

SAFE EFFECTIVE PHARMACY PRACTICE
COMPETENCE STANDARDS FOR THE
PHARMACY PROFESSION



COMPETENCE STANDARDS FOR THE PHARMACY PROFESSION

The Pharmacy Council of New Zealand (the Council) is established under the Health Practitioners Competence Assurance Act 2003 (HPCAA) and has a duty to protect the public and promote good pharmacist practice. The Pharmacy Council is responsible for registration of pharmacists, the setting of standards for pharmacists' education, scopes of practice and conduct.

Assessment against the Competence Standards for the Pharmacy Profession was first implemented for registration in 1997, and in 2003 it was reviewed and implemented for all pharmacists registering in the Pharmacist scope of practice¹ in accordance with the HPCAA. While the standards have remained relevant to the scope of practice of pharmacists' since its implementation, Competence Standard One has recently been revised and expanded to include cultural competence.

¹ Pharmacist scope of practice as defined by the Pharmacy Council of New Zealand <http://www.pharmacycouncil.org.nz/scopes>

PURPOSE OF THE COMPETENCE STANDARDS

- Ensure that a pharmacist possesses all relevant competencies to undertake the roles and services described in the Pharmacist scope of practice
- Assist in the development of education and training and development of pharmacists and intern pharmacists e.g. inform development of initial curriculum; assist providers in identifying learning outcomes; use as a self- assessment tool to evaluate their own level of competency; assist employers and pharmacists to identify ongoing training and development needs
- Assist the individual pharmacist to facilitate their continuing professional development (CPD) e.g. a tool for pharmacists to use to assess their own practice

STRUCTURE OF THE COMPETENCE STANDARDS

The Competence Standards for the Pharmacy Profession consist of SEVEN competence standards.

Competency in all seven standards is required for initial registration in the Pharmacist scope of practice.

Competency in Competence Standard 1: Practise Pharmacy in a Professional and Culturally Competent Manner must be maintained by all practising pharmacists regardless of their practice setting.

The seven broad areas of competency are:

- Practise Pharmacy in a Professional and Culturally Competent Manner
- Contribute to the Quality Use of Medicines
- Provide Primary Health Care
- Apply Management and Organisation Skills
- Research and Provide Information
- Dispense Medicines
- Prepare Pharmaceutical Products

Figure 1 illustrates and explains the basic structure of the Competence Standards for the Pharmacy Profession.

Figure 1 Competence Standards Structure

	Competence Standard	<ul style="list-style-type: none">• Describes a broad area of pharmacy practice by the standard number and name.• E.g: Competence Standard 1 Practice Pharmacy in a Professional and Culturally Competent Manner• It also includes a “descriptor” and a “range statement” which provides an overview of the standard and the practice expectations of the pharmacist.
	Element	<ul style="list-style-type: none">• A breakdown of the processes in relation to the overall expectation defined by the standard.• Each standard is built with a number of essential elements.• E.g: Element 1.4 Practice pharmacy within New Zealand’s culturally diverse environment; Element 1.5 Understands Hauora Māori; Element 1.6 Commit to continuing professional development and life-long learning.
	Activity	<ul style="list-style-type: none">• A breakdown of tasks that need to be performed to meet the processes described at the elemental level.• Each element consists of a number of essential activities (sometimes referred to as “performance criteria”).• E.g: Activity 1.4.1 Undergoes a process of self-reflection to identify one’s own cultural values; Activity 1.4.2 Identifies the cultural diversity of one’s own practice; Activity 1.4.3 Respects the individual.
	Evidence Example	<ul style="list-style-type: none">• A range of examples are provided as a benchmark of evidence for every activity. The list of examples provided are not exhaustive and those listed may not be relevant to the practice of all pharmacists.• Their purpose is to guide ongoing learning.• Identify examples as they relate specifically to one’s own practice and it is these that should be recorded.



COMPETENCE STANDARD 1

Practise Pharmacy in a Professional and Culturally Competent Manner

The Pharmacy Council recognises that cultural competence, clinical competence and ethical conduct are integral to professional pharmacy practice. Professionalism is encompassed by a set of attitudes, knowledge and skills based on clinical competence, communication skills, ethics, societal and legal requirements resulting in the application of behaviours that demonstrate a commitment to excellence, respect, integrity, empathy and accountability. This standard outlines these responsibilities which apply to all pharmacists, regardless of their pharmacy practice.

- Cultural competence is the ability to interact respectfully and effectively with persons from a background that is different from one's own. It goes beyond an awareness of or sensitivity to another culture to include the ability to use that knowledge in cross-cultural situations, and includes the development and implementation of processes, procedures and practices that support the delivery of culturally competent (appropriate) services.
- Clinical competence, as expected of a pharmacist, is the application of knowledge and skills to ensure the safe and quality use of medicines to optimise health outcomes.
- Ethical conduct, as described in the Pharmacy Council Code of Ethics, is the expression of those principles and values that underpin the pharmacy profession.

All pharmacists must understand and apply the legal and ethical requirements to practise pharmacy professionally.

RANGE STATEMENT:

Culture includes, but is not restricted to, age, gender, sexual orientation, race, socioeconomic status (including occupation), religion, physical, mental or other impairments, ethnicity and organisational culture.

Legislation referred to in these competence standards includes the following (refers to the latest editions and amendments) Acts and Regulations, Guiding Documents and Codes of Practice that directly or indirectly impact on the professional practice of pharmacy:

- Advertising Standards Authority Inc. Code for Therapeutic Advertising 1999
- Consumer Guarantees Act 1993
- Dietary Supplement Regulations 1985
- Fair Trading Act 1986
- Hazardous Substances and New Organisms Act 1996
- Hazardous Substances and New Organisms Regulations
- Health & Safety in Employment Act 1992
- Health Act 1956
- Health and Disability Commissioner Act 1994
- Health and Disability Commissioner (Code of Health and Disability Service Consumers' Rights) Regulations 1996
- Health and Disability Services – Pharmacy Services Standard NZS 8134.7:2010
- Health Information Privacy Code 1994
- Health Practitioners Competence Assurance Act 2003
- Health (Needles and Syringes) Regulations 1998
- Health (Retention of Health Information) Regulations 1996
- He Korowai Oranga: Māori Health Strategy 2002
- Human Rights Act 1993
- Māori Health Strategy for the Pharmacy Profession
- Medicines Act 1981
- Medicines Regulations 1984
- Medicines (Designated Prescriber: Nurse Practitioner) Regulations 2005
- Medicines (Designated Prescriber: Optometrists) Regulations 2005
- Medicines (Standing Order) Regulations 2002
- Ministry of Health, Code of Practice for Child-resistant Packaging of Toxic Substances 1998
- Misuse of Drugs Act 1975
- Misuse of Drugs Regulations 1977
- Pharmacy Council of New Zealand Code of Ethics 2011
- Privacy Act 1993

ELEMENT 1.1

Work professionally in pharmacy practice

Note: Examples of evidence are a guide only and are by no means an exhaustive list

1.1.1 Behaves in a professional manner

Examples of Evidence:

Maintains conduct becoming of a pharmacist towards other health professionals, patients & public as defined in the Code of Ethics e.g. behaviour, demeanour, conduct

1.1.2 Maintains a consistent standard of work within relevant scope of practice

Examples of Evidence:

Consistently performs to an acceptable standard of work and expects the same from others

Leads by example

Explains quality systems and defines who is responsible in the workplace

1.1.3 Accepts responsibility for own work tasks and performance

Examples of Evidence:

Accepts that their actions or inactions have an effect on a person's health outcomes

Identifies tasks, or aspects of their practice for which she/he is personally responsible

Identifies wider effect of his/her actions on individuals and the community

Accepts responsibility for helping develop systems, processes and professional practices that are responsive to the cultural needs / paradigms of the patient

1.1.4 Works within the limitations of own professional expertise, and relevant competence standards

Examples of Evidence:

Identifies professional limitations

Accesses information, advice and assistance for work tasks outside one's own professional expertise or experience

Works within the competence standards identified in one's own practice review

1.1.5 Works accurately

Examples of Evidence:

Minimises mistakes

Acts immediately to rectify harm arising from mistakes.

