



2016

NATIONAL COMPETENCY STANDARDS FRAMEWORK FOR PHARMACISTS IN AUSTRALIA

AACP
AUSTRALIAN ASSOCIATION
OF CONSULTANT PHARMACY

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Acknowledgements

The following organisations were involved in the development of this publication and have endorsed the final framework: Australian Association of Consultant Pharmacy; Australian College of Pharmacy; Australian Pharmacy Council; Council of Pharmacy Schools: Australia and New Zealand Inc.; National Australian Pharmacy Students' Association; Pharmaceutical Defence Limited; Pharmaceutical Society of Australia; Pharmacy Board of Australia; Professional Pharmacists Australia; Society of Hospital Pharmacists of Australia; The Pharmacy Guild of Australia.



Comments

Any comments about this publication may be sent at any time to the Pharmaceutical Society of Australia, the custodian of the document on behalf of the Australian pharmacy profession.

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ISBN: 978-0-908185-03-0 (Digital)

TABLE OF CONTENTS

Section 1

| | |
|---|-----------|
| Glossary of terms | 2 |
| Introduction | 7 |
| Background | 8 |
| Key influences | 8 |
| The professional practice context..... | 8 |
| Understanding the dimensions of practice..... | 8 |
| Scope of practice..... | 9 |
| Measuring performance | 10 |
| Advanced level practice | 10 |
| Refinement of the continuum of practice | 10 |
| Requisite knowledge, skills and attributes..... | 11 |
| Competency standards, quality standards and guidelines | 12 |
| About the 2016 Framework..... | 13 |
| The structure of the framework..... | 13 |
| Applications of the 2016 Framework | 16 |
| Creating an individualised professional practice profile..... | 18 |

Section 2

| | |
|--|-----------|
| 2016 National Competency Standards Framework..... | 19 |
| Comparison of terminology | 20 |

Section 3

| | |
|---|------------|
| Appendix 1: The development of a national competency standards framework | 98 |
| Summary of the history of the competency standards..... | 98 |
| Overview of the development process for the 2016 Framework..... | 100 |
| Key recommendations of Phase 1 | 101 |
| Decisions of Phases 2 and 3 | 101 |
| Summary of changes to the 2012 APPF standards | 103 |
| Appendix 2: Comparison of the 2010 and 2016 Frameworks | 108 |

Glossary of terms

The following definitions have been adopted in this document.

| Term | Definition | Source |
|----------------------------|--|--------|
| Accountability | Being answerable for one's actions, and the roles and responsibilities inherent in one's job or position. Accountability cannot be delegated. | 1 |
| Adherence | A qualitative measure of the extent to which a consumer's behaviour corresponds with the recommendations agreed with a health care professional, ideally through a concordant approach. This can include accidental non-compliance (e.g. forgetting, misunderstanding directions). | 1 |
| Advanced pharmacy practice | Practice that is so significantly different from that achieved at initial registration that it warrants recognition by professional peers and the public of the expertise of the practitioner and the education, training and experience from which that capability was derived. | 2 |
| Adverse drug reaction | A drug response that is noxious and unintended, and which occurs at doses normally used or tested in humans for the prophylaxis, diagnosis or therapy of disease, or for the modification of physiological function. | 3 |
| Adverse medicines event | An adverse event due to a medicine. This includes the harm that results from the medicine itself (an adverse drug reaction) and the potential or actual patient harm that comes from errors or system failures associated with the preparation, prescribing, dispensing, distribution or administration of medicines (medication incident). | 3 |
| Autonomy | Having a sense of one's own identity and an ability to act independently and to exert control over one's environment, including a sense of task mastery, internal locus of control, and self-efficacy. | 4 |
| 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. | 1 |
| Client | A person (other than a patient) or organisation receiving advice or service from a pharmacist. | 5 |
| Clinical audit | A quality improvement process that seeks to improve patient care and outcomes through a systematic review of the structure, processes or outcomes of care against explicit criteria, identification of required actions for improvement, and the implementation of those actions. Changes may be implemented at an individual, team, or service level and further monitoring is used to confirm improvement in health care delivery. | 6 |
| Clinical governance | A framework through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish. | 7 |
| Clinical review | Review of patient-specific clinical information and patient parameters to evaluate their response to medication therapies and to detect and manage potential or actual medicines-related problems. | 8 |
| 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 that they, and others, contribute to the 'whole'. | 1 |
| Competence | Possession by an individual of the required knowledge, skills and attributes sufficient to successfully and consistently perform a specific task or function to the desired standard. | 2 |

| Term | Definition | Source |
|---------------------------------|--|--------|
| Consent | Permission granted voluntarily by a consumer or individual who has been adequately informed (e.g. of options, risks, benefits) and has the capacity to understand, provide and communicate their permission. | 5 |
| 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. | 9 |
| Credentialing | Formal process used to assess and/or verify the qualifications, experience, professional standing and other relevant professional attributes of practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments or health care settings. | 10 |
| 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. | 9 |
| Defined area of practice | The pharmacist's area of responsibility and accountability in professional practice. | 5 |
| Drug use evaluation | Authorised, structured, ongoing system for improving the quality of medicine use within a health service organisation. Medicine use is evaluated by using pre-determined standards, and efforts are initiated to correct patterns of use which are not consistent with these standards. It includes a mechanism for measuring the effectiveness of these corrective actions. | 8 |
| Dynamic situations | Where the context of the problem is changing and requires regular evaluation. | 5 |
| Facilitator | One who encourages self-directed learning. | 7 |
| 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. | 11 |
| 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. | 12 |
| Initial general registration | In this document, this relates to the occasion when an individual is seeking or has obtained general registration as a pharmacist in Australia for the first time. | 5 |
| Interdisciplinary collaboration | Refers to the positive interaction of two or more health professionals, who bring their unique skills and knowledge, to assist patients/clients and families with their health decisions. | 13 |
| Intern | An individual who has completed a course of study in pharmacy and is undertaking a period of supervised practice and an approved training course in accordance with requirements set down by the Pharmacy Board of Australia as a prerequisite for applying for general registration as a pharmacist in Australia for the first time. Interns are required to hold provisional registration with the Pharmacy Board of Australia. | 14 |
| Just culture | A culture in which front-line operators and others are not punished for actions, omissions or decisions taken by them which are commensurate with their experience and training, but where gross negligence, wilful violations and destructive acts are not tolerated. | 15 |
| Leadership | The process of influencing the behaviour of others toward a pre-determined goal. | 16 |
| Leadership of self | A process where a person who knows their strengths and weaknesses, understands and displays self-awareness, self-regulation, motivation, empathy and social skill and commits to self-reflection and improvement. | 17 |

| Term | Definition | Source |
|-------------------------------|---|--------|
| Management control system | The formalised routines, reports and procedures that use information to maintain or alter patterns of organisational activity. | 18 |
| Management information system | A system that generally contains comprehensive data about all transactions within an organisation. | 18 |
| Medication | A medicine used by a specific patient according to a particular dosing regimen. | 9 |
| Medication error | A preventable event that may cause or lead to inappropriate medication use or patient harm while medication is in the control of the healthcare professional, patient or consumer. | 3 |
| 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 patient. | 16 |
| 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. Includes prescription and non-prescription medicines, including complementary health care products, irrespective of the administered route. | 1 |
| 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. | 19 |
| 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. | 9 |
| Partnership | A relationship where there is a sharing of expertise and responsibility among doctors, nurses, pharmacists and consumers for a person's wellbeing. Working in partnership involves consultation between individuals and collaborative decision making. | 1 |
| Patient | A person who uses or is a potential user of health services, including their family and carer(s). | 5 |
| Patient-centred care | Health care that is respectful of, and responsive to, the preferences, needs and values of patients and consumers. The widely accepted dimensions are respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of family and carers, and access to care. | 20 |
| 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. | 21 |
| Performance level | A measurable characteristic of professional practice that reflects the depth of knowledge, skills and experience of the pharmacist. | 22 |
| 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. | 23 |
| Primary health care | Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, advocacy and rehabilitation. Primary health care providers include pharmacists, general practitioners, nurses (e.g. general practice nurses, community nurses and nurse practitioners), midwives, dentists and Aboriginal health workers. Multi-disciplinary teams are supported by integrated referral systems in a way that: gives priority to those most in need and addresses health inequalities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. | 24 |

| Term | Definition | Source |
|-----------------------------------|---|--------|
| Public health | The science and art of promoting health, preventing disease, and prolonging life through the organised efforts of society. | 9 |
| 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 applies equally to decisions about medicine use by individuals and decisions that affect the health of the population. | 9 |
| Registration | A formal process undertaken by the Australian Health Practitioner Regulatory Agency together with the Pharmacy Board of Australia to confer on an individual the right to practise as a pharmacist in Australia. | 14 |
| Research | Original investigation undertaken to gain knowledge, understanding and insight. | 25 |
| 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. Responsibility is about accepting the tasks/functions inherent in one's role. | 1 |
| 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. | 26 |
| Scope of practice | A time sensitive, dynamic aspect of practice which indicates those professional activities that a pharmacist is educated, competent and authorised to perform and for which they are accountable. | 27 |
| 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. | 28 |
| Structure | The formal reporting relationships, groupings and systems of an organisation. | 18 |
| Therapeutic drug monitoring (TDM) | Interpreting and monitoring of measured drug concentrations in body fluids to optimise medicine efficacy and minimise toxicity. TDM applies the disciplines of pharmacology, pharmacokinetics, pathology and clinical medicine. | 8 |

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Introduction

Pharmacists possess a unique and complex body of knowledge and skills that they apply on behalf of other members of the community to optimise health outcomes. The commitment to act in the service of others carries with it an obligation to do so in accordance with expected behaviours as set down in professional codes, standards and guidelines. It also carries with it a fundamental ethical obligation to maintain and practice within the limits of professional competence.

Competency standards describe the skills, attitudes and other attributes (including values and beliefs) attained by an individual based on their knowledge and experience which together enable the individual to practise effectively as a pharmacist. The value of competency standards rests with their capacity to support and facilitate professional practice and growth, in the interests of public safety.

Professional practice changes as the profession matures and the Australian health care system and society evolves and changes. The competency standards for pharmacists in Australia are therefore dynamic and must be subject to review at regular intervals. The timing of activities and release of documents arising from the review cycle is shown in **Table 1**. Greater detail is provided in **Appendix 1**.

A review of the *National Competency Standards Framework for Pharmacists in Australia (2010)* (the '2010 Framework') commenced in 2014 as part of a regular review cycle (refer to **Appendix 1** for detail of previous reviews). The review was conducted under the auspices of the Pharmacy Practitioner Development Committee (PPDC) which determined that, consistent with the concept of there being a continuum of practice, the standards of *An Advanced Pharmacy Practice Framework for Australia (October 2012)* (APPF) should be integrated into this 2016

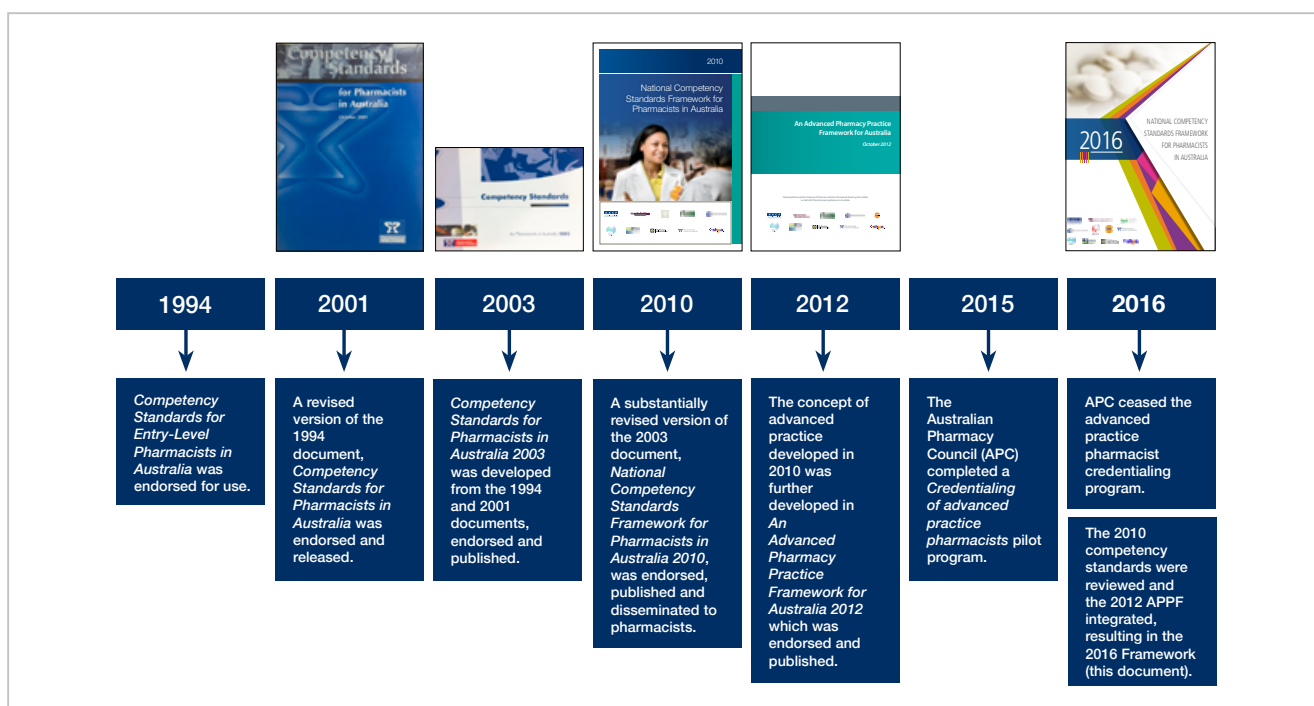


National Competency Standards Framework (the '2016 Framework').

