in the event of a spill or accidental exposure to a cytotoxic drug. **[PS]**	• Describes or demonstrates emergency procedures for a spill or accidental exposure.
4 Understands the principles to be applied for the safe transportation of cytotoxic products and disposal of waste. **[PS]**	• Describes risks posed by cytotoxic products and waste and how correct packaging and disposal reduces the risks.
Element 4 – Protect personal health [PS/ITP]	
1 Understands circumstances that would preclude personal involvement in the preparation of cytotoxic drug products. **[PS/ITP]**	• Describes circumstances which would preclude personal involvement in the preparation of cytotoxic drug products (e.g. pregnancy, immunosuppression). [PS] • Avoids personal involvement in the preparation of cytotoxic drug products (e.g. pregnancy, immunosuppression). [ITP]
2 Reports spill and exposure incidents consistent with local policies and procedures. **[PS/ITP]**	• Describes or accesses policies and procedures for reporting and follow-up of spill and exposure incidents. [PS] • Promptly implements policies and procedures for reporting and follow-up of spill and exposure incidents. [ITP]

Domain 6 Deliver primary and preventive health care

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

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

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

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

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

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

Standard 6.1 Assess primary health care needs

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

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

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

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Elicit relevant clinical information [PS/ITP]	
1 Undertakes consultation with the consumer/carer in a manner that protects their privacy and confidentiality. **[PS/ITP]**	• Describes ways in which consumer privacy and confidentiality may be protected during a clinical consultation. [PS] • Describes circumstances where the consumer's right to receive primary health care services anonymously should be protected. [PS] • Uses a structured 'patient-centred' consultation with the consumer/carer without engendering concern, resistance or other adverse reaction. [ITP] • Clarifies the nature and duration of the symptoms/condition, other associated symptoms or signs, current or recent medications and actions/treatments already used and their effectiveness, asking appropriate questions where the required information is not readily volunteered (e.g. other medical conditions, alcohol intake, smoking history, allergies to any medicines). [PS] • Clarifies the nature and duration of the symptoms/condition, other associated symptoms or signs, current or recent medications and actions/treatments already used and their effectiveness, asking appropriate questions where the required information is not readily volunteered (e.g. other medical conditions, alcohol intake, smoking history, allergies to any medicines) in the workplace. [ITP]
2 Uses the consumer medication record where this is available to confirm health information relevant to the presenting condition/symptoms. **[PS/ITP]**	• Selects information from the consumer medication record that is relevant to the condition or symptoms under consideration. [PS] • Accesses individual consumer's electronic or hard copy medication records to clarify current or recent medication treatment. [ITP] • Uses and records information from the consumer medication record that is relevant to the condition or symptoms under consideration. [ITP]
3 Obtains additional required clinical information from other health professionals and/or information sources (with consumer consent). **[PS/ITP]**	• Describes and justifies additional clinical information required (e.g. concurrent medical conditions, laboratory test results) to form an opinion about the treatment options. [PS] • Identifies and accesses (with consumer consent) sources of clinical information about a consumer other than those available within the pharmacy. [ITP]
Element 2 – Identify management options [PS/ITP]	
1 Assesses the potential seriousness of the presenting symptoms/condition in the context of the clinical information gathered and the particular consumer. **[PS/ITP]**	• Describes clinical circumstances where particular care is needed (e.g. babies or infants, pregnant or breastfeeding women) or onward referral should be considered (e.g. persistent or potentially serious symptoms). [PS] • Integrates and interprets clinical information to identify possible contributing or confounding factors to the health related concern. [ITP]
2 Determines the goal of treatment and considers consumer, drug and dosage form factors likely to impact on treatment options. **[PS/ITP]**	• Describes the intended therapeutic goal or outcome expected (e.g. amelioration or cure of symptoms, prevention of complications). [PS] • Identifies consumer factors (e.g. language, literacy and numeracy skills, manual dexterity) and drug factors (e.g. potential for abuse, complex dosing regimen) that may limit the choice of therapeutic options. [PS] • Identifies factors which may preclude the use of some treatment options (e.g. treatment with warfarin, pregnancy or breastfeeding, allergy to any medicines, disease state, alcohol or illicit drug intake, driving). [PS] • Considers consumer and drug factors and develops a treatment plan. [ITP]

Performance Criteria	Examples of Program Expected Outcomes
3 Identifies possible medicinal and non-medicinal treatment strategies or options. **[PS/ITP]**	• Identifies a range of medicinal and non-medicinal treatment options/strategies, including those for which there may be a relative or absolute contraindication. [PS] • Describes and explains treatment options in terms of coexisting diseases/conditions and current medication treatment regimen, presenting symptoms, their duration and the extent to which previous efforts have been successful. [PS] • Identifies and applies a range of treatment options in line with QUM principles to assist in the management of health conditions in the workplace. [ITP] • Promptly accesses the required information and to describe actions to be taken in the event of accidental or intentional ingestion of toxic doses of medicines or chemicals (including substances of abuse) or exposure to toxic substances. [ITP]
4 Assesses the potential for inappropriate use or abuse of selected medicinal treatments. **[PS/ITP]**	• Describes factors associated with inappropriate use of medications. [PS] • Applies the knowledge to make a decision on whether or not to provide a medicine that has potential for misuse or abuse. [ITP]
5 Considers the need to involve other health professionals or services. **[PS/ITP]**	• Identifies and/or describes circumstances where the intervention of another health professional (e.g. medical practitioner, nurse, physiotherapist, podiatrist, psychologist, optometrist, dentist) would be of benefit. [PS] • Identifies and/or describes circumstances where an immediate rather than a conditional referral to a medical practitioner would be warranted (e.g. failure of therapy, acute deterioration of condition, symptom/condition outside the area of expertise/professional role of a pharmacist). [PS] • Recognises situations where referral to a Poisons Information Centre is indicated and to promptly access the Centre's contact number. [PS] • Refers to Poisons Information Centre or other health professionals when appropriate. [ITP]
Element 3 – Initiate collaboration or onward referral [PS/ITP]	
1 Explains the need to seek advice/assistance from other health professionals where self-care is considered inappropriate. **[PS/ITP]**	• Describes and explains the need for onward referral. [PS] • Gains the consumer's agreement for liaison with and/or referral to a heath practitioner of the consumer's choice without engendering concern or other negative reactions. [ITP]
2 Undertakes onward referral of consumers in a manner consistent with professional standards and conventions. **[PS/ITP]**	• Describes the professional standards and conventions applicable to onward referral of consumers or to promptly access that information. [PS] • Demonstrates the use of a written and/or oral referral process that informs another health professional of the basis for the onward referral, advice or treatment already provided and pharmacist contact details. [ITP]
3 Liaises and/or collaborates with other health professionals to whom consumers have been referred. **[ITP]**	• Describes collaborative efforts with other health professionals for the delivery of primary health care services.
4 Acts to ensure consumers in need of emergency medical care are promptly directed to the most appropriate source of care. **[PS/ITP]**	• Describes and/or promptly accesses information on appropriate lines of referral for medical emergencies (e.g. cardiac arrest, epileptic seizure, asthma attack, poisonings and overdose). [PS] • Promptly refers consumers to most appropriate source of emergency medical care. [ITP]

Standard 6.2 Deliver primary health care

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

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

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

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Ensure the clinical appropriateness of medicines and health care products [PS/ITP]	
1 Establishes whether selected medicines or health care products are suitable for intended use. **[PS/ITP]**	• Describes and explains the clinical need for which a medicine or health care product has been requested or selected. [PS] • Establishes whether a selected product is appropriate for the intended use. [ITP]
2 Assists consumers/carers to make informed choices on the selection of appropriate medicines or health care products. **[PS/ITP]**	• Provides explanation and/or justification for clinical intervention where medicines or health care products may not be appropriate or are contraindicated. [PS] • Provides explanation/justification for advice provided to consumers/carers on medicines or health care product selection. [ITP]
3 Recommends medicines (including dosing regimen and form) or health care products that will satisfy the consumer's need and which are suitable and safe to use. **[PS/ITP]**	• Explains the need for a medicine (including dosing regimen and form) or health care product that will satisfy a consumer's therapeutic need, taking into account health beliefs and preferences. [PS] • Describes the issues relevant to selection of commonly used products (e.g. contact lens solutions, wound care products, pregnancy tests, urine testing tablets/strips, continence pads, compression stockings) and devices/equipment (e.g. glucometers, spirometers, peakflow meters, blood pressure measurement devices, syringes and needles, vaporisers, heat lamps, nebuliser pumps). [PS] • Justifies the choice of recommended medicines or products in terms of consumer factors (e.g. medical conditions/disease states, age, weight, allergies, pregnancy and lactation, other medicines used), drug factors (e.g. bioavailability, palatability, pharmacokinetics, interactions, toxicity) or other factors that are likely to impact on their safety or suitability for use. [ITP]
Element 2 – Promote safe and effective use of medicines and health care products [PS/ITP]	
1 Assesses the consumer's need for information about the selected or recommended medicine or health care product. **[PS/ITP]**	• Describes strategies to assess a consumer's needs for information about a medicine or health care product. [PS] • Asks questions, listens and watches to determine the consumer's level of understanding and their need for additional information or demonstration of technique for use or care. [ITP]