Documents errors and steps taken to prevent their recurrence

1.1.6 Shares professional strengths with others

Examples of Evidence

Trains other staff e.g. gives presentations relevant to pharmacy practice

Discusses aspects of pharmacy practice with pharmacist colleagues

Mentors and guides other pharmacists and staff

Actively supports and encourages development of cultural competency for all staff

COMPETENCE STANDARD 1

Practise Pharmacy in a Professional and Culturally Competent Manner

ELEMENT 1.2

Comply with legal requirements and codes of ethics

1.2.1 Understands and is able to explain the application of the legislation and codes relating to pharmacy practice

Examples of Evidence:

Explains the application of the current legislation relating to pharmacy practice

Describes where to access legislation and codes relating to pharmacy practice

Explains the legal implications of negligence with respect to legislation and codes

1.2.2 Complies with those parts of the legislation that apply to his/her pharmacy practice

Examples of Evidence:

Fulfils all legal requirements that regulate pharmacy practice e.g. Methadone dispensing within the Misuse of Drugs Act and Regulations,

Complies with the HDC Code of Health and Disability Services Consumers' Rights

Complies with the Health Information Privacy Code

1.2.3 Complies with code of ethics for pharmacy practice

Examples of Evidence:

Complies with the Pharmacy Council of NZ Code of Ethics

Complies with workplace codes

Discusses the application of Pharmacy Council of NZ Code of Ethics

ELEMENT 1.3

Communicate effectively

1.3.1 Listens effectively, and speaks and writes clearly in English

Examples of Evidence:

Communicates effectively in English within the workplace for the purposes of practising as a pharmacist

Structures and presents written information e.g. fax, e-mail, letter, memo, referrals, appraisals, in ways appropriate for each situation and to meet the needs of the receiver

Ensures information, either given or received, is accurately understood

Uses "active and reflective listening" techniques such as "check-back" interviewing to confirm that the receiver understands the information/message

Answers Medicine Information (MI) queries, either verbally or in written format, meeting MI standards

1.3.2 Communicates effectively with persons from a background different from one's own

Examples of Evidence:

Uses correct pronunciation of names as a sign of respect for all cultures

Describes how cultural differences may affect communication outcomes

Understands and describes ways to avoid communication styles (verbal and non-verbal) that might give offence

Identifies those cultures for whom silence may not imply agreement

Ascertains who family spokesperson is e.g. in some cultures a male family member acts in this role

Wherever possible uses *kanohi ki te kanohi* (face to face) communication with Māori

Involves patient's nominated representative, *whānau* or appropriate cultural services, where necessary, to better understand patient's cultural needs and assist a patient in their understanding

Learns and uses appropriate expressions in the main languages used in their community

1.3.3 Adapts communication to the situation

Examples of Evidence:

Identifies barriers to communication and responds appropriately

Ensures consultations take place in an appropriate setting, minimising interruptions

Adapts non-verbal communication styles to suit the receiver, which may differ from one's own

Uses a range of communication tools e.g. accesses appropriately trained interpreter services, suitable to the level of a patient's literacy and understanding

1.3.4 Establishes and maintains effective working relationships

Examples of Evidence:

Identifies and builds relationships with key partners within one's own practice

Treats patients and colleagues as equal partners, building rapport, respect and trust in partnerships

Practises *whanaungatanga* (establishing connections) in order to build connections and trust in relationships with Māori

Works co-operatively with appropriate family, *whānau*, and community resource people where this is desired by the patient, and when it does not conflict with other clinical or ethical responsibilities

Collaborates with and includes others (pharmacy staff, colleagues, other health professionals, cultural groups) in decision making

Actively resolves and negotiates cross-cultural misunderstandings e.g. identifies culturally appropriate and effective means of gaining consumer feedback.





ELEMENT 1.4

Practise pharmacy within New Zealand's culturally diverse environment

1.4.1 Undergoes a process of self-reflection to identify one's own cultural values

Examples of Evidence:

Understands the impact that one's own identity, including cultural values, has on one's own practice as a pharmacist

Uses appropriate tools e.g. self-assessment quiz, to identify his/her own cultural values

Reflects on one's own cultural values through peer group discussions

Undertakes self-reflection on a regular basis

Recognises that at times there may be conflict between one's own professional culture/values and the culture of the patient

1.4.2 Identifies the cultural diversity of one's own practice

Examples of Evidence:

Develops community profile to identify cultural mix

Knows where and how to access local community support organisations

Uses knowledge of their own community profile to better understand the impact of health disparities in relation to that profile

1.4.3 Respects the individual

Examples of Evidence

Avoids stereotyping e.g. recognises that culture/ethnicity is not necessarily reflected in an individual's physical appearance.

Demonstrates awareness that general cultural information may not apply to specific patients

Shows consideration for the patient's knowledge of their own condition and preferred course(s) of treatment

Negotiates terms of the therapeutic relationship with the individual where appropriate

Recognises the right of individuals to have health beliefs and practices different to one's own

Respects the right of the individual to exercise autonomy in decision-making

Treats the individual as an equal partner

1.4.4 Understands the impact of culture on health status and on maintenance of health

Examples of Evidence

Focuses on the influence of a patient's culture, in conjunction with their medical condition, to improve adherence to treatment and health outcomes e.g. fasting during Ramadan

Assesses and enhances patient adherence while acknowledging the patient's view of health

Understands and explains different concepts of health and uses this understanding in working towards optimal health outcomes

Understands that culture includes the practice of traditional healing and treatments

1.4.5 Identifies and works towards reducing factors that contribute to disparities in health outcomes

Examples of Evidence

Learns about the nature and extent of health disparities in New Zealand

Participates in programmes targeted at reducing health disparities

Acts as an advocate for patients in seeking provision of appropriate resources for treatment

Uses evidence-based approach to advise / treat individual patients and to educate community

Accesses local data on community health needs and uses knowledge to contribute to improvements in health care

Develops relationships with key groups and undertakes consultation on a regular basis in order to work towards reducing health disparities

ELEMENT 1.5

Understand Hauora Māori (please see glossary)

1.5.1 Understands the relevance of Te Tiriti o Waitangi

Examples of Evidence:

Demonstrates an understanding of the contemporary application of Te Tiriti o Waitangi through the principles of partnership, participation and protection

Accesses, describes and/or implements the principles of the DHB bicultural policy