The PPDC is a profession-wide collaborative forum established to focus on the development of pharmacist practitioners through consideration of competencies and scopes of practice.

The 11 Member organisations of the PPDC are: Australian Association of Consultant Pharmacy, Australian College of Pharmacy, Australian Pharmacy Council, Council of Pharmacy Schools: Australia and New Zealand Inc., National Australian Pharmacy Students' Association, Pharmaceutical Defence Limited, Pharmaceutical Society of Australia, Pharmacy Board of Australia, Professional Pharmacists Australia,

Table 1: Summary of activities and outcomes from the competency standards review cycle



The Pharmacy Guild of Australia, The Society of Hospital Pharmacists of Australia.

The most significant changes to the 2010 Framework that have arisen from this review are:

- A reduction in the number of domains from eight to five.
- Changing *Element* to *Enabling competency*.
- Expressing *Performance criterion* and *Evidence example* as statements of observable behaviour.
- Including competencies for advanced pharmacy practice within the Framework as *Enabling competencies* of the competency standards.

Further detail is provided in **Appendix 1**.

Background

Key influences

All reviews of the competency standards have been undertaken in the context of a **key statement on the practice of pharmacy**,¹ the current version of which is presented below.

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

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

Pharmacists provide health care, education and advice across all settings to promote good health and to reduce the incidence of illness. Pharmacists provide direct care to patients and also have a broader role in enhancing public health and quality use of medicines in the community.

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

The **National Medicines Policy** (NMP), the aim of which is to “meet medication and related service needs, so that both optimal health outcomes and economic objectives are achieved for Australians”, holds a preeminent position as a pillar of professional pharmacy practice.

Pharmacists work in roles that are supportive of all four arms of the NMP but maintain a particular focus on the Quality Use of Medicines (QUM) arm of the Policy. This encompasses:²

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

An additional contextual issue for this review is the formal recognition within the **Pharmacy Board of**

Australia definition of practice³ that pharmacists work in diverse roles and practice settings, only some of which involve direct patient care.

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

The professional practice context

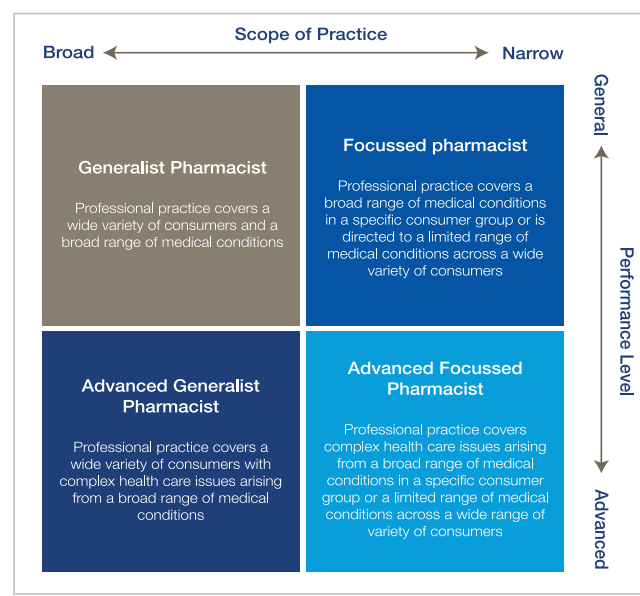
Understanding the dimensions of practice

During development of the 2010 Framework professional practice was described in terms of:

1. a horizontal dimension reflecting the **breadth** of practice and referred to as ‘scope of practice’; and
2. a vertical dimension reflecting the **depth** of practice and referred to as ‘performance level’.

Figure 1 was adapted from a model developed by the Council on Credentialing in Pharmacy in the US⁴ and shows how these two dimensions can be captured to classify professional practice into a number of broad categories or practice types.

Figure 1: Using scope of practice and performance level to define practice type⁵
(illustrated by an example for pharmacists in clinical roles)



1 Adapted from the original statement used in the 1994 *Competency standards for entry-level pharmacists in Australia*.

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

3 Pharmacy Board of Australia. Registration standard: Professional indemnity insurance arrangements. 1 Jul 2016.

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

Scope of practice

Scope of practice defines the boundaries of professional practice. It is a characteristic of practice that is influenced by the context of practice, the health care needs of patients, and applicable workplace policies and is “usually defined by a regulatory body or employer, after taking into consideration the health professional’s training, experience, expertise and demonstrated competency”.⁶ It includes activities delegated to others and can be expanded at the discretion of the individual practitioner by incorporating into their practice the knowledge, skills and expertise required to deliver a new health service. A recent example that demonstrates this point is the involvement of pharmacists in the administration of vaccines subsequent to completion of mandatory training. As can be seen, scope of practice is a dynamic aspect of practice that will change over time and is particular to the individual pharmacist. The definition developed for the APPF and accepted for this work is presented below.

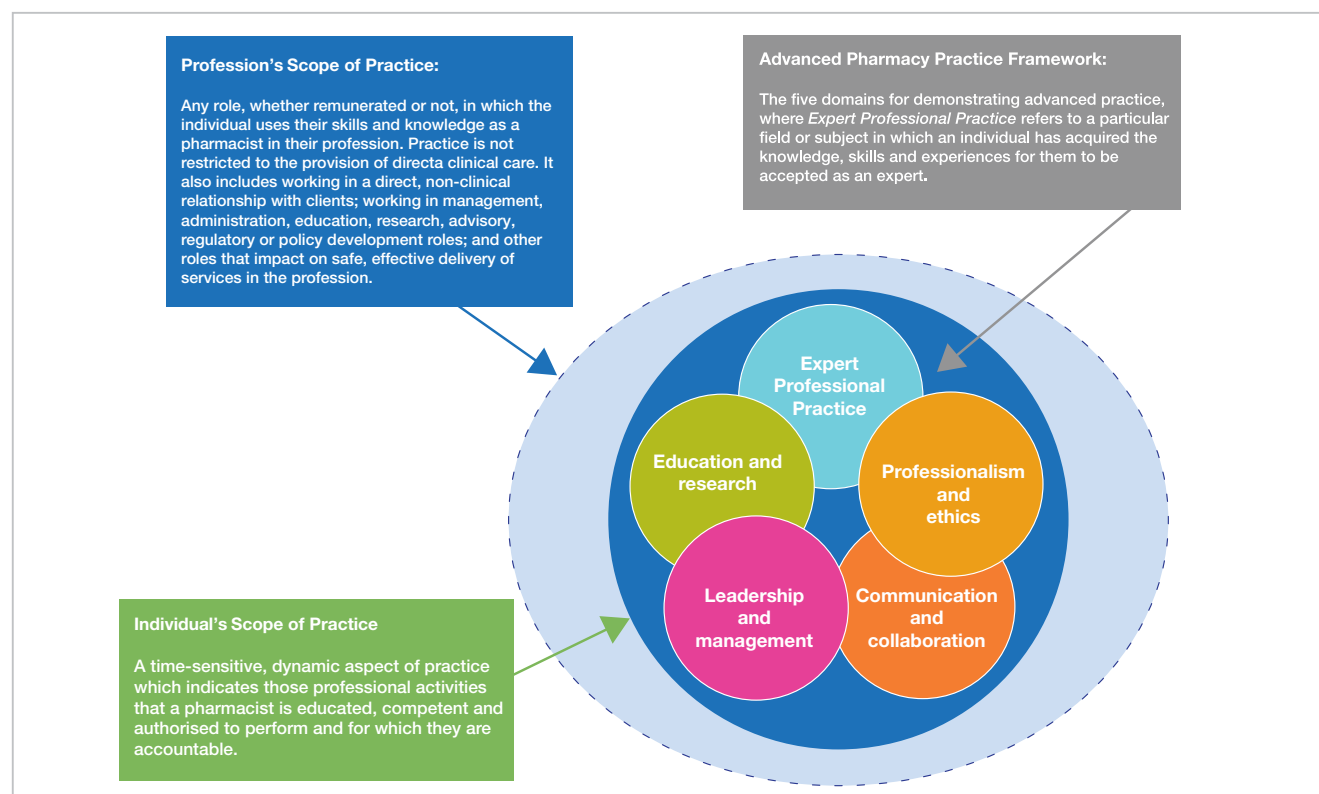
Scope of practice is a time sensitive, dynamic aspect of practice which indicates those professional activities that a pharmacist is educated, competent and authorised to perform and for which they are accountable.

The relationship between the scope of practice of the individual and that of the profession as a whole is demonstrated in **Figure 2**. The centre of the figure is comprised on the five domains of the APPF of 2012.

The particular competencies required by any pharmacist will depend on their **scope of practice** – that is the professional roles they perform or services they provide. The process for selecting relevant competencies from the 2016 Framework is described under *Creating an individualised professional practice profile*. Competencies will be drawn from a larger number of domains where scope of practice is broad but fewer domains where scope of practice is narrow. Pharmacists with a broad scope of practice will work with a wide variety of patients and medical conditions whereas those with a narrow scope of practice will be focusing their practice on either a particular patient group or a limited range of medical conditions.

Where pharmacists choose to limit their scope of practice by focusing on particular areas of practice (e.g. compounding or medication management) they may afford themselves an opportunity to increase their expertise and improve their performance. This is probably the reason that ‘specialisation’ in practice was historically seen as being synonymous with ‘advanced’ practice. However, ‘specialisation’ refers only to scope of practice and does not, of itself, confer the additional expertise that underpins advanced pharmacy practice. It therefore follows that ‘specialisation’ can occur without any associated enhancement in performance. There is strict control of use of the term “specialist” under the *Health Practitioner Regulation National Law Act 2009* (the ‘National Law’) and currently it may only be used by the medical, dental and podiatry professions (although this does not limit its use in other

Figure 2: Scope of Practice of the Profession versus that of the Individual⁷



⁵ Originally adapted from reference 4.

⁶ NPS: Better Choices, Better Health. Competencies required to prescribe medicines: putting quality use of medicines into practice. Sydney: National Prescribing Service Limited, 2012.

⁷ Reproduced with permission of the Australian Pharmacy Council.

contexts such as in industrial awards or position titles). Therefore, in the context of advanced practice, the term should be avoided in favour of the more accurate terms 'scope of practice' and 'performance level' as presented in **Figure 1**.

Measuring performance

Performance level may be defined as a measurable level of accomplishment that reflects the depth of expertise of the individual based on their training and experience. It is important to recognise that it does not relate to any particular service or range of services and is not a measure of the quality of services provided. Excellence in practice relates to the quality of professional practice and is achievable by all pharmacists regardless of the performance level at which they operate.

The competency standards of the 2016 Framework describe, in generic terms, the knowledge, skills and attributes that are central to pharmacists performing effectively and to an acceptable standard in contemporary professional practice in Australia. They include performance criteria that focus on key aspects of performance and express what a competent professional would do in terms of observable results or behaviours. This allows the competency standards to serve as the external measure of expected performance against which actual performance can be assessed.

Benefits accrue to both patients and the profession when members of the profession acquire additional expertise for the purposes of enhancing their capacity to contribute to health care. It is appropriate for these additional capacities to be shared with colleagues through teaching and mentoring activities. However, it would not be appropriate for the additional expertise associated with advanced practice to be applied through supervisory functions in any way restrict or constrain the delivery of professional services as this would be counterproductive and detrimental to the profession.