Performance Criteria	Examples of Program Expected Outcomes
2 Provides advice about the selected/recommended medicine or health care product, using written consumer information resources as required for further clarification. **[PS/ITP]**	• Describes the information that would be appropriate for advising the consumer about a medicine or healthcare product, [PS] • Explains in terms appropriate for informing the consumer, about the medicine and its use, the expected outcomes and actions to take should these outcomes not be achieved. [ITP] • Demonstrates the correct use and care of a range of commonly used health care products (e.g. spacers, inhalers, peakflow meters, glucometers and thermometers). [PS] • Demonstrates the correct use and care of a range of commonly used health care products (e.g. spacers, inhalers, peakflow meters, glucometers and thermometers) in the workplace. [ITP] • Uses written information resources (e.g. cautionary and advisory labels, equipment instruction leaflets) to clarify or reinforce advice provided. [ITP]
3 Ensures that the consumer/carer understands how the medicine or health care product is to be used/administered. **[PS/ITP]**	• Demonstrates that the information provided has been understood (e.g. uses questions to confirm understanding, interprets cues that information has not been understood, and restates information in a different way to improve clarity). [PS] • Demonstrates that the information provided has been understood by the consumer in the workplace (e.g. uses questions to confirm understanding, interprets cues that information has not been understood, and restates information in a different way to improve clarity). [ITP] • Checks the consumer's technique for using a recommended health care product, aid or device. [ITP]
4 Works with the consumer/carer to positively impact on the benefits derived from use of a recommended medicine or product. **[PS/ITP]**	• Identifies other factors (e.g. fluid intake, dietary measures, manual handling technique) that may assist the therapeutic actions of medicines or reduce exacerbations of symptoms/conditions. [PS] • Applies information that may impact on the therapeutic action of a medication with the consumer. [ITP]
5 Undertakes follow-up of consumers where indicated to monitor progress and/or outcomes. **[ITP]**	• Applies criteria by which consumers may be selected for follow-up (e.g. anxiety and/or poor capacity to understand medicines or dosing information, further information to be provided or referral to a medical practitioner). • Follows up in a manner that is consistent with consumer expectations and/or consent.
Element 3 – Support non-medicinal management options [PS/ITP]	
1 Explains reasons for advising against the use of medicines. **[PS/ITP]**	• Identifies and describes situations where the use of medicines is either not indicated or is likely to be of limited benefit. [PS] • Explains/justifies decisions for advising against medicines treatment. [PS] • Applies reasoning in advising against the use of medications. [ITP]
2 Recommends non-medicinal interventions or actions to assist management of symptoms/conditions. **[PS/ITP]**	• Identifies and describes non-medicinal actions or interventions that may have a positive impact on the severity, frequency or duration of the symptoms/condition (e.g. dietary and sleeping habits, exercise routines, relaxation techniques, handwashing, coughing and sneezing techniques, alcohol or illicit drug use, or other lifestyle factors). [PS] • Recommends non-medical interventions or actions to assist in the management of symptoms and conditions where appropriate. [ITP]
3 Measures and fits consumers with health care items for individual use. **[PS/ITP]**	• Describes what to measure and how to fit surgical aids or specialised equipment to individual consumers. [PS] • Measures and fits consumers with surgical aids or specialised equipment (e.g. elasticised hosiery, compression stockings, crutches and aids to sports injuries). [ITP]

Performance Criteria	Examples of Program Expected Outcomes
4 Offers suggestions for other possible sources of support or assistance. **[PS/ITP]**	• Describes information on relevant services, organisations or health programs that may offer support or assistance. [PS] • Accesses and uses information on relevant services, organisations or health programs that may offer support or assistance. [ITP]
Element 4 – Provide direct care consistent with the role of a pharmacist [PS/ITP]	
1 Provides treatment for minor injuries. **[PS/ITP]**	• Describes the limitations applicable to pharmacists treating minor injuries, including sprains, cuts, burns, bites and stings. [PS] • Provides treatment for minor injuries according to scope of practice. [ITP]
2 Provides advice on the selection and use of dressings and bandages. **[PS/ITP]**	• Differentiates between the uses of various types of dressings and bandages. [PS] • Demonstrates the correct use of a range of dressings and bandages. [ITP]
3 Applies emergency first aid measures consistent with professional role and expertise. **[ITP]**	• Demonstrates current proficiency in First Aid techniques (e.g. hold a current recognised First Aid Certificate).
4 Observes relevant safety precautions to protect personnel, the consumer and the environment. **[PS/ITP]**	• Describes the purpose and application of universal precautions in the event of exposure to blood or other body fluids (e.g. use of gloves, washing hands, minimising exposure, cleaning of contaminated work areas, methods of destruction of contaminated waste). [PS] • Describes circumstances where prompt onward referral of the consumer is warranted (e.g.in the event of anaphylaxis or other acute deterioration of condition). [PS] • Describes and complies with systems in the workplace used to facilitate prompt onward referral and/or transport. [ITP]
Element 5 – Manage records for primary health care services [PS/ITP]	
1 Ensures primary health care services, including progress and/or outcomes, are recorded accurately in the consumer medication record consistent with legislative requirements and professional standards and conventions. **[PS/ITP]**	• Describes or promptly accesses information on legal and professional requirements for updating the consumer medication record. [PS] • Describes a system of documentation that captures details of the primary health care service provided, including advice, recommendations, actions and interventions and progress or health outcomes achieved. [PS] • Demonstrates compliance with legal and professional requirements for recording primary health care services. [ITP]

Standard 6.3 Contribute to public and preventive health

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

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

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Understand public health issues [PS/ITP]	
1 Understands public health priorities and the basis of action for prevention and early detection initiatives. **[PS/ITP]**	• Identifies and explains diseases that are priority areas for action in the Australian community (e.g. asthma, diabetes, heart disease, arthritis, drug (including nicotine) and alcohol addiction, mental health problems and cancer). [PS] • Describes and explains the basis for the public health education strategies/campaigns directed at disease prevention (e.g. immunisation for prevention of childhood diseases, prevention of chlamydia and other sexually transmissible diseases, needle and syringe exchange program and the prevention of hepatitis B and C). [PS] • Promotes in the workplace the application and/or availability of screening programs in the Australian community (e.g. screening for cervical, bowel, testicular, prostate and breast cancer, diabetes, heart disease, sexually transmissible diseases, glaucoma and hypertension). [ITP]
2 Understands and promotes the role of pharmacists in health promotion. **[PS/ITP]**	• Describes and explains the role of pharmacists in health promotion, including their role in supporting healthy lifestyle choices. [PS] • Takes shared responsibility for health promotion activities within the workplace. [ITP]
3 Understands the role of risk factors in influencing the incidence and/or severity of common diseases. **[PS/ITP]**	• Identifies the role of risk factors (e.g. hypertension, smoking, obesity, dietary, illicit drug and alcohol intake habits, excessive sun exposure, unprotected sex) in contributing to an increased incidence and/or severity of disease. [PS] • Takes shared responsibility for addressing risk factors for common diseases within the workplace. [ITP]
4 Understands the health infrastructure that exists for providing preventive health* information and advice. **[PS/ITP]**	• Describes the preventive health services and information provided by organisations (e.g. Diabetes Australia, National Asthma Council, National Heart Foundation, The Gut Foundation, beyondblue, Alcohol and Drug Foundation, Safe Work Australia) for individuals or groups within the community. [PS] • Applies the information from organisations to assist in delivering preventive health services and/or advice. [ITP]
Element 2 – Promote the health of consumers [PS/ITP]	
1 Participates in evidence-based public health campaigns, including health screening programs, consistent with the role a pharmacist. **[ITP]**	• Provides clear and consistent messages (with the support of program materials) relevant to public health campaigns (e.g. harm reduction programs such as needle and syringe exchange and return of unwanted medicines). • Describes or promptly accesses information on expected professional standards and conventions and current clinical guidelines for screening for disease. • Performs screening tests (e.g. blood pressure, blood glucose, blood cholesterol) according to professional conventions and standards and to interpret results according to current and authoritative clinical guidelines.
2 Undertakes analysis to identify health promotion issues of interest or concern. **[PS/ITP]**	• Describes the approach used to identify a health promotion issue, the target audience and the strategy to be applied. [PS] • Identifies and addresses health promotion issues within the workplace [ITP]