Learns about the impact of pre- and post-Te Tiriti o Waitangi events on the health of New Zealanders

Develops working relationships with key Māori stakeholders e.g. Iwi / Hapū / Whānau / Māori organisations, where appropriate, in order to improve Māori health outcomes

1.5.2 Understands Māori views of health

Examples of Evidence:

Utilises knowledge of Māori models of health when developing treatment plans

Develops and uses knowledge of core Māori practices including tikanga and kawa to improve relationships and health outcomes

Demonstrates knowledge of principles of Rongoā and endeavours to engage with local Rongoā practitioners

Recognises that prior to European contact, Māori had a range of world views and practises, and can explain the relevance to the current health status of Māori

COMPETENCE STANDARD 1

Practise Pharmacy in a Professional and Culturally Competent Manner

1.5.3 Addresses the differing health status of Māori and non-Māori

Examples of Evidence:

Commits to helping reduce the disparities in access to care and treatment outcomes for Māori

Accesses and contributes to the goals of the Māori Health Strategy for the Pharmacy Profession

Uses evidence-based guidelines to promote consistency of care and equity of health service delivery

Investigates and utilises appropriate resources to deliver health information messages to Māori

1.5.4 Pronounces Te Reo Māori correctly, in particular proper nouns, and understands common or relevant words

Examples of Evidence:

Common words e.g. whānau (family); poho (chest); kaumātua (elder); hauora/ waiora (health); puku (stomach); tuarā (back); tamariki (children)

Completes Te Reo Māori course

Demonstrates fluency in Te Reo Māori

ELEMENT 1.6

Commit to continuing professional development and life-long learning

1.6.1 Reviews and reflects on own professional practice against relevant competence standards

Examples of Evidence:

Undertakes a practice review against relevant standards for scope of practice every five years

If practice or scope of practice changes, undertakes a practice review immediately

Elicits feedback from others in order to identify learning needs for Continuing Professional Development (CPD)

1.6.2 Undertakes professional development

Examples of Evidence:

Acquires knowledge, skills and training to improve and enhance existing professional practice on an ongoing basis

Discusses professional and practice issues with colleagues

Completes courses, as necessary, to achieve identified learning goals

Includes cultural competency education in one's own professional development

Meets the Recertification requirements as set by the Pharmacy Council of NZ by participating in an accredited programme e.g. ENHANCE

ELEMENT 1.7

Demonstrate problem solving skills

1.7.1 Solves own problems

Examples of Evidence:

Differentiates between personal and professional problems

Takes ownership of problems and challenges, and resolves these effectively

Recognises indicators of impaired personal performance and acts to mitigate risks to self, colleagues and patients

Demonstrates awareness of own personal limitations and has strategies in place in order to ameliorate these

1.7.2 Resolves conflicts

Examples of Evidence:

Identifies causes of conflict in the workplace

Participates in conflict resolution processes

Uses negotiating and problem-solving skills in shared decision-making with a patient or colleague

1.7.3 Works to resolve workplace and professional practice problems

Examples of Evidence:

Identifies and explains potential workplace and professional practice problems

Adopts questioning and analytical approach to problem solving

Seeks solutions and opportunities to improve

Works with others to resolve workplace or practice problems



GLOSSARY:

hapū	sub-tribe or kin group that is linked by a common ancestor. Hapū is also a description for being pregnant.
Hauora Māori	Māori health, vigour
iwi	tribe composed of descendants from a specific ancestor(s). A number of related hapu constitute an iwi. (ko)iwi is also a description associated with bones, or human remains.
kanohi ki te kanohi	face to face
kawa	protocol – customs of the marae and whareniui
Māori	It is an English word which collectively describes the indigenous peoples of New Zealand; however it is an introduced word and construct used to homogenise the traditional indigenous societal structures of whānau, hapu and iwi.
Rongoā	traditional Māori healing
Te Tiriti o Waitangi	Treaty of Waitangi: the English text of the document (as distinct from the Māori text, Te Tiriti o Waitangi), signed by the English representative of Queen Victoria and the Māori chiefs present on 6 February 1840.
tikanga	correct procedure, custom
whānau	cluster of families and individuals who descend from a common ancestor. Whānau also means giving birth or to be born.
whanaungatanga	relationship, kinship, sense of family connection, connectedness



COMPETENCE STANDARD 2

Contribute to the Quality Use of Medicines

This competence standard covers the role of the pharmacist in promoting the quality use of medicines within an environment of professional pharmaceutical care. The Pharmacist's role includes selecting, recommending, monitoring and evaluating medicine therapy as part of a health care team. Rational medicine use refers to the evidence-based selection, monitoring and evaluation of medicine therapy in order to optimise health outcomes.

RANGE STATEMENT:

At this level the pharmacist's responsibilities are reactive, in that he/she carries out the tasks described in this standard in response to requests about individual patients. The pharmacist is responsible for making recommendations on and providing information about common medicines to other health professionals.

Common medicines are those listed in the latest edition of the MIMS New Ethicals

Readily available references are those available from within the pharmacy including current editions of Martindale, MIMS New Ethicals, BNF and Pharmaceutical Schedule.

ELEMENT 2.1

Obtain individual patient history

2.1.1 Accesses patient medicine records

Examples of Evidence:

Accesses records on pharmacy computer

Obtains copies of records (computer/hard copy) from other health professionals.

2.1.2 Interviews individual patients or their caregivers and/or other health professionals to obtain history of medicines and other therapies, if necessary

Examples of Evidence:

Obtains patient medicine history of prescription & non-prescription medicines, complementary therapies and compliance details

ELEMENT 2.2

Interpret information about medicines

2.2.1 Identifies common medicines by their approved generic, trade or common names

Examples of Evidence:

If given one form of a common medicine name, promptly identifies other forms from memory or a reference source

2.2.2 Evaluates the available medicines, dose forms and methods of administration

Examples of Evidence:

Using readily available references, determines the advantages & disadvantages of different medicines, their dosages & dose forms for specific situations or patients

2.2.3 Interprets generic equivalence of medicines from different manufacturers

Examples of Evidence

Determines brand equivalence from readily available reference sources.

ELEMENT 2.3

Review the medicine therapy of individual patients

2.3.1 Interprets individual patient's medical history and medicine records

Examples of Evidence:

Explains possible purposes of each medicine

2.3.2 For each medicine, checks the dosages and methods of administration are optimal

Examples of Evidence:

Assesses efficacy & safety of medicine recognising pharmacokinetic factors, e.g. age, weight, pregnancy, other therapies

Assesses the suitability of dosage form with respect to efficacy, safety & compliance, e.g. tablets for a child, inhaler type for asthmatic

2.3.3 Assesses the effectiveness of the total medicine therapy

Examples of Evidence:

Considers patient's history, indicators of efficacy & patient factors that may affect outcomes

Evaluates factors affecting availability & cost of medicine, e.g. unavailable brands, Pharmaceutical Schedule considerations

2.3.4 Identifies which adverse drug reactions (ADR's) should be reported to the Centre for Adverse Reactions Monitoring (CARM) and facilitates the reporting of these

Examples of Evidence:

Identifies reportable ADR's and facilitates the reporting of these

Can explain how to report to CARM if the need arises

ELEMENT 2.4

Recommend necessary changes to medicine therapy of individual patients

2.4.1 Identifies necessary changes to medicine therapy

Examples of Evidence:

Identifies potential medicine therapy problems e.g. overdoses, contraindications, interactions, incompatibilities, possible ADR's, possible effects with complementary therapies

2.4.2 Recommends the optimal medicine, dose form and method of administration for the patient

Examples of Evidence:

If necessary, calculates optimal medicine dose for patient

For specific medicines, explains recommendations, including their dose forms, formulations, methods of administration

2.4.3 On request, monitors the medicine therapy of individual patients

Examples of Evidence:

Recognises patient symptoms that indicate medicine therapy should be monitored, e.g. patient on warfarin is bruising easily; patient on NSAID develops GI problems

Liaises with methadone clinic re monitoring reducing doses in patients

Recommends blood tests for therapies that need monitoring e.g. lithium, TPN

Interprets patient indicators for therapy recommendations, e.g. blood tests for lipid lowering agents, clozapine, gentamicin dosing, warfarin dosing

ELEMENT 2.5

Maintain patient records

2.5.1 Records patient information and updates patient records

Examples of Evidence:

Complies with workplace procedures & regulations to maintain patient records, e.g. maintains prescription records for 10 years

2.5.2 Maintains privacy and security of patient information

Examples of Evidence:

Complies with the Health Information Privacy Code and amendments & workplace procedures regarding security of patient information

2.5.3 Records clinical decisions and recommendations.

Examples of Evidence:

Documents recommendations & outcomes of medicine therapy reviews, e.g. interventions book, annotations on prescriptions, written report to prescriber

ELEMENT 2.6

Communicate effectively

2.6.1 Communicates verbal and written information fit for the receiver

Examples of Evidence

Uses language fit for the receiver, e.g. avoids unnecessary technical jargon

Uses questioning & listening skills effectively

Explains clinical & medicine information clearly

2.6.2 Communicates effectively with prescribers and other health professionals

Examples of Evidence:

Uses questioning & listening skills to elicit information

Communicates clearly with individual health professionals

Provides medicine information & recommendations in format fit for the situation: letters, faxes, emails & verbally by telephone or face-to-face

2.6.3 Communicates effectively with patients

Examples of Evidence

Uses questioning & listening skills to elicit patient history information

Explains clinical & medicine information clearly

If necessary uses aids to ensure patients understand information, e.g. language cards, videos, large print labels and Braille cards.



COMPETENCE STANDARD 3

Provide Primary Health Care

This competence standard concerns the role of the pharmacist in encouraging and assisting people to take responsibility for their own health. Primary health incorporates holistic care of patients including attention to lifestyle, diet, health promotion, illness prevention, referral and the supply of non-prescription medicines, therapies, diagnostic and therapeutic aids. This involves the pharmacist in treatment, referral and education.

RANGE STATEMENT:

At this level the pharmacist's responsibilities are reactive in that he/she provides primary health care advice and treatment to individual patients in response to requests. The pharmacist provides assessment, treatment and advice for common minor conditions. The pharmacist's treatment options include all over-the-counter medicines (including Pharmacist Only medicines) and therapies, common diagnostic and therapeutic aids, advice and counselling and referral to other health professionals. Therapies include complementary medicines, herbal remedies and other healthcare products not provided by another healthcare provider.

COMPETENCE STANDARD 3

Provide Primary Health Care

ELEMENT 3.1

Elicit a patient history

3.1.1 Elicits relevant patient history information

Examples of Evidence:

Ascertains current signs & symptoms, other medical conditions, current & previously tried medicines, allergies & sensitivities

Observes patient, e.g. approximate age, visible symptoms

Ensures patient privacy & confidentiality of patient information

3.1.2 Identifies the immediate problem with which the patient presents

Examples of Evidence:

Makes an assessment of patient's condition on basis of history

3.1.3 Interprets patient medicine records

Examples of Evidence:

If appropriate, looks in records for contraindications, interactions & factors contributing to presenting problem

ELEMENT 3.2

Determine the best treatment options for patients

3.2.1 Evaluates patients' situations to determine whether to treat or refer

Examples of Evidence:

Evaluates signs, symptoms & history to determine what can be managed by pharmacist

Identifies situations that cannot be managed by pharmacist

3.2.2 Refers patients and complies with professional, ethical and workplace conventions and legal requirements when referring patients

Examples of Evidence:

Explains to patient the need to see another health professional

Refers patients to prescriber if patients' medicine fails in its purpose or causes an untoward effect

Offers to assist with accessing other health professionals

Seeks informed consent, maintains confidentiality & fulfils requirements of the Privacy Act when contacting another health professional on behalf of patient

ELEMENT 3.3

Facilitates the supply of non-prescription medicines or therapies

3.3.1 Selects non-prescription medicines to meet patient's acute needs

Examples of Evidence:

Checks ingredients to ensure product is indicated for patient's situation

Checks that product is safe for patient, e.g. considers interactions, contraindications & patient factors (e.g. pregnancy & age).

Checks appropriate dose form e.g. liquid for child

3.3.2 Counsels patients about the use of non-prescription medicines

Examples of Evidence:

Informs patients on correct & safe use, side effects, storage, precautions & contraindications

3.3.3 Complies with legal requirements and professional and ethical conventions regarding the supply of non-prescription medicines

Examples of Evidence:

Records sales of Pharmacist Only Medicines

If an accredited Emergency Contraceptive Pill (ECP) pharmacist, supplies ECP in accordance with Pharmacy Council of NZ ECP standards and best practice guidelines

Identifies requests that indicate potential for misuse

Complies with Pharmacy Council of NZ Code of Ethics and professional guidelines regarding potential misuse of non-prescription medicines

ELEMENT 3.4

Advise on diagnostic aids

3.4.1 Explains the use and purpose of diagnostic products

Examples of Evidence:

e.g. blood glucose test kits, pregnancy tests, blood pressure meters

3.4.2 Advises and counsels patients about the use of diagnostic aids

Examples of Evidence:

Advises on correct use & care of diagnostic aids

Demonstrates & explains the correct way to use products, e.g. safety & hygiene

Checks for patient understanding, e.g. asks patient to repeat back instructions

ELEMENT 3.5

Advise on non-pharmaceutical methods to treat current primary health conditions

3.5.1 Counsels patients about self-help measures to reduce current symptoms or discomfort

Examples of Evidence:

Provides advice on non-medicine measures to alleviate symptoms, e.g. steam inhalations for head cold congestion

3.5.2 Informs and advises patients about community health support agencies/organisations and pharmacy-based primary health care programmes

Examples of Evidence:

Advises patients about available agencies & programmes & where & how to access them, e.g Plunket, Māori health workers, Age Concern, Asthma Society, Pharmacy Self Care, methadone & needle exchange programmes.

ELEMENT 3.6 Apply first aid

3.6.1 Applies emergency first aid measures

Examples of Evidence:

For entry into scope of practice as a pharmacist – holds a current First Aid Certificate in the NZQA unit standards 6400 – Manage First Aid , 6401 – Provide First Aid and 6402 – Provide Resuscitation Level 2.