Advanced level practice

During the development of the APPF (2011–12), it was determined that 'advanced' pharmacy practice is a function of the depth of expertise or performance level of the individual. The definition developed and accepted for this work is presented below.

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

Professional practice was also viewed as a continuum, where the individual pharmacist moves from the point of entry to the profession towards advanced practice by acquiring expertise through all the means available to them. Sustained professional development and growth is associated with increasing performance levels such that the individual progresses along the practice continuum to a threshold performance level above which their performance is considered to be 'advanced' level. A visual representation of this concept is presented in **Figure 3**. It shows progression in performance level from General level through the advanced practice continuum to Advanced level – Stage 3.

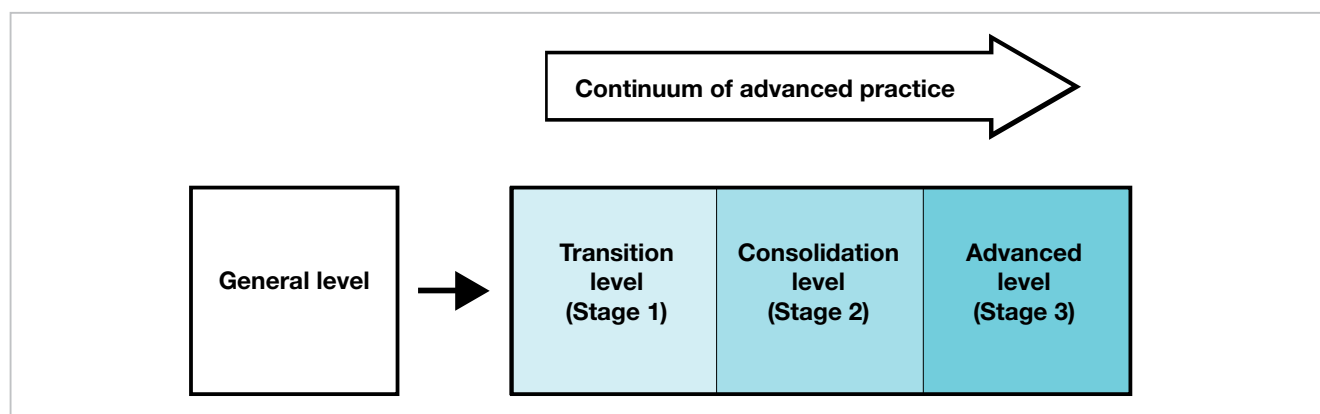
This concept was further developed during development of the 2016 Framework to characterise the way in which individual pharmacists operate within the continuum of practice (refer to **Figure 4**).

Refinement of the continuum of practice

In considering the integration of the APPF standards the PPDC noted there was a progression evident across the advanced practice standards relating to the way in which the pharmacist is expected to interact with their professional environment. An initial focus of professional activities on self shifts to a focus on self and others (e.g. peers and colleagues) and then further progresses to focusing on those in their team (i.e. self, others and the team) and eventually to those beyond the team (i.e. self, others, the team and beyond).

The expanded focus was clearly identified as being associated with empowerment and an expanded sphere of influence that was captured in the types of verbs used in the Standards. For example, an **Advanced** level pharmacist "leads", "shapes" and "influences" whereas at **Transition** level the pharmacist

Figure 3: The practice continuum (adapted from the APPF)



“understands”, “contributes” and “identifies”. This progression in terminology was noted to closely align to that evident in Action Words for Bloom’s Taxonomy (Center for University Teaching, Learning and Assessment, University of West Florida). A visual representation of the expanding field of focus and influence as expertise and capacity to contribute grows is presented in **Figure 4**. This is considered to be a refinement of the original concept of a continuum of practice presented at **Figure 3**.

Requisite knowledge, skills and attributes

In previous reviews it has been recognised that there is an essential body of knowledge, skills and attributes that underpins effective and safe professional practice. Courses of study in pharmacy are accredited by the APC against a set of accreditation standards and these refer to indicative learning domains that may be used to develop a curriculum for a pharmacy degree program. The pharmacy learning domains have been developed to reflect the learning needs of students that arise from consideration of contemporary pharmacy practice, evolving developments in practice and the unique health and educational systems in Australia.

The pharmacy learning domains are included in the *APC Accreditation standards for pharmacy programs in Australia and New Zealand* and are subject to periodic review to reflect developments in the profession.

The broad learning domains that contain more detailed indicative elements are:

1. The health care consumer
2. Medicines: drug action
3. Medicines: the drug substance
4. Medicines: the medicinal product
5. Health care systems and the roles of professionals.

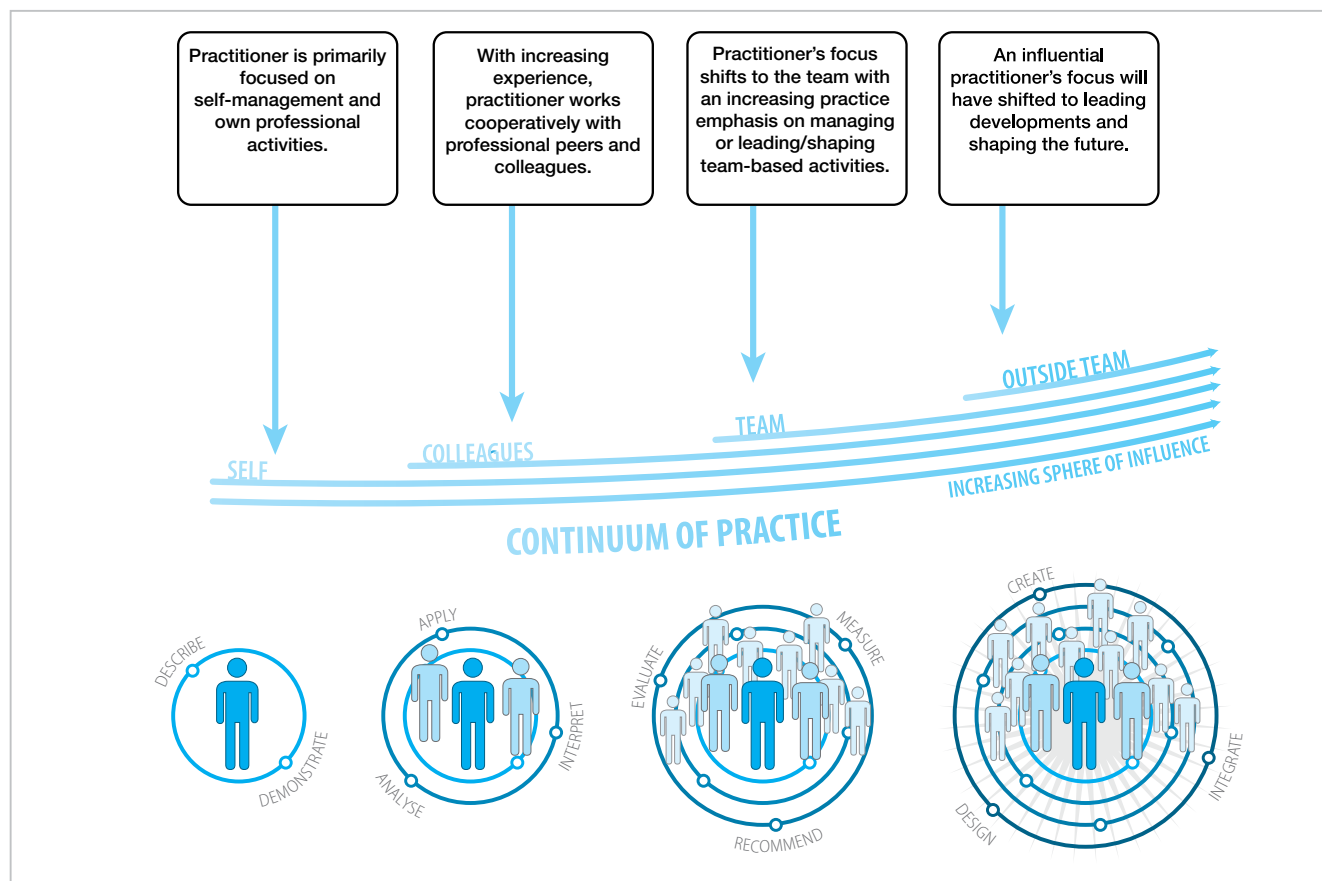
The following skills and attributes are deemed to be of particular significance for pharmacy practice.

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

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

Numeracy – the ability to understand basic mathematical relationships and perform calculations, calculate medicine doses and dosage regimens accurately and adjustments in special patient populations. It encompasses the ability to interpret, select and investigate appropriate mathematical information and relationships that are highly embedded in an activity, item or text.

Figure 4: Visual representation of the continuum of practice and expanding sphere of influence



Competency standards, quality standards and guidelines

Competency standards

These describe the skills, attitudes and other attributes (including values and beliefs) attained by an individual based on knowledge and experience which together enable the individual to practise effectively as a pharmacist.

Professional practice/quality standards

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

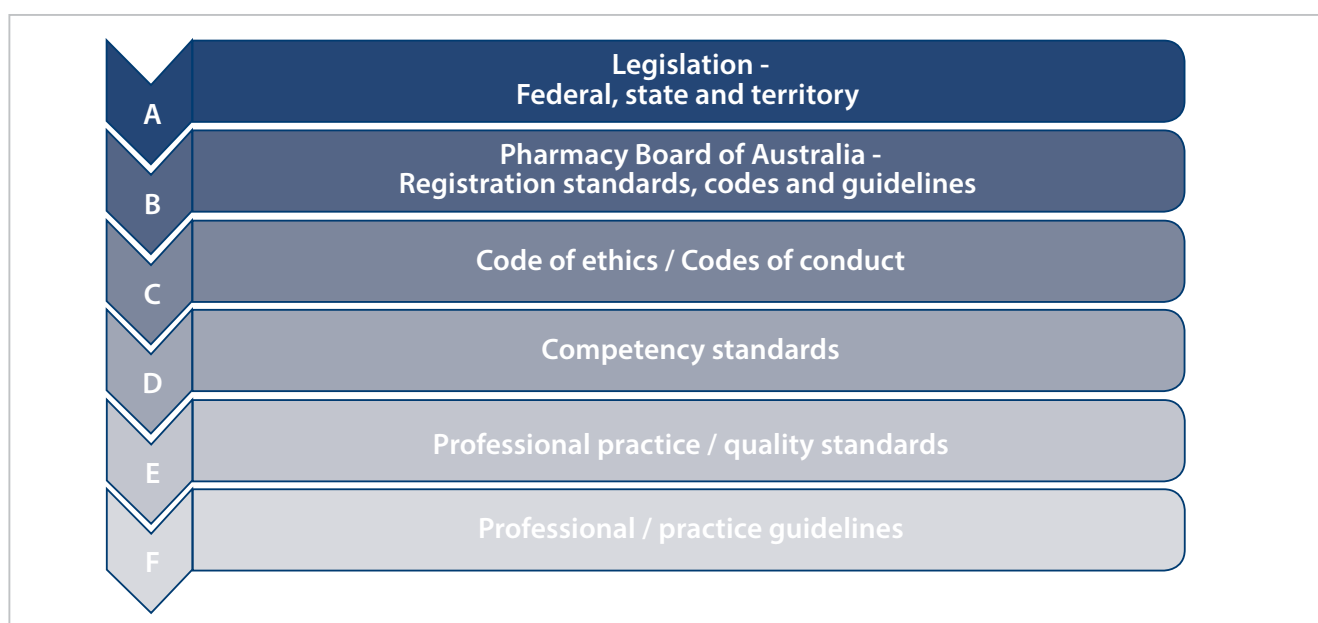
Quality standards may be applicable to individuals (e.g. Pharmaceutical Society of Australia (PSA) *Professional practice standards*; *Standards of practice* documents developed by the Society of Hospital Pharmacists of Australia) or to organisations (e.g. Australian Standard AS 85000:2011 *Quality Care Pharmacy Standard – quality management system for pharmacies in Australia* prepared by the Pharmacy Guild of Australia; *National safety and quality health service standards* developed by the Australian Commission on Safety and Quality in Health Care for the accreditation of public and private health care organisations).

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

Professional guidelines

Guidelines are detailed descriptions of specific professional activities that are intended to serve as a support to pharmacists practising or seeking to practise in a particular area or domain of professional endeavour. When doubt arises over professional conventions or practices it is guidelines rather than competency standards that will provide the detail that clarifies the way forward. In creating competency standards there is always unease about the level of detail required to ensure the standards are relevant and useable. The standards of this 2016 Framework lack some of the detail included in previous versions and there are several fewer domains. This has been done in an attempt to make the Framework more user-friendly and in the knowledge that the standards relevant to an individual's practice are intended to be selected from the Framework and customised to the particular role and practice setting of that individual.