Performance Criteria	Examples of Program Expected Outcomes
Element 3 – Support consumer health literacy and self-management [PS/ITP]	
1 Encourages and supports consumers to enhance their health literacy*. **[PS/ITP]**	• Discusses and explains a partnership approach with consumers for building health literacy. [PS] • Discusses options for enhancing consumer access to reliable resources and information for maintaining health and wellness. [PS] • Discusses the importance of providing consumers with effective and relevant choices for maintaining their health. [PS] • Addresses health literacy concerns within the workplace. [ITP]
2 Identifies consumers likely to benefit from provision of specific health and lifestyle advice. **[PS/ITP]**	• Explains the behaviours that reflect readiness to respond to preventive health advice. [PS] • Describes consumer groups likely to benefit from targeted educational advice. [PS] • Identifies and supports consumers likely to benefit from targeted educational advice. [ITP]
3 Delivers responsible, consistent, evidence-based advice to consumers about the potential benefits of preventive health activities. **[PS/ITP]**	• Identifies relevant evidence-based preventive health/lifestyle advice (e.g. diet, smoking cessation, reduction of drug or alcohol intake, protected sex, use of fish oils, exercise) to consumers without engendering resistance or other adverse reaction. [PS] • Uses relevant evidence-based preventive health/lifestyle advice (e.g. diet, smoking cessation, reduction of drug or alcohol intake, protected sex, exercise) to consumers without engendering resistance or other adverse reaction. [ITP] • Provides information and advice in a form, format and language that promotes understanding. [ITP] • Reinforces preventive health messages in a manner consistent with that provided to consumers by other members of the health care team. [ITP] • Uses electronic aids (e.g. PowerPoint presentation, electronic mail, web site, social networking media) and/or print materials (e.g. newsletters, posters, brochures) to support the delivery of public health information. [ITP]
4 Confirms consumers' understanding of risk factors and strategies for reducing the risk of disease. **[PS/ITP]**	• Asks questions and seeks feedback to assess consumer understanding. [PS] • Modifies the form, format and/or language used to deliver information and advice to enhance understanding. [ITP]
5 Supports and reinforces consumers' efforts at self-management of their risk factors for disease. **[ITP]**	• Describes and/or demonstrates the use of a system for follow-up of consumers counselled about the need to modify their risk factor exposure. • Discusses strategies proven to be effective in motivating consumers to continue with preventive health activities/lifestyle choices.

Domain 7 Promote and contribute to optimal use of medicines

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

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

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

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

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

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

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

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

Standard 7.1 Contribute to therapeutic decision-making

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

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

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

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

improving the health and wellbeing of consumers while also protecting consumer privacy and confidentiality.

Standard 7.1 Contribute to therapeutic decision-making

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Obtain accurate medication history[PS/ITP]	
1 Accesses and reviews the consumer's medication records or notes with consumer consent. **[PS/ITP]**	• Describes and explains medical terminology and medical abbreviations. [PS] • Explains the need to obtain consumer consent. [PS] • Describes and justifies relevant sources of consumer medication information. [PS] • Accesses and uses relevant information from the consumer's electronic and/or hard copy medication record and/or notes. [ITP]
2 Obtains additional relevant clinical information through consultation with consumers and/or carers or other health professionals (with consumer consent). **[PS/ITP]**	• Describes and justifies additional information requirements (e.g. non-prescription and complementary and alternative medicines, illicit drug use) and appropriate sources of information. [PS] • Demonstrates an ability to effectively communicate with consumers and/or carers, including those where sensitivity to cultural issues must be observed (e.g. Indigenous Australians, migrants) or special communication needs exist (e.g. physical or cognitive impairment). [PS] • Obtains and uses additional relevant information regarding all current medications (including complementary and alternative medicines) and assesses current medication management through consultation with the consumer/carer. [ITP]
3 Uses relevant information sources to clarify or confirm information or meet additional information needs. **[PS/ITP]**	• Identifies and describes appropriate sources of information to perform a complete medication history. [PS] • Describes actions that may be taken in the event that discrepancies or gaps are evident in the medication history. [PS] • Identifies and uses selected information sources having considered the value and limitations of the resource for the completion of a medication history. [ITP]
4 Creates an accurate and complete medication history. **[PS/ITP]**	• Describes the type of information needed in a consumer medication history before a reliable medication management assessment can be made. [PS] • Applies the information gathered from appropriate information sources to create an accurate and complete medication history. [ITP]
Element 2 – Assess current medication management [PS/ITP]	
1 Understands the purpose of assessing current medication management. **[PS/ITP]**	• Identifies and justifies the purpose of assessment of medication management to the goals of QUM. [PS] • Identifies and justifies the types of issues in assessing medication management that impact on achievement of QUM. [ITP]
2 Accesses or develops and uses tools and resources that assist the assessment of medication management. **[PS/ITP]**	• Identifies and justifies existing tools (e.g. template record sheets) that will facilitate assessment of medication management. [PS] • Uses selected information resources or develops additional resources to undertake assessment of medication management. [ITP]
3 Understands the pathophysiology and required monitoring of the consumer's medical conditions/diseases. **[PS/ITP]**	• Describes the nature and progression of diseases/medical conditions and the associated signs and symptoms commonly experienced. [PS] • Describes the relevance/usefulness/importance of monitoring (e.g. blood glucose, blood pressure, peak expiratory air flow) for assessing disease progression and control, and outcomes from management. [PS] • Describes the laboratory tests and investigations used to monitor the disease/condition and/or its progression. [PS] • Identifies and integrates knowledge about the consumer's medical conditions/diseases into relevant required monitoring. [ITP]

Performance Criteria	Examples of Program Expected Outcomes
4 Understands the pharmacological and/or therapeutic basis for the use of medicines and the therapeutic goals to be achieved. **[PS]**	• Describes and justifies the medication treatment regimen in terms of the pharmacological actions and therapeutic uses of the medicines and the consumer's medical conditions/diseases. • Describes the therapeutic goals to be achieved from medication treatment.
5 Evaluates the significance of laboratory tests and investigations to the current medication treatment regimen. **[PS/ITP]**	• Describes and justifies the clinical relevance to medication treatment of laboratory tests and investigations (e.g. renal or liver function, serum electrolytes, full blood count, serum drug level, International Normalised Ratio (INR)) that are outside the normal or desired range. [PS] • Uses and interprets laboratory tests and investigations (e.g. renal or liver function, serum electrolytes, full blood count, serum drug level) that are outside the normal or desired range to assess the clinical significance to medication treatment. [ITP]
6 Considers the appropriateness of the current medication treatment regimen in the context of consumer and drug factors. **[PS/ITP]**	• Describes consumer factors (e.g. medical conditions/disease states, age, weight, allergies, pregnancy and lactation, alcohol or illicit drug intake) and drug factors (e.g. bioavailability, palatability, pharmacokinetics, efficacy, toxicity and interactions) that are likely to impact on the efficacy or safety of treatment. [PS] • Describes the appropriateness of the current treatment regimen (medicine, dose, dosage form, methods of administration, frequency and duration of dosing), taking into account relevant consumer and drug factors. [PS] • Identifies consumer factors (e.g. medical conditions/disease states, age, weight, allergies, pregnancy and lactation, alcohol or illicit drug intake) and drug factors (e.g. bioavailability, palatability, pharmacokinetics, efficacy, toxicity and interactions) that are likely to impact on the efficacy or safety of treatment. [ITP] • Identifies and addresses the appropriateness of the current treatment regimen (medicine, dose, dosage form, methods of administration, frequency and duration of dosing), taking into account relevant consumer and drug factors. [ITP]
7 Identifies clinically significant potential or actual medication-related problems in the current medication treatment regimen. **[PS/ITP]**	• Describes clinically significant potential or actual medication-related problems in the current medication treatment (e.g. interactions, relative or absolute contraindications, incompatibilities, allergies, adverse drug reactions* (ADRs)). [PS] • Identifies clinically significant potential or actual medication-related problems in the current medication treatment (e.g. interactions, relative or absolute contraindications, incompatibilities, allergies, risk of falls, potential for abuse, ADRs). [ITP] • Uses professional judgement to determine whether the consumer is experiencing unintended effects on daily activities from the current medication treatment. [ITP]
8 Identifies factors likely to adversely affect adherence to intended medication treatment regimen. **[PS/ITP]**	• Describes consumer and lifestyle factors or features of the medications or medication treatment regimen that are likely to adversely impact on a consumer's ability to manage their medicines (e.g. language, literacy and numeracy skills, manual dexterity, vision, racial, religious and cultural background, dosing regimen, mental health, memory problems, side-effect profile and cost). [PS] • Demonstrates an ability to effectively communicate with consumers to identify the potential for accidental or deliberate misuse of medicines. [ITP]