Holds a certificate in an approved course to NZ Resuscitation Council Level 2 or NZQA Unit Standard 6402 – Provide resuscitation level 2. (Refresher courses must be undertaken every three years to remain current)

3.6.2 Refers first aid emergencies to other health professionals

Examples of Evidence:

Explains referral procedures for specified first aid emergencies, e.g. cardiac arrest ➔ ambulance, asthma attack ➔ doctor.

Identifies symptoms of, & potential for, poisoning from medicine overdoses

3.6.3 Provides treatment for minor injuries

Examples of Evidence:

Range: minor sprains, strains, cuts & grazes, burns, allergic reactions.

Uses Standard Precautions when dealing with blood/body fluids, e.g. wears gloves for handling blood/body fluids; washes hands between patient contacts

3.6.4 Advises on the use of bandages and dressings

Examples of Evidence:

Explains purpose & use of different dressings/bandages

Advises & counsels patients about correct use of bandages/dressings

ELEMENT 3.7 Counsel and advise to promote good health and reduce disease

3.7.1 Counsels patients about lifestyle changes, which may reduce illness

Examples of Evidence:

Counsels patients about measures to promote health & reduce disease, e.g. smoking cessation, exercise, healthy diet, moderating alcohol intake, sun protection, lifestyle factors related to heart disease, diabetes & osteoporosis.

3.7.2 Informs and advises patients about preventing the spread of disease

Examples of Evidence:

Counsels patients about preventing the spread of disease including appropriate immunisation, preventing the spread of meningococcal disease, headlice, chicken pox, measles, safe sexual practices related to STDs and HIV/AIDS, intravenous drug use & blood-borne diseases.

3.7.3 Informs and advises patients about screening programmes and community programmes relating to health care and medicines

Examples of Evidence:

Counsels patients about measures to detect diseases, e.g. cervical screening, mammography, glaucoma checks, mole & skin cancer checks.

Participates in national programmes and local initiatives, e.g. provides sun-sense information, DARE programmes, safe disposal of medicines campaign (DUMP).

ELEMENT 3.8 Communicate effectively

3.8.1 Establishes rapport with the patient.

Examples of Evidence:

Uses body language to establish empathy & rapport

Uses open & approachable body stance, facial expression

Respects individual & cultural differences

3.8.2 Uses active listening techniques and asks questions relevant to the situation

Examples of Evidence:

Is attentive to patient and asks relevant questions in a logical sequence

Paraphrases to confirm & clarify information from patient

3.8.3 Tailors information to fit the patient and the situation

Examples of Evidence:

Adapts information for patient's level of comprehension & avoids technical jargon

Uses varied formats (e.g. verbal & written information, physical demonstration, diagrams/pictures, placebo devices) to best fit patients' needs

3.8.4 Checks patients' understanding

Examples of Evidence:

Listens, questions & interprets body language to ensure understanding

Gets patient to demonstrate or explain the treatment or advice

Asks patient to repeat back information if necessary



COMPETENCE STANDARD 4

Apply Management and Organisation Skills

This competence standard covers the organisation and management skills common to all pharmacists. It encompasses the ability to deal with contingencies in the workplace as well as routine work.

RANGE STATEMENT:

At this level the pharmacist is responsible for management and organisation of his or her own work and professional duties within the workplace. The pharmacist may work alone or with other pharmacists and, if in a pharmacy, takes responsibility for the work of non-pharmacist staff.

ELEMENT 4.1

Take responsibility in the workplace

4.1.1 Organises own work

Examples of Evidence:

Explains own work & responsibilities in workplace

Meets deadlines

Prioritises work

Decides what to do, plans to get it done & does it

4.1.2 Takes responsibility for the work of non-pharmacist staff

Examples of Evidence:

Describes roles & responsibilities of non-pharmacist staff

Supervises work of non-pharmacist staff e.g technicians & assistants

Works with others to prioritise & organise workflow

4.1.3 Supports the work of colleagues in the workplace

Examples of Evidence:

Describes pharmacist's role & responsibilities in workplace

Works in partnership with colleagues in workplace, if applicable, to ensure safe practice

ELEMENT 4.2

Work effectively within the workplace organisation

4.2.1 Works with the documented procedures and systems

Examples of Evidence:

Works within organisation's Standard Operating Procedures (SOPs).

Uses computer programmes & other systems in workplace

4.2.2 Maintains effective working relationships with other staff

Examples of Evidence:

Works with others to maintain an open & supportive team

Explains the effects of own actions on other staff

4.2.3 Supports workplace-based training

Examples of Evidence:

Participates in workplace-based training

Trains staff in workplace systems & operations

ELEMENT 4.3

Facilitate a safe working environment

4.3.1 Complies with legislation relating to occupational health, welfare and safety

Examples of Evidence:

Explains own responsibilities under the Health & Safety in Employment Act 1992

4.3.2 Ensures work areas are safe and hygienic

Examples of Evidence:

Takes responsibility for maintaining cleanliness & safety of workplace

Ensures work areas comply with Health and Disability Services Pharmacy Services Standard NZS 8134.7

4.3.3 Ensures the safe handling, storage and disposal of potentially hazardous materials

Examples of Evidence:

Follows workplace guidelines for the handling, storage & disposal of potentially hazardous materials – both pharmaceutical and workplace chemicals

Oversees non-pharmacist staff to ensure they follow workplace guidelines for the handling, storage & disposal of potentially hazardous materials

4.3.4 Follows the safety procedures to be implemented in the event of an emergency

Examples of Evidence:

Describes examples of pharmacy emergencies

Explains existing workplace safety procedures

ELEMENT 4.4

Contribute to the management of workplace services

4.4.1 Contributes to the maintenance and development of workplace procedures and services

Examples of Evidence:

Works with other staff to develop & amend workplace procedures (e.g. SOPs)

Contributes ideas for improving services

Works with others to ensure adequate staffing levels

If a locum, contributes suggestions for developing workplace procedures

4.4.2 Works with others to ensure adequate supplies of stock and equipment

Examples of Evidence:

Works within workplace guidelines to order medicines & equipment

Oversees non-pharmacist staff to ensure they work within workplace guidelines for ordering medicines & equipment

4.4.3 Complies with agreed conditions of employment

Examples of Evidence:

If an employee, complies with employment conditions agreed with employer e.g hours of work

If an employer, complies with employment conditions agreed with employee

ELEMENT 4.5

Communicate effectively

4.5.1 Communicates effectively with other personnel in the workplace

Examples of Evidence:

Participates in staff discussions

Explains new or changed procedures to staff members

Maintains constructive dialogue with all staff

4.5.2 Communicates effectively with representatives from outside the workplace

Examples of Evidence:

If necessary, maintains constructive dialogue with drug company representatives, stock & equipment wholesalers & manufacturers & other health professionals



COMPETENCE STANDARD 5

Research and Provide Information

This competence standard covers the role of the pharmacist in providing health-related information to other health professionals, patients and the public. The pharmacist's role includes finding, interpreting, evaluating, compiling, summarising, generating and disseminating information, for the purpose of optimising medicine related health outcomes.

The research component of this standard applies to both applied and practice-based research covering medicines and all areas within pharmacy and health. This includes science, social, cultural, economic and management factors in the health field.