Figure 5: Hierarchy of guidance underpinning and supporting the practice of pharmacists



About the 2016 Framework

The structure of the framework

In contrast to earlier versions of the *National Competency Standards Framework*, the 2016 Framework contemplates the standards as forming a matrix where those that apply universally to all pharmacists regardless of their scope or area of practice (i.e. all of the standards of Domains 1 and 2 and Standards 4.1 and 4.2) are regarded to be on the horizontal axis applying equally across the areas of endeavour covered in Domains 3 and 5 and the remainder of Domain 4 which form the vertical axis. This concept, which is illustrated in **Figure 6**, is intended to enhance understanding by the profession that the universally applicable standards are relevant to and apply across all areas of professional endeavour.

As in previous versions the competencies are grouped in domains that cover discrete areas of professional endeavour. Each competency standard consists of a number of enabling competencies. Each of these is associated with a number of performance criteria

Figure 6: The Domain matrix



that describe the observable behaviour expected of a competent practitioner at the specified performance level. Evidence examples are provided only for those performance criteria at General level that are applicable to initial general registration as a pharmacist (i.e. the shaded performance criteria) to assist users to understand the intent of the performance criteria. It should be noted that these are only intended as examples of evidence that might apply and evidence examples that are more relevant to the pharmacist's area of practice may be identified.

The terminology used to describe the different levels of performance has been revised in this version of the standards. 'Entry' level, which was used in the 2010 Framework to refer to the performance level expected at initial general registration as a pharmacist, has been changed to General level but the convention of shading relevant performance criteria has been retained (although now in green). Additional unshaded performance criteria are provided in the column headed General level to denote performance achieved from professional development and growth after initial general registration but prior to progression into the advanced levels of practice. The three performance level descriptors in the advanced practice continuum (**Transition**, **Consolidation** and **Advanced**) have been retained but their position in the continuum clarified by additional descriptors (Stage 1 to Stage 3).

In some instances performance criteria are provided only for General level. These are considered 'hurdle' or 'threshold' levels of performance for all pharmacists for whom the standard applies, noting that when a 'universal' standard is involved the performance criteria applies to all pharmacists all of the time regardless of their area of practice. Additionally, in some standards the performance criteria may be identical across a number of performance levels, indicating performance expectations remain unchanged within the timelines in which an individual progresses across the performance levels.

Table 2 presents a summary of the structure of the 2016 Framework. It is intended to illustrate the way in which the standards have been grouped and where the standards of the APPF have been integrated. A comparison of the standards groupings in the 2016 Framework with those of the 2010 Framework is provided in **Appendix 2**.

Table 2: Structure of the 2016 Framework

***Standards containing enabling competencies sourced from the APPF are presented in bold and the enabling competencies in coloured boldface. Pharmacists seeking to demonstrate advanced level performance need to apply these standards and enabling competencies to their particular area of practice and identify suitable evidence for demonstrating competence.**

| Domain | *Standard | Enabling competency (referred to as <i>Element</i> in the 2010 Framework and <i>Competency</i> in the APPF) |
|--|---|---|
| Domain 1: Professionalism and ethics | 1.1 Uphold professionalism in practice | <ol style="list-style-type: none"> Promote a culture of professionalism Uphold the professional role of a pharmacist Apply understanding and knowledge of medicines management and use in society Accept professional responsibility and accountability Work with commitment, diligence and care |
| | 1.2 Observe and promote ethical standards | <ol style="list-style-type: none"> Support ethical professional practice Manage ethical issues arising in practice Promote ethical professional practice |
| | 1.3 Practise within applicable legal framework | <ol style="list-style-type: none"> Comply with statute law, guidelines, codes and standards Respond to common law requirements Respect and protect the individual's rights to privacy and confidentiality Assist individuals to understand and grant informed consent |
| | 1.4 Maintain and extend professional competence | <ol style="list-style-type: none"> Adopt a scope of practice consistent with competence Determine professional development needs with reference to the competency standards Acquire and apply practice expertise |
| | 1.5 Apply expertise in professional practice | <ol style="list-style-type: none"> Apply expert knowledge and skills Use reasoning and judgement Demonstrate accountability and responsibility Use professional autonomy |
| | 1.6 Contribute to continuous improvement in quality and safety | <ol style="list-style-type: none"> Collaborate to improve quality and safety across the continuum of care Monitor and respond to sources of risk Follow up incidents or lapses in care |
| Domain 2: Communication and collaboration | 2.1 Collaborate and work in partnership for the delivery of patient-centred, culturally responsive care | <ol style="list-style-type: none"> Respect the personal characteristics, rights, preferences, values, beliefs, needs and cultural and linguistic diversity of patients and other clients, including Aboriginal and Torres Strait Islander peoples Support and respect the rights of patients and other clients to contribute to decision-making Promote patient/client engagement with feedback and follow-up systems Consider the impact of the physical environment |
| | 2.2 Collaborate with professional colleagues | <ol style="list-style-type: none"> Show a commitment to interprofessional practice Engage in teamwork and consultation Promote effective interprofessional practice |
| | 2.3 Communicate effectively | <ol style="list-style-type: none"> Use appropriate communication skills Confirm the effectiveness of communication |
| | 2.4 Apply interpersonal communication skills to address problems | <ol style="list-style-type: none"> Analyse the problem or issue to be addressed and the possible solutions Engage with others as appropriate to resolve the identified problem or issue Review outcomes achieved and assess follow-up requirements |

| Domain | *Standard | Enabling competency (referred to as <i>Element</i> in the 2010 Framework and <i>Competency</i> in the APPF) |
|--|--|--|
| Domain 3: Medicines management and patient care | 3.1 Develop a patient-centred, culturally responsive approach to medication management | <ol style="list-style-type: none"> Obtain relevant health and medicines information Assess medication management practices and needs Collaborate to develop a medication management strategy or plan |
| | 3.2 Implement the medication management strategy or plan | <ol style="list-style-type: none"> Administer medicines Provide primary care and promote judicious use of medicines Dispense medicines (including compounded medicines) in consultation with the patient and/or prescriber Prescribe medicines Provide counselling and information for safe and effective medication management Facilitate continuity of care including during transitions of care |
| | 3.3 Monitor and evaluate medication management | <ol style="list-style-type: none"> Undertake a clinical review Apply clinical review findings to improve health outcomes Document clinical review findings and changes in medication management |
| | 3.4 Compound medicines | <ol style="list-style-type: none"> Determine the required formulation Confirm the availability of suitable resources Apply risk management strategies Prepare products non-aseptically Prepare products aseptically Prepare cytotoxic or other hazardous drug products Complete appropriate documentation Optimise packaging and supplementary labelling |
| | 3.5 Support Quality Use of Medicines | <ol style="list-style-type: none"> Review trends in medicine use Promote evidence-based medicine use |
| | 3.6 Promote health and well-being | <ol style="list-style-type: none"> Assist development of health literacy Support health promotion activities and health services intended to maintain and improve health Support evidence-based public health programs |
| Domain 4: Leadership and management | 4.1 Show leadership of self | <ol style="list-style-type: none"> Display emotional awareness and effective self-regulation of emotions Apply reflective skills for self-assessment Display self-motivation, an innovative mindset and motivate others |
| | 4.2 Manage professional contribution | <ol style="list-style-type: none"> Work with established systems Plan and prioritise work Maintain productivity Monitor progress and priorities |
| | 4.3 Show leadership in practice | <ol style="list-style-type: none"> Inspire a strategic vision and common purpose Foster initiative and contribute to innovation, improvement and service development Encourage, influence and facilitate change Serve as a role model, coach and mentor for others |
| | 4.4 Participate in organisational planning and review | <ol style="list-style-type: none"> Undertake strategic and/or operational planning Develop a business plan and monitor performance Establish suitable premises and infrastructure Undertake workforce planning Develop and maintain supporting systems and strategies |
| | 4.5 Plan and manage physical and financial resources | <ol style="list-style-type: none"> Plan and manage finances Maintain the physical environment and acquire required resources Contribute to the efficient and effective use of resources |

| Domain | *Standard | Enabling competency (referred to as <i>Element</i> in the 2010 Framework and <i>Competency</i> in the APPF) |
|----------------------------------|--|---|
| | 4.6 Plan, manage and build human resource capability | <ol style="list-style-type: none"> 1. Recruit and retain personnel 2. Establish role clarity and performance standards 3. Supervise personnel 4. Develop personnel and promote improved performance 5. Manage interpersonal relationships with supervised personnel |
| | 4.7 Participate in organisational management | <ol style="list-style-type: none"> 1. Understand and contribute to organisational/corporate and clinical governance 2. Support and assist implementation of healthcare priorities 3. Undertake project management 4. Contribute to professional activities planning with consideration of strategic context 5. Apply and monitor standards of practice 6. Work across service delivery boundaries 7. Contribute to the effective management of risk, including threats to service continuity |
| Domain 5: Education and research | 5.1 Deliver education and training | <ol style="list-style-type: none"> 1. Plan education and training 2. Conduct education and training consistent with educational practice 3. Contribute to continuing professional development of others 4. Link practice and education |
| | 5.2 Participate in research | <ol style="list-style-type: none"> 1. Establish research partnerships 2. Identify gaps in the evidence-base 3. Undertake critical evaluation activities 4. Design and deliver research projects to address gaps in the evidence-base and identify areas for innovation and advances in practice 5. Supervise others undertaking research |
| | 5.3 Research, synthesise and integrate evidence into practice | <ol style="list-style-type: none"> 1. Identify information needs and resource requirements 2. Retrieve relevant information/evidence in a timely manner 3. Apply research evidence into practice 4. Provide advice and recommendations |

Applications of the 2016 Framework

A key function of the 2016 Framework is to demonstrate to individual pharmacists, other health professionals and stakeholders, including all levels of government, the community and community-based organisations, the roles and activities that are encompassed within the scope of practice for the pharmacy profession. This is fundamental to achieving an understanding of the profession, working with individuals within the profession, and collaborating with the profession to develop services that meet the future health care needs of the community.

This Framework contains standards for those pharmacists who are seeking initial general registration (performance criteria that are shaded in the General level column) as well as standards that are intended to promote professional growth and development along the practice continuum to achieve **Advanced level** practice. The 2016 Framework has been prepared to be as flexible as possible given its many potential applications (refer below). A prescriptive approach to advising how to use the competency standards has been avoided in favour of providing more general guidance.

Design of pharmacy curricula

The universities offering pharmacy courses use the competency standards framework as the basis for curriculum development and implementation. Therefore, the 2016 Framework is an underpinning resource for all pharmacy training courses.

Intern training

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

Initial General registration or returning to practice

It is expected that individuals seeking initial general registration and those returning to practice would need to demonstrate competence at the General performance level (i.e. those General level performance criteria that are shaded). This will ensure that new registrants have a broad and sound basis on which to enter the many areas of practice now available to the profession.

Renewal of registration

After initial general registration, pharmacists gain experience in one or more areas (e.g. hospital practice, community practice). Some may go on to practise in highly defined areas (e.g. drug information, medication management reviews and management). A competency-based re-registration process requires pharmacists to demonstrate ongoing maintenance of competence. The Pharmacy Board of Australia expects pharmacists to show the competency standards relevant to their area of practice (with selected enabling competencies and performance criteria) and to provide evidence in support of ongoing competence.

Continuing professional development

All pharmacists should use the 2016 Framework to develop an annual personal learning plan that can be used to guide their selection of relevant professional development. By using the process described in the next section an individual pharmacist can create their own professional practice profile that shows the competency standards relevant to the role(s) performed or services provided. Areas in need of further development can be identified through self-reflection or through performance appraisal and documented in the personal learning plan.

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

Non-practising registration

A pharmacist registered as 'non-practising' under the National Law is not obliged to maintain competency to practise. However, it should be noted that a non-practising pharmacist who owns a pharmacy business may have obligations under state or territory ownership legislation and any competency-related requirements may need to be confirmed with the relevant authority.

Credentialing for the provision of specific services

It is envisaged that a rigorous process similar to that required for initial general registration would be undertaken by credentialing authorities for particular areas of practice. For example, the Australian Association of Consultant Pharmacy and the Society of Hospital Pharmacists of Australia currently credential pharmacists to undertake medication management reviews that are funded by the Australian Government (e.g. Home Medicines Review, Residential Medication Management Review).