Performance Criteria	Examples of Program Expected Outcomes
9 Applies evidence-based resources, treatment guidelines or protocols to assess the medication treatment regimen. **[PS/ITP]**	• Describes research, consensus or best practice treatment guidelines or institutional treatment protocols for specific conditions (e.g. diabetes, arthritis, asthma, atrial fibrillation, hypertension, infectious diseases, substance abuse, depression, menopause, osteoporosis) or areas of practice (e.g. gerontology, cardiology, oncology, endocrinology, psychiatry, paediatrics, ophthalmology or neonatology) that can be used to inform decisions about medication treatment regimens. [PS] • Identifies situations where a change in therapy consistent with evidence-based guidelines would be beneficial to an individual consumer. [ITP]
10 Uses professional judgment to determine whether changes in the medication treatment regimen are warranted in the interests of improved safety or efficacy. **[PS/ITP]**	• Describes and justifies changes in therapy, dosage form or dosing regimen that are thought appropriate for improving safety or efficacy of medicine use. [PS] • Describes the types of circumstances that may warrant discontinuation or change of treatment (e.g. duplication of medicines, absence of indication for continuing use, ineffective for control of symptoms or meeting therapeutic goals, contraindications exist, ADRs experienced). [PS] • Uses professional judgement to inform decisions about medication treatment regimens which integrate relevant research, consensus or best practice treatment guidelines or institutional treatment protocols for specific conditions (e.g. diabetes, arthritis or asthma) or areas of practice (e.g. gerontology, cardiology, oncology, endocrinology, psychiatry, paediatrics or neonatology). [ITP]
Element 3 – Recommend change in medication management [PS/ITP]	
1 Assesses treatment options and formulates evidence-based recommendations for changes to medication management that, where appropriate, are informed by laboratory tests or investigations. **[PS/ITP]**	• Identifies appropriate treatment options in accord with QUM principles. [PS] • Calculates the optimal dose for an individual where a dosage adjustment factor exists (e.g. weight, renal function, drug level, INR, body surface area). [PS] • Identifies differences that arise between treatment options based on drug-related factors (e.g. efficacy, safety, dosage form, dosing regimen and cost), factors relevant to the individual consumer, and goals of therapy. [ITP] • Develops a plan for addressing the key medication-related issues identified. [ITP]
2 Prioritises the care needs of consumers. **[PS/ITP]**	• Explains and justifies in terms of consumer safety, benefit, cost or other criteria the identified priority order of consumer care needs. [PS] • Recognises and demonstrates how to prioritise circumstances where immediate intervention on behalf of the consumer is warranted. [ITP]
3 Communicates recommendations to the consumer/carer, prescribers, other health professionals/facility personnel as appropriate. **[PS/ITP]**	• Describes and justifies the rationale behind recommended changes to medication management in written (e.g. a formal report to a medical practitioner) and/or verbal (e.g. a case conference) form. [PS] • Communicates recommendations for changes in medication management in a way that recognises the needs of the consumer/carer and minimises the potential for miscommunication and consumer concern which may result in poor health outcomes. [ITP] • Communicates information accurately, concisely and confidently using the appropriate communication medium for the circumstance which may be verbally and/or in writing. [ITP] • Communicates with the prescriber or other health professional in a respectful manner. [ITP]

Performance Criteria	Examples of Program Expected Outcomes
4 Supports continuity of care through documentation of clinical interventions and recommendations. **[PS/ITP]**	• Describes and justifies how to accurately and succinctly document the nature of the intervention and/or recommendation in the consumer's medication record and/or notes. [PS] • Demonstrates accurate and succinct documentation of any intervention and/or recommendation in the consumer's medication record and/or notes. [ITP] • Integrates recommendations that have been accepted as part of the continuing plan for use or management of medicines into the medication management plan. [ITP]
5 Evaluates the effectiveness of their medication management recommendations in achieving QUM. **[PS/ITP]**	• Describes and justifies ways in which their contribution to the achievement of QUM might be evaluated. [PS] • Responds to feedback on the effectiveness of their medication management recommendations and integrates/amends medication management recommendations in accord with evaluation of effectiveness. [ITP]
Element 4 – Support and assist consumer self-management [PS/ITP]	
1 Provide medicines and health information in a manner that assists consumer/carer understanding of their medical condition and/or medication treatment. **[PS/ITP]**	• Provides consumers concise and accurate verbal and/or written health and medicines information relevant to their condition and its treatment (e.g. the nature of the condition and/or treatment, precautions, and adverse effects). [PS] • Describes and justifies how to ascertain consumer understanding and modify language, form or format of information to enhance understanding. [PS] • Demonstrates an understanding of consumer needs and communicates in an effective manner to provide medicines and health information to meet the needs of the consumer. [ITP]
2 Initiates action, in consultation with prescribers, other health professionals/facility personnel and/or consumers/carers, to address issues impacting on adherence. **[PS/ITP]**	• Uses appropriate communication to identify and discuss with consumers changes to medication management that may enhance adherence to optimal treatment or treatment regimen. [PS] • Communicates with consumers to maintain an up-to-date record of current medication treatment, including complementary and alternative medicines. [ITP] • Recognises when a DAA, administration device (e.g. an inhaler spacer), modified dosage form or similar intervention may assist therapy. [ITP] • Initiates communication with prescribers and other health professionals, as appropriate, to advise of issues which are impacting on medicine adherence and suggest management options such as a DAA. [ITP]
3 Works with consumers/carers, and other health professionals/facility personnel where required, to support and assist lifestyle changes likely to improve health outcomes. **[PS/ITP]**	• Describes and provides advice on lifestyle changes (e.g. cessation of smoking, changes to dietary and exercise habits, reduction of alcohol or other drug intake, sleeping habits, relaxation techniques) that may contribute to improved health and well being. [PS] • Identifies relevant information and support services to assist specific desired lifestyle changes and integrates into practice in the workplace. [ITP]

Standard 7.2 Provide ongoing medication management

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

Much of the follow-up and ongoing care provided by pharmacists will be undertaken within a collaborative health care team where the medication management plan is a key instrument for guiding the ongoing use or management of medicines. Within the team pharmacists are expected to take a leading role in promoting optimal medication treatment by identifying

and addressing medication management issues through sequential assessment processes. Consumer follow-up that includes observations by both the pharmacist and the consumer provides the opportunity for pharmacists to make an ongoing contribution to medication management.