RANGE STATEMENT:

The pharmacist's medicine and health care information responsibilities are reactive, in that he/she carries out the tasks described in this standard in response to requests from patients, members of the public and health professionals. The pharmacist accesses and uses standard reference sources to obtain information about medicines or health care and provides accurate information to other health professionals, patients and the public in a manner that is timely and suitable for the receiver.

Common medicines are those listed in the latest edition of the MIMS New Ethicals.

Readily available references are those available from within the pharmacy including current editions of Martindale, MIMS New Ethicals, BNF, Pharmaceutical Schedule, a medical dictionary and web-based sources.

The pharmacist undertakes workplace-based research that provides new personal knowledge and/or facilitates more effective medicine use or workplace management.

ELEMENT 5.1

Use reference sources to compile medicines and healthcare information

5.1.1 Describes reference sources

Examples of Evidence:

Describes availability & scope of common reference sources including reference texts and computer databases

Explains limitations of available reference sources

5.1.2 Finds information in reference sources

Examples of Evidence:

Accesses tertiary medicine information sources e.g. BNF, MIMS New Ethicals

Accesses secondary medicines information sources e.g. Martindale, Medline

Selects optimal reference sources for situation

Finds specified information in a timely manner, including information on: patient factors, interactions, precautions & contraindications, therapeutic efficacy, dosages, dose forms, methods of administration & side effects

ELEMENT 5.2

Interpret information about medicines and health care

5.2.1 Evaluates situation to determine if able to provide information to the required level or needs to refer

Examples of Evidence

Responds to enquiries, if within own level of expertise

If necessary, refers enquiry to another health professional e.g. specialist medical practitioner, CARM, medicines information centre

5.2.2 Differentiates between information sources regarding their reliability

Examples of Evidence:

Recognises differences between peer-reviewed research and promotional material e.g. advertising material

Explains difference between manufacturers' information (e.g. Medicines data sheets) & independent editorial-based sources (e.g. Martindale)

5.2.3 Compares information from different sources

Examples of Evidence:

Compares information when two reference sources give different advice, and determines what outcome to recommend e.g. significance of drug interactions

Recognises that cultural, economic and political contexts shape information from different sources

5.2.4 Interprets information on behalf of other health professionals, patients and members of the public

Examples of Evidence:

Relates information to specific situations. patients or requests

Relates information found to the situation e.g. gives patient-specific answer if appropriate

ELEMENT 5.3

Provide information about medicines use and health care.

5.3.1 Explains the pharmacology and therapeutic use of common medicines

Examples of Evidence:

Either from memory or reference sources, explains therapeutic

use, patient factors, ADRs, interactions & contraindications for common medicines

Provides references to substantiate information

5.3.2 Advises about the use of medicines

Examples of Evidence:

Explains the safe use of medicines, including warnings & precautions & special storage requirements of specific medicines

5.3.3 Provides medicines and health care information to individuals and groups

Examples of Evidence:

Provides responses to queries from members of the public or other health professionals

If asked, addresses groups of health care professionals, patients or members of the public e.g. Asthma Society meeting or a group of diabetes patients

ELEMENT 5.4

Apply research findings in the workplace

5.4.1 Identifies research opportunities in the workplace

Examples of Evidence:

Identifies the need for research, e.g. identify the need to improve workflow in the dispensary, cut down clerical calls to doctors, improve use of pharmacy floor space

5.4.2 Gathers information and resolves identified problems

Examples of Evidence:

Gathers information on a workplace/research problem & works to resolve this e.g. produces a regular bulletin to doctors about Pharmac changes

Adopts a questioning approach to problem solving

ELEMENT 5.5

Communicate effectively

5.5.1 Responds to queries and requests for medicines and health care information

Examples of Evidence:

Listens and interprets information from enquirer e.g. paraphrases to ensure request is understood

Asks questions to elicit all the information

Agrees on time frame for response

5.5.2 Communicates verbal and written information fit for the receiver

Examples of Evidence:

Avoids technical jargon when talking with patients

Provides information fit for situation: letters, faxes, emails & verbally by telephone & face-to-face

5.5.3 Communicates effectively with other health professionals and patients

Examples of Evidence:

Communicates clearly with individual health professionals to pass on information

Explains information clearly to patients & if necessary uses additional aids e.g. language cards,



COMPETENCE STANDARD 6

Dispense Medicines

This competence standard covers the supply of Prescription Medicines and Pharmacist Only Medicines, including extemporaneously compounded products. The dispensing process includes all actions and responsibilities of the pharmacist from receipt of a prescription, medicine order or patient request through to counselling the patient about the use of the medicine.

RANGE STATEMENT:

The pharmacist processes all prescriptions and medicine orders (including Practitioners Supply Orders and Bulk Supply Orders) received in written form or by fax, telephone or computer. He or she dispenses Pharmacist Only Medicines and all categories of Prescription Medicines.

ELEMENT 6.1

Validate prescriptions

6.1.1 Checks prescriptions are complete, legal and authentic

Examples of Evidence:

Identifies whether or not prescriptions are complete &/or legal.
Checks compliance with Regs 41 & 42, Med Regs 1984
Identifies possible fraudulent prescriptions

6.1.2 Obtains information needed to make prescriptions complete and correct

Examples of Evidence:

Obtains information from prescriber, patient & other sources as defined in Reg 41 Med Regs 1984
Checks with prescriber if instructions/prescription details unclear

6.1.3 Annotates prescriptions

Examples of Evidence:

Annotations as defined in DHB's Procedures Manual e.g. ensures annotations are distinguishable from what doctor has written
Annotates according to hospital pharmacy procedures (e.g. SOPs)

6.1.4 Verifies prescriptions received by fax, telephone or email

Examples of Evidence:

Complies with legal requirements: Reg 40 Meds Regs 1984, Reg 34 Misuse of Drugs Regs 1977
Follows workplace practices & professional conventions when verifying prescriptions

ELEMENT 6.2

Assess Prescriptions

6.2.1 Determines whether individual prescriptions should be dispensed

Examples of Evidence:

Recognises problem prescriptions, e.g. incorrect/inappropriate prescribing

6.2.2 Follows workplace dispensing criteria when dispensing a prescription item

Examples of Evidence:

Checks medicine funding status in the Pharmaceutical Schedule
Checks if medicine fulfils hospital dispensing criteria

6.2.3 Prioritises prescriptions

Examples of Evidence:

Checks urgency needed to dispense each prescription
Organises prescriptions in order of priority

6.2.4 Determines the stock availability of prescribed medicines

Examples of Evidence:

Checks medicine available in pharmacy
Determines where & when the medicine can be obtained if not available, e.g. wholesaler or another pharmacy

ELEMENT 6.3

Interpret prescriptions

6.3.1 Identifies prescribed medicines

Examples of Evidence:

Identifies trade, generic & common names for prescribed medicines
Uses reference sources to find medicine names

6.3.2 Explains the therapeutic use of prescribed medicines

Examples of Evidence:

Explains pharmacology of each medicine, using reference if necessary

6.3.3 Interprets prescription instructions

Examples of Evidence:

Interprets abbreviations of dosage & dose forms
Interprets the prescriber's intention

ELEMENT 6.4

Review patients' medicines in relation to their histories

6.4.1 Accesses patient medicine records

Examples of Evidence:

Accesses computerised/written records held in own pharmacy.
Accesses medicine records held in other pharmacies or by other health professionals.