Other similar activities may include, for example, a hospital issuing a credential to an individual pharmacist to provide specific services.

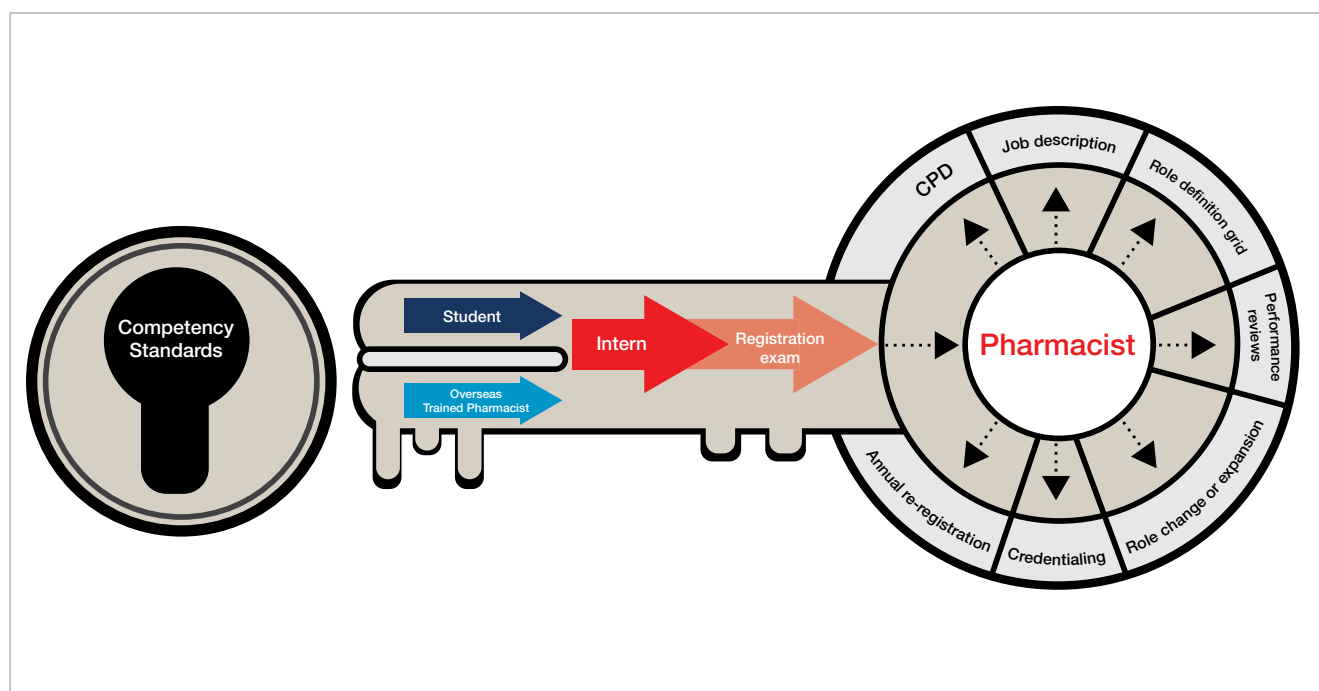
Credentialing of advanced pharmacy practice

The integration of the standards of the APPF into the 2016 Framework is intended to support professional growth and development of individual pharmacists and the profession as a whole. When creating an annual learning plan pharmacists can use the performance criteria as a guide for professional development that will enhance their capabilities and progress along the path to achieving advanced practice. The pilot to credential Advanced Practice Pharmacists (the 'Credentialing Pilot'), conducted by the APC during 2015, was a source of learning for the way in which practice can be assessed and recognised, paving the way forward for future recognition processes.

Employers

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

Figure 7: The lock and key model of pharmacists' competency: a diagrammatic representation of a pharmacist's professional life and the competency standards



Creating an individualised professional practice profile

Pharmacists must use the competency standards to create a personalised professional practice profile that describes their **scope of practice** and their desired **performance level**. This can be achieved through the stepwise process described below. However, it is important to note that both individuals and organisations should select the relevant competencies from the Framework **and customise them for use in their particular setting**.

Step 1: Select all universally applicable standards (Domains 1 and 2 and Standards 4.1 and 4.2). All enabling competencies and performance criteria in these standards **must** be selected.

Step 2: Select all other standards from Domains 3 to 5 relevant to your current role or scope of practice.

Steps 1 and 2 (above) establish your scope of practice.

Step 3: Within those standards selected in Step 2, assess and select the enabling competencies that best describe the way in which the standards apply to your role. An inclusive approach is likely to more accurately reflect your required competencies.

Step 4: Assess and select the performance criteria in standards/enabling competencies selected in Step 3 that best describe the performance level required in your role **or to which you aspire**.

Steps 3 and 4 (above) establish the performance level you wish to achieve.

You may:

1. adopt the evidence examples included in the Framework;
2. use evidence examples developed and adopted by other organisations; or
3. create new evidence examples that better relate to your current role.

Evidence examples should always be directly related to the performance criteria to which they apply and, since they are designed to assist workplace performance and professional growth and development, it may be useful to develop these with a supervisor or more experienced colleague.

Your **annual learning plan** can be built around those areas where your performance level can be improved. You will need to clearly identify and prioritise areas for improvement in order to choose relevant learning activities.

[Note: At initial general registration pharmacists are expected to demonstrate competency against all standards for which shaded General level performance criteria are specified in the next section.]

2016 National competency standards framework

List of Domains and Standards (***universally applicable** to all pharmacists)

| Domain 1 | Professionalism and ethics |
|---------------|---|
| *Standard 1.1 | Uphold professionalism in practice |
| *Standard 1.2 | Observe and promote ethical standards |
| *Standard 1.3 | Practise within applicable legal framework |
| *Standard 1.4 | Maintain and extend professional competence |
| *Standard 1.5 | Apply expertise in professional practice |
| *Standard 1.6 | Contribute to continuous improvement in quality and safety |
| Domain 2 | Communication and collaboration |
| *Standard 2.1 | Collaborate and work in partnership for the delivery of patient-centred, culturally responsive care |
| *Standard 2.2 | Collaborate with professional colleagues |
| *Standard 2.3 | Communicate effectively |
| *Standard 2.4 | Apply interpersonal communication skills to address problems |
| Domain 3 | Medicines management and patient care |
| Standard 3.1 | Develop a patient-centred, culturally responsive approach to medication management |
| Standard 3.2 | Implement the medication management strategy or plan |
| Standard 3.3 | Monitor and evaluate medication management |
| Standard 3.4 | Compound medicines |
| Standard 3.5 | Support Quality Use of Medicines |
| Standard 3.6 | Promote health and well-being |
| Domain 4 | Leadership and management |
| *Standard 4.1 | Show leadership of self |
| *Standard 4.2 | Manage professional contribution |
| Standard 4.3 | Show leadership in practice |
| Standard 4.4 | Participate in organisational planning and review |
| Standard 4.5 | Plan and manage physical and financial resources |
| Standard 4.6 | Plan, manage and build human resource capability |
| Standard 4.7 | Participate in organisational management |
| Domain 5 | Education and research |
| Standard 5.1 | Deliver education and training |
| Standard 5.2 | Participate in research |
| Standard 5.3 | Research, synthesise and integrate evidence into practice |

Comparison of terminology

2010 Framework

Domain
Standard
Element
Performance criterion
Evidence example

2016 Framework

Domain
Standard
Enabling competency
Performance criterion
Evidence example (for General level, shaded performance criteria only)

Purpose of grey shading

Within the standards, the performance criteria fields which are intended to be unused have been shaded in grey.

General level column

This column contains shaded and unshaded performance criteria. Those which are applicable to initial registration are shaded, thus retaining the shading convention used in the 2010 Framework. The unshaded performance criteria in this column indicate a level of performance that is likely to be achievable with professional development and growth following initial registration but prior to progression through the advanced practice continuum.

Evidence examples column

Evidence examples have been provided for each shaded General level performance criterion (i.e. those which apply at initial General registration) to explain the intent of that criterion. Note that, when creating an individualised professional practice profile, the evidence examples must relate to a pharmacist's current role (or future role if planning for a change in role or scope of practice). **Therefore a pharmacist may use the evidence examples provided in this Framework or adopt other examples which have been tailored.**

Transition, Consolidation and Advanced level columns

These sections have originated from the 2012 Advanced Pharmacy Practice Framework (APPF). The competency level labels and performance criteria from the advanced practice continuum have been integrated into the 2016 Framework without substantial modification. The three performance level descriptors from the APPF were further clarified with the inclusion of labels of Stages 1 to 3.

Numbering reference

Numbering label **1.5.4** refers to Standard **1.5**, Enabling competency **4**.

Domain 1: Professionalism and ethics

This domain includes those competency standards that address the legal, ethical and professional responsibilities of pharmacists. It encompasses the obligation pharmacists have to comply with legislative standards, including a legal responsibility to work within their competence, and commit to life-long learning and professional development to maintain and build competence. It also addresses the obligations pharmacists have to uphold ethical standards, demonstrate the professional behaviours reasonably expected of a registered health professional and strive to improve quality and safety within the health system.

All standards in Domain 1 are universally applicable to all pharmacists and all professional activities encompassed by Domains 2 to 5.

Pharmacists seeking to be credentialled as an advanced practitioner must address all advanced practice performance criteria under Standard 1.5 in the context of their advanced practice expertise area.

Standard 1.1: Uphold professionalism in practice – [Refer to Standard 1.5.4 for related material]

This standard addresses the pharmacist's personal commitment to maintaining **professional standards** and applying **medicines management** expertise and the principles of **Quality Use of Medicines (QUM)** while recognising their obligations to society and the profession. It addresses professional demeanour and presentation, the **professional qualities** demonstrated in interactions with others, as well as their obligations to **advocate** socially responsible changes to the health system to better meet the needs of the community, including target groups such as Aboriginal and Torres Strait Islander peoples. 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 patients, other clients and the community. This deserves reciprocation through attitudes and behaviours that demonstrate **integrity** and **respect** for the dignity of others. This is integral to upholding the good standing and reputation of the profession and to building a culture of professionalism in health care.

Standard 1.1: Uphold professionalism in practice

| Enabling competency | Performance criteria | | | |
|--|---|--|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Promote a culture of professionalism. | Displays a commitment to the values and behaviours expected of the profession, including demonstrating respect for the economic, social and cultural diversity of others and their unique needs. Responds to situations where unprofessional behaviours are evident. | Maintains professional relationships and practice behaviours that are characterised by qualities of fairness, integrity, honesty, empathy and compassion. Takes an appropriate course of action where unprofessional behaviour is apparent. | | |

Standard 1.1: Uphold professionalism in practice

| Enabling competency | Performance criteria | | | |
|--|--|---|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 2. Uphold the professional role of a pharmacist. | <p>Presents a professional demeanour and image likely to engender confidence and trust.</p> <p>Gives primary consideration to the health and well-being of patients and the needs of other clients in all professional activities.</p> | <p><i>Adopts a calm and confident approach and displays appropriate presentation for the practice setting.</i></p> <p><i>Shows a commitment to professional actions, decisions and advice being guided primarily by the interests and needs of patients (e.g. with generic substitution of medicines) or other clients.</i></p> | | |
| | <p>Protects or defends the professional rights, standards and conventions used in practice.</p> <p>Advocates for responsible health system change to address the health care needs of individuals, target populations and the community.</p> | <p><i>Responds appropriately to unreasonable circumstances, requests or demands considered likely to compromise professional rights, standards or conventions.</i></p> <p><i>Adopts a collaborative and responsible approach to promoting system changes supportive of addressing the health care needs of individuals, groups (e.g. Aboriginal and Torres Strait Islander peoples) or the community.</i></p> | | |

| Enabling competency | Performance criteria | | | | |
|--|---|---|--------------------------|-----------------------------|------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| | Coordinates professional activities with those of other health professionals to improve the care provided to individuals, groups and the community. | <i>Integrates professional effort with that of other health professionals in a manner that streamlines access to and use of professional expertise and services and reduces the risk of interruptions in care, including during transitions of care.</i> | | | |
| 3. Apply understanding and knowledge of medicines management and use in society. | Uses medicines management expertise in all professional endeavours. | <p><i>Contributes to professional issues by applying expertise in medicines action and use across the medicines management pathway.</i></p> <p><i>Applies expertise in the context of understanding medicines use and misuse from the perspective of the individual and society as a whole.</i></p> <p><i>Engages with patients, colleagues and the community to promote the judicious, appropriate, safe and effective use of medicines.</i></p> | | | |
| | Commits to and promotes the principles of QUM in professional life. | | | | |