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

Standard 7.2 Provide ongoing medication management

Performance Criteria	**Examples of Program Expected Outcomes**
Element 1 – Seek consumer support [PS/ITP]	
1 Identifies consumers in need of follow-up. **[PS/ITP]**	• Describes and justifies the criteria used to identify consumers requiring follow-up (e.g. referral to a GP, high risk consumer group, condition or treatment, consumer disability impacting on self-management capability). [PS] • Identifies consumers requiring follow-up (e.g. referral to a GP, high risk consumer group, condition or treatment, consumer disability impacting on self-management capability). [ITP]
2 Seeks commitment from the consumer/carer for planned monitoring and care. **[ITP]**	• Acknowledges the rights of the consumer to choose whether they participate in or receive recommended health services. • Communicates effectively with consumer and/or carer to clearly explain the reasons for and potential benefits of a medication care plan and ongoing monitoring and care. • Ensures and confirms the consumer/carer understands the reason or need for ongoing monitoring and care under a medication management plan. • Uses appropriate communication and gains consumer consent and co-operation for medication management plan development and follow-up.
3 Works with the consumer/carer and other members of the health care team to establish therapeutic goals and formulate a medication management plan consistent with professional standards and conventions. **[ITP]**	• Works with the consumer/carer and members of the health care team to clarify or establish treatment goals. • Promptly accesses relevant professional practice guidelines and standards. • Structures a medication management plan that clarifies the responsibilities of each contributing member of the health care team, the timing and nature of agreed follow-up, and provides for recording progress and/or outcomes of treatment, including those associated with medication management recommendations.
Element 2 – Review clinical progress [PS/ITP]	
1 Confirms that medications can be administered as intended. **[PS/ITP]**	• Describes and justifies the information required about dosing schedule and administration technique to assess and confirm that the consumer and/or carer or other responsible persons (e.g. personnel in RACHs) are able to correctly administer required medicines and manage the medication treatment regimen. [PS] • Demonstrates effective communication and obtains information required about dosing schedule and administration technique to assess and confirm that the consumer and/or carer or other responsible persons (e.g. personnel in RACHs) are able to correctly administer required medicines and manage the medication treatment regimen. [ITP]

Performance Criteria	Examples of Program Expected Outcomes
2 Investigates whether undesirable or unintended clinical effects may be related to medication treatment. **[PS/ITP]**	• Describes adverse drug events and ADRs that are commonly encountered, or how to access information promptly to inform whether a clinical effect may be drug-related. [PS] • Describe medication safety resources and the concepts underpinning medication safety. [PS] • Describes signs of toxicity that may arise from overuse or overdose and cites appropriate resources to access further information. [PS] • Recognises signs of toxicity from overuse or overdose and promptly accesses appropriate resources for further information. [ITP] • Elicits information to assess any temporal relationship between medication use and onset of undesirable clinical effect(s) from consumer records, the consumer and/or carer and other health professionals as required. [ITP] • Uses research and analytical skills to establish a possible cause and effect relationship between the medications and the observed undesirable effect. [ITP]
3 Records and/or reports, as appropriate, suspected or confirmed ADRs, sensitivities or allergies. **[PS/ITP]**	• Describes and justifies the use of a systematic process for documenting suspected or actual ADRs, sensitivities and allergies in the consumer's medication record, notes and/or medication management plan. [PS] • Describes how to accurately complete a standardised ADR report form (e.g. institutional report form or Advisory Committee on the Safety of Medicines (ACSOM) report form of the TGA). [PS] • Uses a systematic process for documenting suspected or actual ADRs, sensitivities or allergies in the consumer's medication record, notes and/or medication management plan. [ITP] • Accurately completes a standardised ADR report form (e.g. institutional report form or ACSOM report form of the TGA). [ITP]
Element 3 – Initiate monitoring and intervention [PS/ITP]	
1 Clarifies and reinforces consumers' understanding of the medical condition, required monitoring and/or medication treatment. **[PS/ITP]**	• Describes how to clarify the consumer's level of understanding of their condition required monitoring and/or treatment regimen and their desire for further information through consultation with the consumer. [PS] • Uses appropriate communication (including reflective communication skills) and ascertains the consumer's desire for further information through provision of concise, accurate and relevant verbal and/or written health and medicines information. [ITP]
2 Participates in assessment of whether medication treatment is achieving therapeutic goals/outcomes. **[PS/ITP]**	• Describes the therapeutic goals for consumers whose treatment is being monitored (e.g. desired INR, blood glucose, cholesterol or blood pressure reading). [PS] • Collaborates with the consumer and other health professionals in the workplace to share information relevant to assessment of whether treatment is achieving therapeutic goals. [ITP] • Assists in monitoring disease control or medication treatment (e.g. measurement of INR, blood glucose levels, peak expiratory air flow, blood pressure monitoring). [ITP]
3 Recommends therapeutic drug monitoring* (TDM) where indicated. **[PS/ITP]**	• Describes and justifies when TDM is indicated. [PS] • Describes and justifies the purpose (e.g. relationship between plasma level and therapeutic and toxic effects) and factors important to the process of TDM (e.g. timing, achievement of steady state, effect of loading doses). [PS] • Recommends TDM in the workplace when it is indicated. [ITP]

Performance Criteria	Examples of Program Expected Outcomes
4 Collaborates with the consumer/carer and other health professionals to improve medication management, taking account of test/investigation results, therapeutic goals and clinical progress or outcomes. **[ITP]**	• Uses clinical judgment to identify medication management issues impacting on the effectiveness or safety of medication treatment and collaborates with the consumer/carer and other health professionals to improve medication management. • Applies problem-solving skills and identifies actions or strategies for improving medication management (e.g. advice on dose or dosing regimen, DAA or other administration device, options for management of ADRs or signs of toxicity).
5 Uses onward referral to ensure consumers have access to required expertise. **[PS/ITP]**	• Describes and justifies circumstances where onward referral is indicated. [PS] • Identifies circumstances where referral is indicated and communicates effectively with the consumer/carer the reasons for onward referral. [ITP] • Completes and effectively communicates verbally and/or in writing a referral to another health professional that contains, at least, the date, reason for the referral, actions/treatments already provided and contact details for the referring pharmacist. [ITP]
Element 4 – Manage medication management records [PS/ITP]	
1 Maintains current and accurate consumer medication histories and/or medication management plans consistent with professional standards and conventions. **[PS/ITP]**	• Describes and justifies processes which comply with relevant professional conventions and standards with regards to medication histories and/or medication management plans. [PS] • Maintains accurate and up-to-date medication histories and/or medication management plans in the workplace in accord with professional standards. [ITP] • Accurately documents relevant outcomes of any medication management recommendations. [ITP]
2 Maintains medication management records in a manner that ensures confidentiality and continuity of care. **[PS/ITP]**	• Describes and justifies the storage requirements that allow medication histories/ medication management plans to be retrieved by authorised personnel in accord with professional standards. [PS] • Demonstrates in the workplace the use of a secure storage and retrieval system for medication histories/ medication management plans that are in accord with professional standards and includes a system of 'flagging' where consumer follow-up is intended or has occurred. [ITP]

Standard 7.3 Influence patterns of medicine use

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

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

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

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

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Understand the basis for investigating patterns of medicine use [PS]	
1 Understands the importance of promoting adherence to established criteria/standards for medicine use. **[PS]**	• Describes and justifies the benefits of medicine use that is consistent with evidence-based guidelines. • Describes the place of reflective learning in the processes to review medicine use.
2 Understands the application of formal processes to review medicine use (e.g. DUE, clinical audit, academic detailing) for improving patterns of medicine use. **[PS]**	• Describes and justifies key features of formal review processes such as DUE and clinical audit.
Element 2 – Review patterns of medicine use [PS/ITP]	
1 Develops an awareness of patterns of medicine use in their area of practice or in selected consumer populations. **[ITP]**	• Describes and justifies methods available to monitor patterns of medicine use in their area of practice or in selected consumer populations. • Describes and justifies methods to maintain and interpret data relevant to understanding existing and evolving patterns of medicine use.
2 Identifies situations where improvements in medicine use can or should be achieved through a formal review of medicine use. **[ITP]**	• Describes and justifies circumstances when a medicine use review should be undertaken to generate information that has the potential to improve patterns of medicine use.
3 Accesses clinical or research literature needed to support the conduct of a review of medicine use. **[PS/ITP]**	• Demonstrates how to undertake a systematic search strategy to identify relevant clinical information that is needed to establish audit criteria or standards. [PS] • Uses relevant evidence-based guidelines and established standards and criteria (e.g. specialised institutional protocols, or consensus or best practice guidelines such as those released by National Health and Medical Research Council (NHMRC) and National Heart Foundation) and/or evidence informed DUEs (e.g. NPS Clinical Audits) to conduct medicine use reviews. [ITP]
Element 3 – Promote improvement in patterns of medicine use [PS/ITP]	
1 Contributes to information on the frequency and nature of ADRs associated with medicine use. **[PS/ITP]**	• Describes formal ADR reporting systems in Australia (e.g. institutional reporting systems or report to the ACSOM). [PS] • Demonstrates how to contribute a formal ADR report to the ACSOM. [ITP]

Domain 8 Critical analysis, research and education

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

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

Standard 8.1 Retrieve, analyse and synthesise information

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

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

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

Standard 8.1 Retrieve, analyse and synthesise information

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Manage information resources and systems [PS/ITP]	
1 Ensures information resources are sufficient and appropriate for the types of information usually requested/provided. **[PS/ITP]**	• Evaluates information resources for accuracy and evidence-base. [PS] • Evaluates the adequacy (e.g. relevant, current, accurate, evidence-based) of accessible information resources. [ITP]
Element 2 – Retrieve information [PS/ITP]	
1 Clarifies the nature and urgency of the required information. **[PS/ITP]**	• Establishes required information needs. [PS] • Describes the nature, level of complexity and form in which information is required. [PS] • Establishes the urgency with which information is required. [ITP]
2 Considers the adequacy of available information resources for meeting information needs. **[PS]**	• Differentiates types of information resources (e.g. advertorial/promotional materials, objective/independent reference texts, peer-reviewed journal articles/research papers) on the basis of their quality, suitability and reliability. • Discusses the scope and usefulness (applications and limitations) of a range of information resources, including indexing and abstracting services and electronic database.