6.4.2 Verifies details of patient medicine records with patients, their caregivers or other health professionals

Examples of Evidence:

Ensures records reflect actual medicine intake of patient

6.4.3 Detects medicine problems from individual patients' medicine histories

Examples of Evidence:

Identifies omissions, dosage changes, inappropriate use, ADRs, non-compliance, prolonged use, misuse or abuse, interactions, incompatibilities, contraindications

6.4.4 Identifies patient factors likely to affect the efficacy or safety of specified medicines

Examples of Evidence:

e.g. age, weight, pregnancy, breast-feeding, disabilities, allergies, risk factors, other medicines

ELEMENT 6.5

Decide what is safe and appropriate to dispense

6.5.1 Confirms that each selected medicine is suitable for the patient

Examples of Evidence:

Confirms that dosage, route of administration & duration of therapy are suitable
Identifies possible interactions or incompatibilities

6.5.2 Addresses factors likely to affect patient compliance

Examples of Evidence:

Identifies factors likely to affect patient compliance & determines ways to deal with these, e.g. tablet use in children, breaking tablets
Selects compliance aids, e.g. asthma spacers; tablet cutter; single dose packaging

6.5.3 Applies all patient information to dispensing decisions

Examples of Evidence:

Based on all information gathered decides whether can dispense or need to contact prescriber or patient

6.5.4 Contacts prescriber to recommend medicine, dose or dose form changes.

Examples of Evidence:

Contacts prescriber and documents discussion outcomes, e.g. annotates on prescription, records in interventions book

COMPETENCE STANDARD 6

Dispense Medicines

ELEMENT 6.6

Fill prescriptions

6.6.1 Obtains prescribed medicines

Examples of Evidence:

Locates stock in pharmacy

Obtains stock from other sources, if not available in pharmacy

6.6.2 Maintains a logical, safe and disciplined dispensing procedure

Examples of Evidence:

Selects correct product, dose form & quantity for each prescribed medicine

Dispenses off prescription, not label

6.6.3 Fulfils the conditions & requirements specified in the relevant legislation

Examples of Evidence:

Complies with legal requirements of Misuse of Drugs Regs and Medicines Regs

6.6.4 Provides emergency supplies of prescription medicines

Examples of Evidence:

Determines need for an emergency supply

Complies with legal requirements & professional conventions regarding dispensing emergency supplies of prescription medicines (Reg 44 Meds Regs 1984)

ELEMENT 6.7

Package medicines to optimise safety and compliance

6.7.1 Packages medicines in suitable containers

Examples of Evidence:

Selects optimal container for the medicine, e.g. light-protective container

Selects optimal container for the patient, e.g. child resistant closures, single dose packaging

6.7.2 Produces comprehensible and complete labels for medicines

Examples of Evidence:

Includes all information specified by prescriber & necessary cautions/advice

Attaches labels securely without obscuring relevant information, eg expiry date

Fulfils legal requirements & professional conventions re labelling of medicines (Reg 23 Meds Regs 1984)

Adapts labelling to meet patients' needs, e.g. poor sight

ELEMENT 6.8

Maintain dispensing records

6.8.1 Maintains patient records

Examples of Evidence:

Maintains patient medicine records, including patients' administrative information & details of prescribed medicines, e.g. repeats allowed, prescriber details.

6.8.2 Maintains medicine records

Examples of Evidence:

Maintains medicine records, e.g. emergency supply, Pharmacist Only Medicines, Controlled Drugs, unregistered medicines

6.8.3 Fulfils legal requirements and professional conventions regarding maintenance of records

Examples of Evidence:

Complies with legal requirements: Reg 57 Meds Regs 1984, Health (Retention of Information) Regs 1996, Sect 18 Meds Act 1981

Maintains dispensing records of patients on IMMP & forwards to CARM in Dunedin every 4 months.

ELEMENT 6.9

Minimise dispensing errors

6.9.1 Explains the general potential for errors in the dispensing process

Examples of Evidence:

Identifies steps in dispensing procedure that are potential problem areas

Identifies actions to minimise actual/potential problem areas

6.9.2 Acts to minimise the effects of his/her dispensing errors

Examples of Evidence:

Identifies potential/actual errors in own dispensing

Acts to minimise effect on patient, e.g. contacts patient, contacts prescriber, supplies correct medicine.

Documents own dispensing errors & actions undertaken to minimise their effects

Complies with workplace procedures for documenting dispensing errors

6.9.3 Rectifies dispensing errors immediately

Examples of Evidence:

Alters own dispensing procedure to prevent recurrence of previous errors



ELEMENT 6.10

Counsel patients about their medicines

6.10.1 Ensures patient receives the correct medicine

Examples of Evidence:

Check patient details, e.g. name & address.

6.10.2 Ascertains patients' understanding of their medicines

Examples of Evidence:

Talks with/questions patients to find out their understanding of medicines purpose & compliance

6.10.3 Informs and advises about medicines

Examples of Evidence:

Explains indications for use & benefits of medicines

Advises on dosage, storage, alterations in formulation/packaging, different brands supplied on generic-request medicines

Advises about precautions & adverse effects without alarming patients

Advises on frequency; relationship to food & duration of therapy

Provides written information, e.g. pamphlets, self care cards

6.10.4 Demonstrates the correct method of administering medicines

Examples of Evidence:

Provides compliance aids if necessary, e.g. asthma spacers; tablet cutter

Provides verbal & written information & physical demonstrations to explain special techniques for using:

- inhalers, ear, nose & eye drops, nasal & oral sprays, suppositories & pessaries
- creams, lotions, patches & dressings
- cutting/dissolving tablets

6.10.5 Check patients' understanding of the advice and counselling

Examples of Evidence:

Listens attentively or questions patient to determine understanding

Gets patient to repeat information to ensure understanding

6.10.6 On request informs and advises patients about their conditions and diseases

Examples of Evidence:

Ascertains patients' understanding of their conditions/diseases

Provides verbal & written advice, e.g. pamphlets, self care cards

ELEMENT 6.11

Communicate effectively

6.11.1 Communicates effectively with prescribers

Examples of Evidence:

Uses questioning and listening skills to elicit information

Clearly communicates proposed prescription changes and recommendations

6.11.2 Uses language and non-verbal communication to suit the patient

Examples of Evidence:

Talks to patients in lay terms, avoiding technical jargon

Uses gestures, voice tone, stance, & facial expressions to suit situation & patient

6.11.3 Tailors information to suit the patient

Examples of Evidence:

Adapts information to suit patient's comprehension level

Uses varied formats to provide information in a way that suits patients' needs, e.g. verbal, physical demonstration, written, pictorial, models & placebo devices

6.11.4 Asks relevant questions

Examples of Evidence Guide:

Uses questions to check patient understands advice & counselling

Listens attentively to response



COMPETENCE STANDARD 7

Prepare Pharmaceutical Products

This competence standard covers the preparation of pharmaceutical products in community and hospital pharmacies.

RANGE STATEMENT:

The pharmacist prepares small quantities of non-sterile products and/or sterile products, including creams, ointments, suppositories, mixtures, suspensions, solutions and/or TPNs, eye drops, injections and subcutaneous syringes according to the *Health and Disability Services Pharmacy Services Standard NZS 8134.7* Standards 5, 6 and 7.