Standard 1.1: Uphold professionalism in practice

| Enabling competency | Performance criteria | | | |
|---|--|--|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 4. Accept professional responsibility and accountability. | Accepts responsibility for professional judgements, decisions, actions and omissions and accountability for the outcomes achieved. | Uses professional autonomy and judgement to respond to presenting circumstances. | | |
| | Reflects on professional performance with a view to improving outcomes. | Applies effective self-monitoring systems to identify and correct deficiencies and omissions impacting on the accuracy or completeness of work or outcomes achieved. | | |
| 5. Work with commitment, diligence and care. | Avoids or manages circumstances that could adversely impact on quality outcomes. | Uses effective monitoring and management strategies to identify and address issues (e.g. conflict, excessive workload, interruptions, unreasonable work demands) likely to compromise outcomes achieved. | | |
| | Maintains task focus, including in pressured situations, to ensure quality outcomes. | Shows persistence in effort to achieve desired outcomes, including when managing a heavy or complex workload or dealing with disruptions. | | |
| | Adopts a flexible and responsible approach to work commitments. | Shows a willingness to be flexible about assigned work and working hours based on a reasonable assessment of service needs. | | |

Standard 1.2: Observe and promote ethical standards

This standard addresses the obligation pharmacists have to be informed about expected **ethical standards**, avoid or manage **conflicts of interest** and observe high ethical standards in all aspects of practice. This includes unusual or complex practice/business situations where pharmacists must form a view about the **ethical dilemmas** posed, carefully consider possible solutions or management options and adopt a course of action after due consideration of the likely consequences.

| Standard 1.2: Observe and promote ethical standards | | | | | |
|--|--|---|--------------------------|-----------------------------|------------------------|
| Enabling competency | Performance criteria | | | | |
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| 1. Support ethical professional practice. | Conducts professional activities according to expected ethical standards. | Applies sound ethical standards in the conduct of professional practice. | | | |
| 2. Manage ethical issues arising in practice. | Responds to ethical issues that arise in practice, including circumstances where unethical behaviour is evident. Identifies and manages sources of actual, perceived or potential conflicts of interest in business/practice. | Identifies ethical dilemmas in practice and identifies a course of action appropriate to the specific situation. Acts to avoid or manage actual, perceived or potential conflicts of interest in business/practice (e.g. treatment of relatives or friends, receipt of gifts). | | | |
| 3. Promote ethical professional practice. | Promotes consideration and understanding of ethical issues in collaborating colleagues. | Explains to collaborating colleagues the reasoning and approach taken in addressing ethical issues. | | | |

Standard 1.3: Practise within applicable legal framework

This standard covers compliance by pharmacists with **legislative requirements** that impact on professional practice and their work environment. This includes **statute law** (law enacted by a legislative body) and **common law** (the body of law based on judicial decisions and custom) as well as codes, guidelines and standards that become part of the legislative environment for professional practice by virtue of their adoption by the registering authority, the **Pharmacy Board of Australia**. Encompassed within the standard is the **duty of care** owed by pharmacists to those to whom they provide information, care and other professional activities. 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.

Key legislative instruments which pharmacists should be familiar with and which are referred to in this standard include the latest editions and amendments of:

Health Practitioner Regulation National Law Act 2009
 State/Territory legislation controlling the ownership and approval of pharmacies
 State/Territory legislation controlling medicines, drugs, poisons and controlled substances
 National Health Act 1953
 Commonwealth Privacy Act and relevant State/Territory privacy legislation
 Commonwealth Therapeutic Goods Act and Regulations
 Commonwealth and State/Territory legislation controlling health care services
 Disability and equal opportunity legislation
 Competition and Consumer Act 2010

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

Standard 1.3: Practise within applicable legal framework

| Enabling competency | Performance criteria | | | |
|--|--|--|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Comply with statute law, guidelines, codes and standards. | Applies the requirements of statute law that directly impact on professional activities. | Responds to the provisions of statute law (e.g. mandatory notification, storage and release of personal health information, supply and labelling of medicines, storage and documentation for controlled substances). | | |

| Enabling competency | Performance criteria | | | | |
|---|---|---|--------------------------|-----------------------------|------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| 2. Respond to common law requirements. | Uses professional guidelines, codes and standards to guide professional obligations. | Accesses and correctly interprets the requirements of professional codes, guidelines and standards (e.g. use of social media, advertising, continuing professional development (CPD) and life-long learning, compounding and dispensing). | | | |
| | Complies with the provisions of other relevant legislative instruments that impact on work practices. | Adopts work practices (e.g. management of hazardous waste, personnel access to drugs) and observes system design features (e.g. security systems, workflow arrangements) that have been influenced by legislation (e.g. Workplace Safety, industrial relations, advertising and trade practices legislation). | | | |
| | Observes duty of care obligations to patients and other clients. | Exhibits professional conduct characterised by diligence and care in responding to the best interests of patients and other clients. | | | |
| | Responds promptly to potential or actual breaches or lapses in duty of care. | Takes an appropriate course of action for possible or actual breaches or lapses in duty of care by self or others (e.g. in the event of an error or 'near miss', a complaint about conduct or possible impaired performance). | | | |

Standard 1.3: Practise within applicable legal framework

| Enabling competency | Performance criteria | | | |
|--|---|--|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 3. Respect and protect the individual's rights to privacy and confidentiality. | Deals with personal information, including that held in electronic form, as required under privacy legislation. | Observes the legislative limitations on collection, use and disclosure of personal information (including health information) (e.g. disclosure of health information to family members, referees reports for current or past employees). | | |
| | Safeguards the privacy and confidentiality of patients, other clients and current and past employees. | Uses appropriate systems for storage, access, release and destruction/disposal of personal information that are designed to protect privacy and confidentiality. | | |
| | Responds to breaches of privacy or confidentiality. | Actively protects privacy and confidentiality during counselling and consultations. Acts to disclose any breach of privacy or confidentiality and prevent a recurrence. | | |

| Enabling competency | Performance criteria | | | |
|---|--|--|--------------------------|-----------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 4. Assist individuals to understand and grant informed consent. | Engages with individuals to fully explain the nature of informed consent, including financial consent where appropriate. | <i>Provides advice to patient/personnel that informed consent is an ongoing process in which they have discretion to grant, withhold or withdraw consent at any time.</i> | | |
| | Gains valid informed consent from the individual or, where required, from a patient's carer or guardian. | <i>Ensures the essential elements for valid informed consent (e.g. capacity to consent, clear and accurate information (including on services and costs), confirmed patient understanding, absence of coercion, without prejudice and explicit statement of the right to decline) are met.</i> | | |
| | Uses a systematic process for maintaining records for informed consent, withheld and withdrawn consent. | <i>Follows professional conventions for documenting and retaining evidence of informed consent, withholding or withdrawal of consent.</i> | | |

Standard 1.4: Maintain and extend professional competence – [Refer to Standards 5.1.1 – 5.1.4 for related material]

This standard addresses the **legal obligation** and professional **accountability** pharmacists have to commit to **life-long learning** and ongoing **professional development** to assure their competence for effectively and safely performing the professional roles in which they engage. This encompasses a commitment to a life-long journey toward cultural responsiveness to achieve cultural safety for Aboriginal and Torres Strait Islander peoples and other Australians of diverse cultural and linguistic backgrounds. Pharmacists are required to work within a **scope of practice** that coincides with the limits of their **competence**. However, competence and scope of practice can vary over time as additional expertise is acquired and applied. This is central to the ability of pharmacists to build capability for contributing to an evolving health care sector and for managing career changes or progressions.

Standard 1.4: Maintain and extend professional competence

| Enabling competency | Performance criteria | | | |
|---|---|---|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Adopt a scope of practice consistent with competence. | Performs roles and provides services consistent with defined personal scope of practice. Recognises and responds to situations outside own competence. | Relates own scope of practice to applicable competency standards and the scope of practice for the profession. Identifies situations where assistance of more experienced colleagues or onward referral is required. | | |
| 2. Determine professional development needs with reference to the competency standards. | Considers current and future roles and career development opportunities, and the social and cultural needs of specific target groups impacting on professional development needs. | Maintains oversight of developments in the profession and the health system, and the social and cultural needs of target groups (e.g. Aboriginal and Torres Strait Islander peoples) to support choices in developing scope of practice or performance. | | |

| Enabling competency | Performance criteria | | | |
|--|---|--|--------------------------|-----------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| | Assesses opportunities for improved performance through use of internal processes and external sources. | Uses internal processes (e.g. reflection and self-assessment, including of capacity to deliver culturally safe and responsive health care) and external sources (e.g. performance review, peer review) to provide feedback on learning and professional development needs. | | |
| | Uses performance assessment outcomes to develop a structured personal learning plan. | Develops a personal learning plan based on identified learning and professional development needs. | | |
| | Updates the personal learning plan at regular intervals. | Regularly reflects on acquired expertise and updates learning plan to address identified gaps, needs or shortfalls. | | |
| 3. Acquire and apply practice expertise. | Directly links the learning objectives of chosen professional development activities to the personal learning plan. | Participates in relevant, quality opportunities for learning and professional development, including activities related to building capabilities for delivering culturally safe and responsive services. | | |

Standard 1.4: Maintain and extend professional competence

| Enabling competency | Performance criteria | | | |
|---------------------|--|--|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| | Supports development of the health care team's capability for contributing to health care. | Participates in collaborative, team-based professional development activities, including those that develop the attitudes, knowledge and skills that facilitate cultural safety. | | |
| | Changes scope of practice or performance in response to learning undertaken. | Applies acquired expertise to improve performance or support changes in scope of practice. | | |

Standard 1.5: Apply expertise in professional practice

This standard has been created from a standard of the **Advanced Pharmacy Practice Framework (APPF)** that was originally intended to apply only to clinical pharmacy practice but was adapted within the Advanced Pharmacy Practice Credentialing Pilot to **apply to all areas of practice**. It encompasses the processes whereby pharmacists work as **independently accountable** health professionals to contribute to professional activities through **analysis, problem solving** and the considered and responsible **application of expertise** specific to their **area of practice**. For example, for a pharmacist developing expertise in medicines management and patient care, Standard 1.5 should be applied with reference to those enabling competencies in Domain 3 which are relevant to the pharmacist's scope of practice.

| Standard 1.5: Apply expertise in professional practice | | | | |
|--|---|--|---|--|
| Enabling competency | Performance criteria | | | |
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Apply expert knowledge and skills. | Applies general knowledge in core practice areas. | Deals effectively with routine practice scenarios. | Applies general knowledge in core practice area(s). | Applies comprehensive, high level knowledge in defined practice area(s). |
| | | | | Applies advanced knowledge in defined practice area(s). |

Standard 1.5: Apply expertise in professional practice

| Enabling competency | Performance criteria | | | | |
|--|--|--|---|--|--|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| 2. Use reasoning and judgement. | Plans, manages, monitors, advises and reviews performance in core practice areas. | <i>Undertakes professional activities, seeking additional guidance or expertise as needed.</i> | Plans, manages, monitors, advises and reviews performance in core practice area(s). | Plans, manages, monitors, advises and reviews programs in defined practice area(s). | Advances programs in defined practice area(s). |
| | Compares options and applies analytical skills in routine practice scenarios. | <i>Develops a clear view of the nature of the presenting circumstances and possible options for responding.</i> | Compares options and applies analytical skills in a range of routine situations. | Makes decisions in complex situations where several factors require analysis, interpretation and comparison. | Applies expertise to assess complex and dynamic situations. |
| | Recognises priorities when problem solving and where deviations from usual practice scenarios are present. | <i>Addresses issues in priority order and identifies where presenting circumstances warrant an atypical response or the assistance of more experienced colleagues.</i> | Recognises priorities when problem solving and identifies deviations from the normal pattern. | Interprets and synthesises available evidence and/or data to assess situations and options. | Assesses situations and options in the absence of evidence or data or where there is conflicting evidence or data. |
| | Applies established protocols in responding to routine practice scenarios. | <i>Uses operational policies, procedures and protocols as decision-support tools for addressing routine situations in core practice areas.</i> | Applies established practice protocols in responding to situations. | Seeks guidance where variations to established practice or protocols are indicated. | Uses judgement to develop protocols or vary practice to respond to contextual requirements. |