Performance Criteria	Examples of Program Expected Outcomes
3 Accesses additional information sources where those in the workplace are found to be inadequate. **[PS/ITP]**	• Identifies circumstances where available information resources are inadequate for responding to information needs. [PS] • Selects and justifies the choice of other information sources (e.g. drug information centres, pharmaceutical manufacturers, specialist medical practitioners, schools of pharmacy or other pharmacists) for meeting information needs. [ITP]
4 Selects relevant information/literature from a variety of resources, including electronic databases. **[PS/ITP]**	• Demonstrates the use of a variety of electronic and hard copy resources to retrieve relevant information/literature. [PS] • Selects and justifies the selection of material considered relevant for satisfying information needs. [PS] • Selects and justifies the selection of material considered relevant for satisfying information needs in the workplace. [ITP]
Element 3 – Review and analyse information [PS/ITP]	
1 Understands basic concepts and terminologies required to critically analyse clinical information. **[PS]**	• Describes the differences between 'levels of evidence' that apply to clinical research such as those applied by the NHMRC (e.g. Level II – well designed randomised controlled trial (RCT), Level IV – case series). • Explains the meaning of statistical terms and/or methods commonly used in scientific/medical literature (e.g. relative and absolute risk, statistical significance, confidence intervals (CI), number needed to treat (NNT), cost-effectiveness and cost-benefit analysis).
2 Establishes the extent to which confidence may be placed in the content of clinical papers. **[PS/ITP]**	• Evaluates the quality and reliability of information in primary sources (e.g. RCT in peer-reviewed journal versus unreferenced statement). [PS] • Evaluates the validity of methods used (e.g. avoidance of bias, sampling methods, inclusion/exclusion criteria, use of surrogate markers). [PS] • Explains the clinical significance of new primary source information. [PS] • Explains the likely impact on medicine use of new primary sources information. [ITP]
3 Understands and interprets the retrieved information. **[PS]**	• Explains the content of clinical papers, including those relating to comparative efficacy and safety of medicines, cost effectiveness and the pharmacokinetics of different dosage forms.
Element 4 – Synthesise information [PS/ITP]	
1 Applies a standardised referencing technique to link information to the evidence base. **[PS]**	• Produces a fully referenced information summary and use a referencing technique of the type used in scientific writing (e.g. the Vancouver System).
2 Explains the evidence base underpinning the response clearly and concisely. **[PS/ITP]**	• Discusses the evidence-based content of the response making reference, where appropriate, to the request/information need, presenting circumstances and consumer or drug factors. [PS] • Synthesises findings of clinical papers, including those relating to comparative efficacy and safety of medicines, cost effectiveness and the pharmacokinetics of different dosage forms. [ITP] • Synthesises the evidence-based content of the response making reference, where appropriate, to the request/information need, presenting circumstances and consumer or drug factors. [ITP]

Standard 8.2 Engage in health, medicines or pharmacy practice research

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

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

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

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

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

Standard 8.2 Engage in health, medicines or pharmacy practice research

Performance Criteria	Examples of Program Expected Outcomes
Element 1 – Understand research principles and concepts [PS]	
1 Understands research ethics and methods and key issues impacting on the design of research protocols. **[PS]**	• Discusses ethical principles relevant to undertaking research (e.g. avoidance of conflict of interest, respect of participating individuals, maintenance of integrity and beneficence). • Describes key factors to be considered in the design of research protocols (e.g. sample size, duration, inclusion and exclusion criteria, avoidance of bias, analysis technique). • Describes the differences in core features of common research methods (e.g. case control study, cohort study, RCT, qualitative research methods).
2 Understands statistical terms and techniques used to analyse research data. **[PS]**	• Describes statistical terms and techniques (e.g. t-test, p-value, confidence intervals, regression analysis). • Discusses how statistical issues (e.g. sample size) impact on research design. • Describes key economic concepts such as cost-effectiveness and cost benefit.
Element 3 – Disseminate and apply findings [PS/ITP]	
1 Integrate research evidence into professional practice. **[PS/ITP]**	• Describes and justifies required adjustments to workplace systems or practices in response to research findings. [PS] • Demonstrates the application of research evidence into systems or policies and procedures. [ITP] • Describes practice changes initiated as a result of application of research evidence. [ITP]

Appendix 1 Abbreviations

The following abbreviations have been used in this publication.

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

Appendix 2 Glossary

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

Term	Definition	Source
Academic detailing	A non-commercial educational strategy where a trained person meets one-on-one with a health professional in their practice setting to provide evidence-based information with the intent of changing their practice to support and enhance judicious and cost-effective decision-making.	1
Accountability	Being answerable for one's actions, and the roles and responsibilities inherent in one's job or position. Accountability cannot be delegated.	2
Adherence	A qualitative measure of the extent to which a consumer's behaviour corresponds with recommendations agreed with a health care professional, ideally through a concordant approach. This can include accidental non-compliance (e.g. forgetting, misunderstanding directions).	2
Adverse drug reaction	Any response to a drug that is noxious and unintended, and that occurs at doses normally used in man for prophylaxis, for diagnosis or therapy for disease, or for modification of physiological function.	3
Carer	Anyone responsible for, or taking part in, the provision of care for another person (including parents, guardians or care workers). Carers may be formal or informal. A care worker is a paid worker with a title such as carer, aboriginal health worker, assistant in nursing, personal care assistant, HACC (Home and Community Care) worker.	2
Clinical audit	A quality improvement process that seeks to improve consumer care and outcomes through a systematic review of care against explicit criteria, identification of required actions for improvement, and the implementation of those actions. Aspects of the structure, processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated, changes are implemented at an individual, team, or service level and further monitoring is used to confirm improvement in healthcare delivery.	4
Clinical pharmacy practice	The practice of pharmacy as part of a multidisciplinary healthcare team directed at achieving QUM.	5
Collaboration	In the context of medication management, collaboration is a process whereby consumers and health care providers share their expertise and take responsibility for decision making. Accomplishing collaboration requires that individuals understand and appreciate what it is they, and others, contribute to the 'whole'.	2
Consent	Permission granted voluntarily by a consumer or individual who has been adequately informed and has the capacity to understand, provide and communicate their consent.	6
Consumer	A person who uses or is a potential user of health services, including their family and carers.	2
Counselling	A two-way communication process between the pharmacist and the consumer in which the pharmacist ascertains the needs of the consumer and provides him or her with the information required to safely and effectively administer medicines and/or use therapeutic devices.	7
Cytotoxic (drug)	Medicines used primarily in the treatment of cancer. They have deleterious effects upon cells and many have been found to be mutagenic, teratogenic and carcinogenic.	7
Drug use evaluation	An authorised, structured, ongoing system for improving the quality of drug use within a healthcare organisation. Drug use is evaluated by using pre-determined standards and efforts are initiated to correct patterns of use which are inconsistent with these standards. It includes a mechanism for measuring the effectiveness of these corrective actions.	8
Health literacy	Represents the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health.	9
Health promotion	The process of enabling people to increase control over their health and to improve their health outcomes. It represents a comprehensive social and political process which not only embraces actions directed at strengthening the skills and capabilities of individuals, but also action directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health.	10