The pharmacist explains the principles of aseptic dispensing and recognises situations in which it is necessary.

ELEMENT 7.1

Explain compounding principles and procedures

7.1.1 Explains the principles of compounding

Examples of Evidence:

Explains use of techniques & equipment, e.g. grinding, mixing, heating, order of addition of ingredients, balances & weights.

Describes role of buffers, preservatives, antioxidants & suspending agents

Explains the principles of sterile compounding, e.g. no-touch technique, use of laminar-flow cabinets.

7.1.2 Explains the principles of medicine stability

Examples of Evidence:

Explains effects of moisture, oxygen, sunlight, temperature & micro-organisms on stability & clinical effectiveness of finished product

ELEMENT 7.2

Recognises under what conditions extemporaneously prepared products can be prepared

7.2.1 Differentiates between prescriptions that require aseptic dispensing and those that don't

Examples of Evidence:

Identifies dosage forms that must be prepared with aseptic techniques in a clean room environment e.g. those instilled, injected or used to irrigate sterile body cavities

Does not attempt to make eyedrops in normal dispensary area

7.2.2 Recognises extemporaneously prepared products that must be prepared under special conditions to minimise environmental risk

Examples of Evidence:

Identifies cytotoxic preparations that must be prepared in a chemotherapy isolator or preparation unit.

Identifies potentially harmful ingredients and products e.g. podophyllin, and ensures they are dealt with safely, including storage and transport

ELEMENT 7.3

Determines appropriate formulation

7.3.1 Selects formulations

Examples of Evidence:

Selects correct formulations for specified products

Accesses formulations used in workplace or uses reference sources

7.3.2 Interprets formulations

Examples of Evidence :

Interprets common terminology & abbreviations, e.g. ingredients, instructions, dose forms, quantities

Identifies trade, generic & common names of ingredients

Identifies problem formulations, e.g. incorrect proportions, drug instability, vehicle instabilities, inaccuracies, precipitations, syringe compatibilities/incompatibilities.

7.3.3 Explains the purpose of ingredients within formulations

Examples of Evidence:

Explains what each ingredient is – stabilisers, therapeutic agents, preservatives, vehicles, diluents, antioxidants, suspending agents, flavouring agents e.g. methylcellulose is a suspending agent.

Explains the role of TPN components and the balance required between these

7.3.4 Modifies formulations within existing guidelines

Examples of Evidence:

Modifies formulations to ensure product is stable & suitable for intended use

Follows manufactures' guidelines, or appropriate reference source, for dilution of solutions, suspensions & ointments

Explains the limits of modifications that can be made to formulations, e.g. addition of electrolytes to TPNs, additions to creams

ELEMENT 7.4

Compound pharmaceutical products

7.4.1 Prepares worksheet and calculations and labels

Examples of Evidence:

Calculates quantities of ingredients & end product to 100% accuracy, and documents this

Produces clear labels for end products, including full patient instructions, expiry dates, storage information and any supplementary advisory labels

7.4.2 Obtains stock and equipment and prepares work area

Examples of Evidence:

Obtains correct form & strength of ingredients needed for product

Checks each ingredient to ensure it is fit to use, e.g. checks expiry date, signs of degradation, stored correctly (temperature & protection from light & moisture), stability if packaging already opened.

Checks ingredient is pharmaceutical grade.

Ensures equipment and work area are appropriate, clean & tidy e.g. ointment slab cleaned; positive pressure areas maintained in sterile unit

Ensures personnel are appropriately prepared for aseptic production, e.g. handwashing, appropriate clothing

7.4.3 Compounds pharmaceutical products applying suitable compounding techniques and principles

Examples of Evidence:

Uses appropriate compounding technique to prepare product

Weighs or measures correct quantity of ingredients

Follows professional conventions & formulation principles when compounding

Uses aseptic, no-touch technique for sterile preparations

7.4.4 Examines final product for particulate contamination and homogeneity

Examples of Evidence:

Undertakes a visual final check for product, e.g. checks for particulate contamination, uniform mixing, aesthetically pleasing products

Complies with workplace quality control procedures for assessment of final product e.g. assays of active ingredients, sterility checks

7.4.5 Complies with Health and Disability Services Pharmacy Services Standard NZS 8134.7 and workplace practices for the compounding and preparation of pharmaceutical products

Examples of Evidence:

Complies with rules of schedule or formulary, relevant for the product

Complies with Code of GMP, Quality Standards for Pharmacy in NZ & workplace SOP's

COMPETENCE STANDARD 7

Prepare Pharmaceutical Products

7.4.6 Packs and labels compounded products to optimise safety and compliance

Examples of Evidence:

Packs each compounded product in container suitable for type, quantity, intended use & storage requirements of product, e.g. protected from light & moisture, container suited to product & use, bottle with dropper dispenser for ear drops.

Attaches labels securely, without obscuring relevant information, e.g. graduations on syringes, poison bottle ribs

7.4.7 Ensures optimal storage of ingredients and compounded products

Examples of Evidence:

Complies with optimal storage conditions regarding: temperature, light, moisture, type of container, transport of product

7.4.8 Cleans and maintains compounding equipment

Examples of Evidence:

Cleans all equipment after use

Checks & maintains equipment according to manufacturers' instructions & workplace SOP's

Ensures aseptic preparation areas are monitored, serviced and cleaned regularly

7.4.9 Completes documentation and records

Examples of Evidence:

Completes batch sheets, worksheets & records accurately & legibly

Completes & verifies worksheets & batch sheets & files documentation according to current legislation, codes, standards & workplace practices e.g. Controlled Drug Register.

Ensures an authorised person verifies all work.

ELEMENT 7.5

Communicate effectively

7.5.1 Writes in clear English

Examples of Evidence:

Produces all labels, records & instructions in clear legible English with no spelling or grammatical errors

7.5.2 Communicates effectively with prescribers, health professionals, care givers and patients

Examples of Evidence:

Uses questioning and listening skills to elicit information

Clearly communicates proposed formulation requirements and changes with prescriber

Communicates effectively with end user of product about the use of the product, e.g. TPN administration, eye drop use

PHARMACY COUNCIL MEDICINES MANAGEMENT COMPETENCE FRAMEWORK

Since 2006 the Council has had in place a competence framework for pharmacists providing medicines management services. In relation to the profession of pharmacy the Council defines medicines management as a range of patient-centred services that improves medicines-related health outcomes. These services are in addition to the existing dispensing pharmacy services.

The Council competence framework outlines the four levels of medicines management services and these are aligned with the Medicine Review Services in the DHBNZ National Framework for Pharmacist Services. Detailed service descriptions and specifications can be found in the DHBNZ National Framework document.

The competence framework (see figure below) recognises the relationship between the level of competency (knowledge, skills and attributes) required and the complexity of medicines management related issues. A pharmacist requires additional competencies as they move across the range of medicines management services i.e. from Level A to Level D.

While four levels of medicines management services can be provided within the Pharmacist scope of practice, additional education and training is required for the provision of Level B, C and D medicines management services. The Pharmacist Prescriber scope of practice will be a separate scope of practice, and pharmacists will be required to meet separate competencies and qualifications to register in this separate scope.