Standard 1.5: Apply expertise in professional practice

| Enabling competency | Performance criteria | | | | |
|--|---|--|---|--|--|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| 3. Demonstrate accountability and responsibility. | Accepts accountability for services delivered to individuals. | <i>Checks processes and outcomes achieved and takes action, where necessary, to streamline processes and optimise results.</i> | Accepts accountability for services delivered directly to individuals. | Accepts accountability for services delivered to a defined group. | Accepts accountability for services delivered in a defined practice area(s). |
| | Applies knowledge and skills responsibly in delivery of services in routine situations. | <i>Uses an analytical approach to determine the nature and scope of professional knowledge and skills required to respond to routine situations in core area of practice.</i> | Applies expertise responsibly in delivery of services in routine situations. | Accesses and applies evidence-based advice or strategies in complex situations. | Applies expertise confidently to provide services and advice in complex, unpredictable or unfamiliar circumstances. |
| 4. Use professional autonomy. | Identifies research findings likely to impact on practice. | <i>Undertakes environmental scanning of the professional environment in core areas of practice to identify initiatives and innovations likely to impact on practice.</i> | Identifies research findings likely to impact on practice. | Adopts a responsible approach to integrating evidence into practice. | Appraises and integrates new evidence in an innovative and collaborative approach to planning and delivery of services. |
| | Uses knowledge and skills delivered to individuals in routine situations. | <i>Accepts responsibility for deciding the course of action and applying required knowledge and skills to address routine practice situations.</i> | Uses expertise to contribute to the services delivered to individuals in routine situations. | Uses available evidence and established practice procedures to provide input to services. | Makes autonomous decisions about services that are informed by expert knowledge, judgement, available evidence and goals or outcomes. |
| | Follows legal, ethical, professional and organisational policies/procedures and codes of conduct. | <i>Uses relevant legislative instruments, professional codes and guidelines and operational policies and procedures to support decision-making in routine practice situations.</i> | Follows legal, ethical, professional and organisational policies/procedures and codes of conduct. | Acts according to personal interpretation of broad professional policies/procedures where necessary. | Interprets healthcare policy and strategy to establish policies/procedures, codes and/or standards for others within defined practice area(s). |

Standard 1.6: Contribute to continuous improvement in quality and safety

– [Refer to [Standards 4.3.2](#) and [4.7.7](#) for related material]

This standard highlights the **accountability** of pharmacists for the ongoing management of the **quality** of the information, care and other professional activities, engaging in **collaborative** quality improvement activities wherever possible. It also addresses their **responsibility** to work as individuals or members of a health care team to protect patients, other clients, personnel and members of the general public from harm by managing **risks** and improving the systems of service delivery, to act in the best interest of all clients and display **probity and openness** with them in the event of lapses in expected **standards of care**.

| Standard 1.6: Contribute to continuous improvement in quality and safety | | | | |
|--|--|--|--------------------------|-----------------------------|
| Enabling competency | Performance criteria | | | |
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Collaborate to improve quality and safety across the continuum of care. | Promotes a cultural focus on team-based improvement in quality and safety. | Works within the team to promote a just culture and builds awareness of opportunities for improvement. | | |
| | Participates in collaborative quality assurance and quality improvement initiatives. | Engages with patients and other stakeholders in implementation and conduct of quality improvement or quality assurance initiatives (e.g. clinical audit, self-audit, patient surveys, product testing, drug use evaluation (DUE)). | | |
| | Supports changes arising from quality improvement or quality assurance activities. | Applies the findings/outcomes of quality improvement/assurance initiatives and assists monitoring to detect adverse consequences. | | |
| 2. Monitor and respond to sources of risk. | Establishes or participates in monitoring systems for early detection of human or system factors contributing to risk or harm. | Considers human and system factors that may be a source of risk or harm (e.g. interruptions, inadequate supervision, personal impairment, excessive workload, transfer of care). | | |

Standard 1.6: Contribute to continuous improvement in quality and safety

| Enabling competency | Performance criteria | | | |
|--|---|--|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| | | <p><i>Participates in systems (e.g. medication incident and adverse drug reaction reporting, product recall systems) used to prevent or detect risk or harm.</i></p> <p><i>Takes corrective action promptly to address sources of risk or harm and uses relevant follow-up processes (e.g. critical incident reporting) and strategies (e.g. root cause analysis) to prevent recurrence.</i></p> <p>Acts to minimise any risk of harm and prevent recurrence.</p> | | |
| 3. Follow up incidents or lapses in care. | <p>Applies principles of open disclosure to advise patients and other clients of incidents or lapses in care.</p> <p>Completes incident documentation according to established policies and procedures.</p> <p>Participates in shared learning experiences with colleagues.</p> | <p><i>Discusses the nature of the incident or lapse of care with the patient according to the principles of open disclosure and consistent with the expectations of the professional indemnity insurance provider.</i></p> <p><i>Maintains documented detail of incidents and follow-up (e.g. date of occurrence, nature of the incident, person involved, corrective action taken, advice given to patient, follow-up provided).</i></p> <p><i>Works with colleagues to review and learn from collated de-identified incident data.</i></p> | | |

Domain 2: Communication and collaboration

This domain includes those competency standards that are required to communicate and work effectively with professional colleagues, patients (which includes carers, guardians and families), other clients as well as members of the general public. Effective communication and understanding and respect for the roles of other health care disciplines is essential for building partnerships and working collaboratively and cooperatively with others, including in the identification and resolution of problems, disagreements or conflicts that arise in practice. Culturally responsive communication, collaboration and engagement with Aboriginal and Torres Strait Islander peoples is fundamental to achieving equity in the delivery of health care services.

All standards in Domain 2 are universally applicable to all pharmacists and all professional activities encompassed by Domains 3 to 5.

Pharmacists seeking to be credentialled as an advanced practitioner (irrespective of their advanced practice expertise area) must address the advanced practice performance criteria listed within Standards 2.2 and 2.3.

Standard 2.1: Collaborate and work in partnership for the delivery of patient-centred, culturally responsive care – [Refer to **Standards 3.1.3, 3.2.2 and 3.2.5** for related material]

*This standard is concerned with the expectation that pharmacists build **partnerships** with patients or clients and relevant groups in the community to establish **trusting, respectful** and culturally responsive working relationships for delivery of services or care. Such relationships are essential for ensuring the **rights, cultures, expectations, preferences, values and needs** of these individuals and groups are reflected in the systems used and the information, care and other professional activities provided. These relationships are fundamental to improving health care and furthering the aims of the Australian Charter of Healthcare Rights. The **Guide to providing pharmacy services to Aboriginal and Torres Strait Islander people**¹ is an invaluable resource for assisting pharmacists to communicate effectively, deliver culturally responsive care and consistently deliver high quality services to Aboriginal and Torres Strait Islander peoples.*

| Standard 2.1: Collaborate and work in partnership for the delivery of patient-centred, culturally responsive care | | | | |
|--|---|---|--------------------------|-----------------------------|
| Enabling competency | Performance criteria | | | |
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Respect the personal characteristics, rights, preferences, values, beliefs, needs and cultural and linguistic diversity of patients and other clients, including Aboriginal and Torres Strait Islander peoples. | Supports the rights of patients/clients to receive safe, culturally responsive, high quality professional services. | Uses internal review processes and effective risk assessment to achieve quality and safety. | | |

¹ Available at: www.psa.org.au/wp-content/uploads/Guide-to-providing-pharmacy-services-to-Aboriginal-and-Torres-Strait-Islander-people-2014.pdf

Standard 2.1: Collaborate and work in partnership for the delivery of patient-centred, culturally responsive care

| Enabling competency | Performance criteria | | | |
|---------------------|--|---|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| | Develops relationships with patients/clients that are characterised by consideration, respect and maintenance of dignity. | <i>Builds mutual respect and rapport through engaging with patients/clients in an empathetic and compassionate manner and, where possible, addressing issues such as mental and physical disabilities that are likely to impact their dignity.</i> | | |
| | Engages effectively and in a culturally responsive manner with patients/clients to clarify preferences (including cultural), values, beliefs and needs. | <i>Adapts the approach used to clarify patient/client preferences, values, beliefs and needs to accommodate patient/client specific factors (e.g. physical or mental disability, cultural background).</i> | | |
| | Adjusts approach, as far as practicable, to accommodate the needs of patients/clients, including those with mental or physical disability or of culturally and linguistically diverse backgrounds. | <i>Identifies where services are likely to be impacted by a culturally diverse population and customises approach based on identified preferences, opinions, values and beliefs (e.g. illness behaviour, preferred treatment modalities, attitudes to attire and gender, the role of the family in care).</i> | | |

Standard 2.1: Collaborate and work in partnership for the delivery of patient-centred, culturally responsive care

| Enabling competency | Performance criteria | | | |
|--|--|--|--------------------------|-----------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| | Advocates the health care/service needs of patients/clients in an effort to facilitate access to and coordination of required services. | <i>Works cooperatively with clients/patients (and where appropriate, their carers and families) and collaboratively with other healthcare professionals/providers to try to secure access to required services, information and advice.</i> | | |
| 2. Support and respect the rights of patients and other clients to contribute to decision-making. | Engages and informs patients (and where appropriate carers, guardians or families) or clients to empower them for autonomy in decision-making. | <i>Invites participation in decision-making (e.g. about services, treatment choices, costs, control of information) and the involvement of family and other professionals as desired by the patient/client.</i> | | |
| | Provides patients/clients with time to clarify information and presented options. | <i>Encourages patients/clients to discuss presented options and information and allows them time to make decisions with confidence while respecting the culturally determined understandings and patterns of behaviour that impact on decision-making.</i> | | |
| | Provides support where advice or treatment is declined or choices are at variance with own preferences. | <i>Respects the choices of patients/clients when contrary to advice provided or own perspectives or choices.</i> | | |

Standard 2.1: Collaborate and work in partnership for the delivery of patient-centred, culturally responsive care

| Enabling competency | Performance criteria | | | |
|---|--|--|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 3. Promote patient/client engagement with feedback and follow-up systems. | Offers opportunities for open discussion and clarification of professional services, information or advice provided, including through culturally safe and responsive processes. | <i>Invites discussions and clarifications with patients/clients and responds to concerns in an empathetic and non-judgemental manner that is supportive of culturally diverse patient groups, including Aboriginal and Torres Strait Islander peoples.</i> | | |
| | Provides clear information on the systems used to achieve continuity of care or provide follow-up. | <i>Explains continuity of care or follow-up arrangements, including the complementary roles of collaborating health professionals.</i> | | |
| | Uses a feedback system that facilitates exchanges with patients/clients and promotes service improvement. | <i>Applies a system through which feedback can be provided and concerns or perceived deficiencies raised and a prompt and constructive response made.</i> | | |
| | | <i>Responds to the outcomes of the feedback and complaints management system to improve service delivery.</i> | | |

Standard 2.1: Collaborate and work in partnership for the delivery of patient-centred, culturally responsive care

| Enabling competency | Performance criteria | | | |
|---|---|--|--------------------------|-----------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 4. Consider the impact of the physical environment. | Adjusts the available physical environment as much as is practicable to improve patient/client engagement. | Adjusts aspects of the physical environment (e.g. computer screens, seating, air conditioning, the presence of others) to improve patient/client comfort, dignity, privacy and safety. | | |
| | Delivers services in the most appropriate available environment and manner for protecting patient/client privacy and confidentiality and cultural safety. | Considers the setting and nature of the activities to be conducted and addresses, as far as practicable, issues likely to impact on patient/client privacy and confidentiality. | | |

Standard 2.2: Collaborate with professional colleagues – [Refer to Standards 4.3.1 – 4.3.4, 4.7.1 – 4.7.4, 5.1.3 – 5.1.4, 5.2.1, 5.2.4 and 5.2.5 for related material]

This standard addresses the ability of pharmacists to engage in **interprofessional practice** using a collegiate approach where the skills of other health professionals are recognised, valued and used. Interprofessional practice is fundamental to the **team-based model** of care and is underpinned by an understanding of **respective roles** and development of relationships based on mutual **trust** and **respect**. It places the **patient at the centre** of health care delivery and provides a supportive environment where the expertise of all involved can be applied to optimise health care outcomes.