Leadership	The art of influencing the behaviour of others toward a pre-determined goal.	2
Medication management plan	A continuing plan for the use of medicines that arises from a medication management assessment and is developed by the health care professional in collaboration with the consumer. It documents actual and potential medication management issues identified during the assessment process, medication management goals, and actions and strategies needed to address the issues and achieve the medication management goals. The medication management plan is to be shared with and used by all members of the healthcare team (institutional and community) and the consumer.	11
Medicine	A chemical substance given with the intention of preventing, diagnosing, curing, controlling or alleviating disease or otherwise enhancing the physical or mental welfare of people. It includes prescription and non-prescription medicines, including complementary healthcare products, irrespective of the administered route.	2
Mentor	An experienced, skilled and trustworthy person who is willing and able to provide guidance to less experienced colleagues. Mentors share their knowledge, expertise and experience on career, technical, professional and cultural issues. The teaching-learning process is usually a one-to-one, reciprocal, career development relationship between two individuals who may be diverse in age, personality, life cycle, professional status and/or credentials.	12
Monitoring	The regular measurement or assessment of specific clinical and social parameters to assist consumers undergoing treatment for, or at risk of, specific health conditions.	7
Partnership	A relationship where there is a sharing of expertise and responsibility among medical practitioners, nurses, pharmacists and consumers for a person's wellbeing. Working in partnership involves consultation between individuals and collaborative decision making.	2
Peer review	The evaluation by a practitioner of creative work or performance by other practitioners in the same field in order to assure, maintain and/or enhance the quality of work or performance.	13
Preceptor	A pharmacist who holds general registration and has undertaken preceptor training who is responsible for the supervision of a person undertaking a period of supervised practice in accordance with the requirements of the PBA. The period may be either during undergraduate clinical training placements or during a period of supervised practice as part of the process leading to general registration.	14
Preventive health	Encompasses approaches and activities aimed at reducing the likelihood that a disease or disorder will affect an individual, interrupting or slowing the progress of the disorder or reducing disability. Primary prevention reduces the likelihood of the development of a disease or disorder. Secondary prevention interrupts, prevents or minimises the progress of a disease or disorder at an early stage. Tertiary prevention focuses on halting the progression of damage already done.	15
Primary health care	A consumer's first point of contact with the health care system, generally for 'out-of-hospital' care services provided, for example, by GPs, pharmacists, physiotherapists, general practice nurses and other community health care workers.	16
Public health	The science and art of promoting health, preventing disease, and prolonging life through the organised efforts of society.	7
Quality use of medicines	Refers to the selection of wise management options, the choice of suitable medicines if a medicine is considered necessary, and the safe and effective use of medicines. The definition of QUM applied equally to decisions about medicine use by individuals and decisions that affect the health of the population.	7
Research	Original investigation undertaken to gain knowledge, understanding and insight.	17
Responsibility	To be entrusted with or assigned a duty or charge. In many instances responsibility is assumed, appropriate with one's duties. Responsibility can be delegated as long as it is delegated to someone who has the ability to carry out the task or function. The person who delegated the responsibility remains accountable, along with the person accepting the task or function.	2
Role model	A person regarded by others generally as a good example to follow with regards to their professional or social behaviour upon which one can emulate his or her own behaviour, including adopting appropriate similar attitudes. A role model need not be known personally to the individual.	18

Social pharmacy	The study of social and behavioural factors influencing medicine use including medicine- and health-related beliefs, attitudes, rules, relationships and processes. It may deal with the study of social aspects of medicines (e.g. drug research and development, production and distribution of medicines, drug information, control of supply) or the perceptions and use of medicines by consumers (e.g. factors affecting adherence, understanding of side effects). It draws upon disciplines such as sociology, social psychology, psychology, political science, education, communication, economics, history and anthropology.	19
Therapeutic drug monitoring	The application of pharmacology, pharmacokinetics, genetics, pathology and clinical medicine to the interpretation and use of measured drug concentrations in body fluids with the aim of improving drug therapy by giving advice on the therapeutic management of the consumer.	3

Source documents

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Appendix 3 Mapping of Competency Standards for Initial Registration as a Pharmacist to Threshold Learning Outcomes for Health, Medicine and Veterinary Science

From 2011 the Tertiary Education Quality and Standards Agency will oversee the Australian Government's new standards-based quality assurance program for academic standards. The Learning and Teaching Academic Standards (LTAS) Project was established to define the applicable academic standards which are expressed as Threshold Learning Outcomes (TLOs).

During 2010 six draft TLOs common to the broad area of health, medicine and veterinary science were developed and revised through extensive stakeholder consultation. The revised TLOs used in this mapping exercise are expected to be achieved by 'entry-level professionals' as defined by each discipline covered by the TLOs. For the pharmacy profession, this means that the TLOs are expected to have been achieved by the time pharmacists seek initial registration. For this reason only the entry-level Competency Standards (i.e. those shaded grey in the *National Competency Standards Framework for Pharmacists in Australia 2010*) have been mapped against the TLOs. The statements in italics below each TLO were used to clarify the scope of each of the draft TLOs (which closely resemble the final revised TLOs) and are used here to provide additional guidance as to how decisions were made about the assignment of Standards.

The TLOs have been acknowledged as representing broad areas of learning that are not mutually exclusive. For this reason, some Standards may be mapped against more than one TLO. However, as this mapping exercise is not intended to be exhaustive, links have been made only where the intent of the Standard links to the TLO or where one or more Elements of the Standard directly relate to the TLO (as written or as clarified in the italicised explanatory statements below each TLO). While all entry-level Competency Standards have been mapped to the TLOs, it should be understood that decisions regarding the association between the Competency Standards and the TLOs are, of necessity, subjective.

The previous version of the Competency Standards was a resource accessed during the development of the TLOs through the LTAS Project. The purpose of undertaking this mapping exercise is to demonstrate that alignment between the TLOs and the revised entry-level Competency Standards in the *National Competency Standards Framework for Pharmacists in Australia 2010* has been maintained.

Table 1: Mapping of All Entry-level Competency Standards with Threshold Learning Outcomes for Health, Medicine and Veterinary Science

Threshold Learning Outcome	Relevant Competency Standards (Elements)
1 **Demonstrate professional behaviours.** *(including demonstrating legal, ethical, and cultural competency and a willingness to share knowledge with other health care professionals)*	1.1 Practice legally (1-4) 1.2 Practice to accepted standards (1&2) 1.3 Deliver 'patient-centred' care (1&2) 1.4 Manage quality and safety (1&2) 2.3 Collaborate with members of the health care team (2) 2.5 Commitment to work and the workplace (1-3) 2.6 Plan and mange professional contribution (1-3) 2.7 Supervise personnel (3&4)
2 **Assess individual and/or population health status, and where necessary, formulate, implement and monitor management plans in consultation with patients/clients/carers/animal owners/communities.** *(including demonstrating discipline specific knowledge and skills to interpret clinical findings, formulate and explain a diagnosis, and provide treatment/management)*	1.4 Manage quality and safety (1&2) 4.1 Undertake initial prescription assessment (1-3) 4.2 Consider the appropriateness of prescribed medicines (1-3) 4.3 Dispense prescribed medicines (1-3) 5.1 Consider product requirements (1-6) 5.2 Prepare non-sterile drug products (1&2) 5.3 Aseptically prepare sterile drug products (1) 5.4 Prepare cytotoxic drug products (1&4)[5] 6.1 Assess primary health care needs (1-3) 6.2 Deliver primary health care (4&5) 7.1 Contribute to therapeutic decision-making (1-4) 7.2 Provide ongoing medication management (1-4)
3 **Promote and optimise the health and welfare of individuals and/or populations.** *(including demonstrating skills in information provision, explanation, counselling and shared decision-making)*	4.2 Consider the appropriateness of prescribed medicines (3) 4.3 Dispense prescribed medicines (3) 5.1 Consider product requirements (3) 6.2 Deliver primary health care (1-3) 6.3 Contribute to public and preventive health (1-3) 7.1 Contribute to therapeutic decision-making (4) 7.3 Influence patterns of medicine use (1-3)
4 **Retrieve, critically evaluate, and apply evidence in the performance of health related activities.** *(including demonstrating skills in the interpretation and analysis of literature, and an understanding of research processes)*	4.2 Consider the appropriateness of prescribed medicines (1) 5.1 Consider product requirements (2) 6.1 Assess primary health care needs (1) 7.3 Influence patterns of medicine use (2) 8.1 Retrieve, analyse and synthesise information (1-4) 8.2 Engage in health, medicines or pharmacy practice research (1&3)
5 **Deliver safe and effective collaborative health care.** *(including demonstrating effective interpersonal relations and communication skills, an understanding of interprofessional practice, and an awareness of the importance of leadership, delegation and supervision)*	1.3 Deliver 'patient centred' care (2) 1.4 Manage quality and safety (1&2) 2.1 Communicate effectively (1-4) 2.2 Work to resolve problems (1&2) 2.3 Collaborate with members of the health care team (1-3) 2.4 Manage conflict (1-3) 2.7 Supervise personnel (1-3) 6.1 Assess primary health care needs (3) 7.2 Provide ongoing medication management (3)
6 **Reflect on current skills, knowledge and attitudes, and plan ongoing personal and professional development.** *(including demonstrating an understanding of the importance of lifelong learning)*	1.5 Maintain and extend professional competence (1&2)

[5] It is important to note that entry-level requirements do not involve either the manipulation of cytotoxic materials or the preparation of pharmaceutical products containing cytotoxic drugs. They relate only to having an understanding of the environment, work practises and relevant personal health and safety issues.

Appendix 4 Applied and Enabling Basic Disciplines in the Pharmacy Curriculum

Applied disciplines

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

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

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

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

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

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

Enabling basic disciplines

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

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

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

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

Information and communication technology.

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

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

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

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

Appendix 5 Extract from Australian Pharmacy Council (APC) Accreditation Standards for Australian Pharmacy Schools[6] and Pharmacy Intern Training Programs[7]

Table 2: APC Generic Knowledge, Skills and Attributes for Australian Pharmacy Schools and Pharmacy Intern Training Programs

Pharmacy Schools	**ITPs**
Communication: the ability to communicate information, arguments and analyses effectively.	**Communication:** the ability to analyse information and effectively and appropriately communicate with the public and other healthcare professionals in written and spoken English; this includes the ability to engage and elicit information from the patient.
Critical Thinking: the ability to analyse issues logically, consider different options and viewpoints, and make informed decisions.	**Critical Thinking:** the ability to analyse issues logically, consider different options and viewpoints, and make informed decisions.
Cultural Understanding: an understanding of cultural diversity, including indigenous issues and multiculturalism; ; an ability to put aside assumptions and personal paradigms in their professional dealings with patients from culturally diverse backgrounds.	**Cultural Understanding:** an understanding of cultural diversity, including indigenous issues, the impact of health disparities and multiculturalism; an ability to put aside assumptions and personal paradigms in their professional dealings with patients from culturally diverse backgrounds; an understanding of different approaches and attitudes to healthcare.
Ethics: knowledge of ethics, ethical standards, professionalism and social responsibility.	**Professional and Ethical Conduct:** the ability to exhibit professionalism and ethical approach to decision-making and situation handling, have working knowledge of ethics, ethical standards and social responsibility.
Information Literacy: an understanding of information literacy and specific skills in acquiring, organizing and presenting information, including computer-based activity.	**Information Literacy:** an understanding of information literacy and specific skills in researching or acquiring, reviewing, organizing and presenting/utilising information effectively.
Inter-professional Collaboration: intellectual openness and curiosity, and the awareness of the limits of current knowledge and the links between health professions.	**Inter-professional Perspective:** intellectual openness, and the awareness of the limits of current knowledge (in a broad sense) and of the links between disciplines.
Lifelong Learning: a commitment to lifelong learning, with the ability to apply knowledge, develop existing skills, adapt to a changing environment, and acquire new skills.	**Lifelong Learning**: a commitment to lifelong learning, with the ability to apply knowledge, reflect upon and develop existing skills, adapt to a changing environment, and acquire new skills which will contribute to a pharmacist's ability to be able to demonstrate continuing professional development.
Numeracy: ability to understand basic mathematical relationships and perform calculations, order of magnitude awareness and estimations, correct use of units.	
Recognition of Limitations: ability to recognise the need to work within personal limitations and the scope of pharmaceutical practice.	**Recognition of Limitations:** ability to recognise the need to work within personal and legal limitations.

[6] Australian Pharmacy Council. *Accreditation Standards.* December 2009; Version 1.0.

[7] Australian Pharmacy Council. *Accreditation Standards for Australian and New Zealand Pharmacy Intern Training Programs*. December 2009; Version 1.

Research: the ability to conduct research by recognising when information is needed and locating, retrieving, evaluating and using it effectively.	**Research:** the ability to research when information is needed and locating, retrieving, evaluating and using it effectively.
Scholarship: a commitment to the fundamental importance of the acquisition and development of knowledge and understanding.	**Scholarship:** a commitment to the fundamental importance of the acquisition and development of knowledge and understanding.
Self-motivation: the capacity for self-directed activity and the ability to work independently.	**Self-motivation:** the capacity for self-directed activity and the ability to work independently.
Teamwork: the ability to work effectively as both a team leader and a team member.	**Teamwork:** the ability to work effectively as both a team leader and a team member.
Workplace-related Skills: enterprise, self-confidence and a sense of personal responsibility endorsing the principles of work place diversity and anti-discrimination.	**Workplace-related Skills:** enterprise, self-confidence and a sense of personal responsibility.
	Problem Solving: demonstration of strong problem solving skills and ability to apply professional judgement in a range of areas including prescription, therapeutic and legal and ethical problems.

Table 3: APC Pharmacy Specific Knowledge and Skills for Australian Pharmacy Schools and Pharmacy Intern Training Programs

Pharmacy Schools	**ITPs**
Knowledge and critical understanding of essential facts, concepts, principles and theories relating to items in the Indicative Curriculum.	**Clinical pharmacy knowledge**: the intern is able to integrate and apply clinical pharmacotherapeutic knowledge and understanding to meet the therapeutic needs of patients.
Ability to apply knowledge and understanding towards meeting public health needs, the needs of patients and other health professionals.	**Medicines Management**: the intern is able to understand and describe the processes involved in the medicines management pathway; the intern understands the value and recognition given to the various aspects of the medicines management pathway as an emerging pharmacy practice tool internationally.
Ability to apply in a clear and correct manner generic skills in communication, critical thinking, information literacy and research to pharmaceutical, clinical and laboratory information.	**Patient safety**: the intern is able to describe and implement the principles of safe and effective medication compounding, dispensing and distribution, recognise and describe the causes of medication error (including human and systems factors involved in errors) and is able to develop strategies for reducing medication errors (e.g. undertaking a simple root cause analysis in the workplace in response to errors).
Ability to calculate medicine doses and dosage regimes accurately.	**Pharmacy practice standards**: the intern is aware, familiar and abides by the intention of related practice standards and guidelines and, where standards and guidelines relate to a particular health service, the intern is aware of the service provided, understands the ethics of such services and is able to refer patients to providers of such services.

Ability to prepare extemporaneously non-sterile pharmaceutical products in a safe and legal manner.	**Legal and ethical aspects of pharmacy practice**: the intern is able to demonstrate a sound understanding and application of legal, professional and ethical framework in the context of the Australian pharmacy practice environment and is able to raise concerns with prescribers, patients and colleagues.
Ability to obtain, interpret and evaluate patient and clinical data.	**Inter-professionalism**: the intern understands the concept and importance of effective collaboration in the context of optimising health outcomes for patients, is able to understand and describe the roles and responsibilities of other healthcare professionals in relation to one's own and has acquired the basic necessary skills related to negotiation, conflict resolution, group problem solving and group accountability.
Ability to assess prescriptions and orders for medicines, and to dispense medicines safely and legally.	**Calculations**: the intern is able to demonstrate the process involved in calculations, calculate medicine doses and dosage regimes accurately, carry out dosage calculations and adjustments in special-population patients and accurately complete worksheets for the preparation for pharmaceutical products.
Ability to advise patients and other health professionals on medicines and their use. Graduates must have an understanding of medication safety and the ability to recognise, prevent and manage adverse events.	**Cultural competence**: the intern is able to interact respectfully and effectively with persons from a background different to one's own and recognises that one's own cultural identity will influence their professional practice. The intern must also be aware that culture includes but is not restricted to age, gender, sexual orientation, race, socioeconomic status (including occupation), religion, disability, and ethnicity and be able to recognise that cultural competence is fundamental to achieving best health outcomes.
Ability to safely and legally handle chemical and pharmaceutical materials.	**Supervision of pharmacy technician and assistant personnel**: the intern is able to describe the roles and responsibilities of pharmacy technicians and assistants and understands and recognises his/her responsibility for supervision of pharmacy technicians and assistants.
Understanding of standard laboratory procedures and the operation of standard pharmaceutical instrumentation, and ability to select appropriate techniques and procedures.	**Teaching and learning skills:** the intern is **a**ble to apply generic educational needs assessment skills to enable effective participation in a wide variety of educational interventions ranging from patient education to teaching of groups and other health care professionals within their scope of practice. The intern should also be able to evaluate the effectiveness of their educational interventions.