| Standard 2.2: Collaborate with professional colleagues | | | | |
|--|---|---|--|--|
| Enabling competency | Performance criteria | | | |
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Show a commitment to interprofessional practice. | Builds expertise and understanding of inter-professional relationships and roles. | Seeks opportunities to work with or network with other health professionals to understand their complementary roles. | | |
| | Assists patients and others to understand the complementary roles of health professionals. | Explains the roles and areas of practice of other disciplines to patients and other clients. | | |
| 2. Engage in teamwork and consultation. | Respects and values the skills and expertise of colleagues, including their cultural skills, knowledge and contributions, and is supportive of their efforts. | Builds cooperative and respectful relationships within the pharmacy team, and with other health professionals with whom they work/liaise. | Works as a member of the pharmacy team liaising with other disciplines as required. | Works across workplace boundaries to build relationships and share information, plans and resources. |
| | Recognises personal limitations and demonstrates ability to refer to more experienced colleagues. | Identifies circumstances where additional expertise is required. | Recognises personal limitations and demonstrates ability to consult with more experienced colleagues to develop solutions. | Provides expert advice within and beyond the workplace/organisation as a recognised opinion leader. |
| | Avoids the use of discipline-specific language in interprofessional communications. | Explains discipline-specific issues or information in terms that are readily understood by other health professionals. | | |

| Enabling competency | Performance criteria | | | | |
|--|---|---|--------------------------|-----------------------------|------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| 3. Promote effective interprofessional practice. | Contributes to maintaining team focus and evaluating team effectiveness. | Assists continued efforts to meet team objectives and evaluate team performance. | | | |
| | Provides feedback on protocols and practices relevant to interprofessional practice. | Works with other health professionals to support improvement in standard protocols and practices impacting on interprofessional practice. | | | |
| | Uses the expertise and complementary roles of other health professionals to advocate the needs of patients and assist and support delivery of care. | Works cooperatively with other professionals in the team, recognising and respecting professional boundaries. | | | |
| | Engages in empathetic and constructive dialogue with other health professionals in provision of care. | Provides and receives feedback from professional colleagues that is timely, sensitive and instructive. | | | |

Standard 2.3: Communicate effectively

This standard addresses the **communication skills** of pharmacists and applies to both face-to-face interactions and those that are conducted through **digital or electronic platforms**. It covers the ability to communicate complex information, advice and opinions in **English** and to adapt communication style and content according to the needs of the recipient and the nature of the information. It also encompasses the provision of **verbal, non-verbal and written** information to individuals and groups of **diverse cultural and linguistic background**, including Aboriginal and Torres Strait Islander peoples, the capacity of pharmacists to successfully address factors that may adversely impact on communication, and to ensure the information provided has been received accurately and understood. These skills are essential for building the relationships needed to contribute and collaborate in a **team-based model** of care and for performing as an effective health professional capable of **motivating** and **influencing** others.

Standard 2.3: Communicate effectively

| Enabling competency | Performance criteria | | | |
|--|---|---|---|---|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Use appropriate communication skills. | Maintains rapport and values and respects the opinions, views and cultures of others, including when communicating through digital or electronic platforms. | Uses active listening, a respectful, empathetic and compassionate manner and exchanges information without judgement or bias. | Uses appropriate communication to gain the cooperation of individual patients, colleagues and other health professionals. | Uses appropriately selected communication skills to gain cooperation of patients, colleagues, clinicians and/or managers. |
| | Uses a communication style that is appropriate for the audience, the situation and the information being provided. | Responds to issues (e.g. health literacy, emotional state, cultural and language differences, disability) that can adversely impact on communication. | Communicates effectively where content of discussion is explicitly defined. | Communicates effectively where the content of discussion is based on personal opinion. |
| | Reinforces and facilitates communication using tools and resources when indicated. | Uses culturally safe and responsive communication and adapts non-verbal cues (e.g. posture, gestures, facial expressions) as needed. Uses relevant written material, tools (e.g. graphs, pictograms) or a third party (e.g. family member, interpreter) to assist communication. | | Communicates effectively in a hostile, antagonistic or highly emotive atmosphere. |

| Enabling competency | Performance criteria | | | | |
|--|---|---|-----------------------------|--------------------------------|---------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| 2. Confirm the effectiveness of communication. | <p>Maintains an appropriate style of communication in difficult or stressful situations.</p> <p>Adopts a style of communication appropriate for the presenting circumstances when persuading, motivating, negotiating, empathising, reassuring, listening and influencing colleagues or patients/clients.</p> | <p><i>Communicates in a calm manner and demonstrates composure in situations where tension, conflict or emotions arise.</i></p> | | | |
| | <p>Provides information, advice and opinions competently, confidently and respectfully and in a timely manner.</p> <p>Confirms that information provided has been received accurately and understood correctly and responds to feedback.</p> | <p><i>Elicits information requirements and timeframes through questioning, listening and responding to verbal and non-verbal cues.</i></p> <p><i>Uses clear and concise language to provide information in written or verbal form, explaining medical or pharmaceutical terms as required.</i></p> <p><i>Uses a process (e.g. questioning, asking the person to repeat the information) to check understanding and provides explanations or uses tools/resources to address misunderstandings or gaps in understanding.</i></p> | | | |

Standard 2.4: Apply interpersonal communication skills to address problems – [Refer to Standards 3.2.2, 3.2.3 and 3.2.5 and 5.2.2 – 5.2.4 for related material]

This standard focuses on the application of interpersonal communication skills when faced with a **problem** or **potential problem**, or a situation that gives rise to **disagreement** or **conflict**. Such events are more likely to arise in complex and unpredictable environments such as those experienced in the health sector but may also arise from the **differing perspective** of health care disciplines where divergent views can lead to **ambiguity** and **uncertainty** about the preferred course of action. In many such instances a collegiate, **interprofessional approach** to problem-solving and outcome assessment is required.

Standard 2.4: Apply interpersonal communication skills to address problems

| Enabling competency | Performance criteria | | | | |
|---|---|---|-----------------------------|--------------------------------|---------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| 1. Analyse the problem or issue to be addressed and the possible solutions. | Works with colleagues, where appropriate, to consider the problem, conflict or disagreement and possible contributing factors, including cultural factors that may impact on conflict analysis and clarification. | Uses an objective and analytical approach to elicit required information from colleagues, recognising where differing discipline perspectives or cultural issues may be involved. | | | |
| | | Identifies circumstances (e.g. personal disputes) where the scope of enquiry or engagement of others should be limited. | | | |
| | Identifies practical and culturally responsive approaches for resolving an identified problem or issue. | Considers a range of options when determining a course of action for addressing an identified issue. | | | |
| | Clarifies circumstances where additional advice or expertise is needed. | Selects situations warranting access to additional advice or assistance (e.g. mediation of conflict, impaired performance, suspected misconduct). | | | |

Standard 2.4: Apply interpersonal communication skills to address problems

| Enabling competency | Performance criteria | | | | |
|--|--|--|--------------------------|-----------------------------|------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| 2. Engage with others as appropriate to resolve the identified problem or issue. | Selects a preferred option or plan of action in consultation with others where appropriate. | <i>Justifies a preferred approach in terms of likely success compared to other options.</i> | | | |
| | Uses an interprofessional approach, where appropriate, to resolve the disagreement, problem or conflict. | <i>Engages individuals and groups whose input is essential for the success of the chosen option or plan.</i> | | | |
| | Applies negotiation skills where necessary to support achievement of desired outcome. | <i>Uses assertive and persuasive communication when seeking a negotiated outcome.</i> | | | |
| 3. Review outcomes achieved and assess follow-up requirements. | Takes a collegiate approach to reviewing the adequacy of outcomes achieved and whether further action is required. | <i>Participates in review of outcomes (desired and unforeseen) with involved personnel and determines if any further action is needed (e.g. incomplete resolution, additional issues created).</i> | | | |
| | Completes documentation according to established policies and procedures. | <i>Consults local policy to determine and comply with documentation requirements.</i> | | | |

Domain 3: Medicines management and patient care

This domain includes standards where pharmacists apply their expertise to promote wellness or work in direct consultation with patients or in collaboration with other health professionals to improve health. It covers participation in public health and health promotion activities, the assessment of patients to develop a patient-centred medication management strategy or plan² and the provision of medicines (prescription and non-prescription) and compounded products. The standards also encompass the creation and maintenance of patient records to facilitate continuity of care and preserve and protect patient privacy and confidentiality. The application by pharmacists of medicines management expertise, whether as independent or collaborating professionals, is directed to achieving Quality Use of Medicines (QUM) – that is the judicious, appropriate, safe and effective use of medicines.

It may be noted that this Domain does not detail any performance criteria across the advanced practice continuum. As such, practitioners with advanced practice expertise in areas relating to Domain 3 will need to apply relevant Domain 3 enabling competencies with reference to advanced practice performance criteria under Standard 1.5. For example, pharmacists with advanced practice expertise in medicines management and patient care who are seeking to be credentialed as an advanced practitioner should review Domain 3 enabling competencies relevant to this area of practice and assess in the context of the advanced practice performance criteria under Standard 1.5.

Standard 3.1: Develop a patient-centred, culturally responsive approach to medication management

This standard encompasses a **patient-centred, culturally responsive** approach to clarifying the medication management needs of patients and assessing the possible **treatment options** in the context of the patient's clinical status, therapeutic goals and preferences to agree and document a **medication management strategy or plan**. It covers the collection and synthesis of **clinical information**, the use of best available **evidence**, and the application of **reasoning** and professional **judgement** to assess clinical situations and medication treatment options. It also addresses the sharing, with patient consent, of **verified information** where needed to support provision of care in a **team based model of care**.

Standard 3.1: Develop a patient-centred, culturally responsive approach to medication management

| Enabling competency | Performance criteria | | | |
|--|---|--|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Obtain relevant health and medicines information. | Conducts a structured, patient-centred and culturally responsive interview to clarify the presenting health issues and the patient's preferences and therapeutic goals. | Interviews the patient to elicit relevant personal information, preferences and health information, including current signs and symptoms, using a systematic and culturally responsive approach. | | |
| | | | | Advanced level Stage 3 |

² The medication management plan will vary in the level of detail and degree of formality depending on the circumstances in which the patient presents and the nature of the consultation that is possible and/or needed. The process may vary in complexity as will the outcome.

Standard 3.1: Develop a patient-centred, culturally responsive approach to medication management

| Enabling competency | Performance criteria | | | | |
|---------------------|---|---|--------------------------|-----------------------------|------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| | <p>Completes a medication history (including clarification of allergies and adverse medicines events) and, where possible, a medication reconciliation.</p> <p>Verifies or gains patient consent and undertakes physical examinations, screening tests and risk assessments consistent with the role of a pharmacist and in a culturally responsive manner.</p> <p>Obtains additional required clinical information from other sources with the consent of the patient.</p> | <p><i>Obtains detail of current medication treatment (including any complementary and alternative medicines) and compares it with past medication treatment where possible.</i></p> <p><i>Conducts physical examinations, screening tests and risk assessments in accordance with patient preferences (including cultural) and the role of a pharmacist.</i></p> <p><i>Liaises with family members and other health professionals as needed to obtain additional clinical information needed to assess medication management needs.</i></p> | | | |
| | <p>Assesses the patient's ability to self-administer and manage current medications and care requirements.</p> <p>Synthesises clinical information to clarify the seriousness of presenting symptoms/condition and determine the health needs of the patient in routine situations.</p> | <p><i>Makes enquiry to ascertain medication management practices and any gaps in understanding that may be adversely impacting on self-management.</i></p> <p><i>Develops a cohesive view of clinical circumstances and identifies situation warranting particular care (e.g. infants, pregnant or breastfeeding women) or onward referral (e.g. persistent or potentially serious symptoms or sign).</i></p> | | | |
| | <p>2. Assess medication management practices and needs.</p> | | | | |

Standard 3.1: Develop a patient-centred, culturally responsive approach to medication management

| Enabling competency | Performance criteria | | | |
|---------------------|--|---|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| | Identifies patient, drug and dosage form factors likely to impact on patient adherence or efficacy and safety of treatment. | <i>Uses their understanding of sources of actual or potential medication-related problems or issues to identify patient (e.g. age, allergies, comorbidities, pregnancy), drug (e.g. bioavailability, toxicity, efficacy, interactions, potential for abuse) and dosage form factors (e.g. stability, sterility) that may impact on safety and efficacy.</i> | | |
| | Uses available evidence, the advice of collaborating health professionals, patient preferences (including cultural) and professional judgement to assess possible pharmacological and non-pharmacological treatment options. | <i>Determines how patient preferences, information/advice from collaborating professionals and evidence (e.g. safety profile, cost-effectiveness, contraindications) impact on treatment options.</i> | | |
| | Consults established practice or therapeutic protocols in responding to clinical situations. | <i>Identifies and accesses established protocols relevant to the presenting clinical situation.</i> | | |
| | Uses an established or presumptive diagnosis and analysis of available clinical information to determine therapeutic options and goals. | | | |
| | Clarifies the treatment regimen provided for under relevant prescribing arrangements. | | | |

Standard 3.1: Develop a patient-centred, culturally responsive approach to medication management

| Enabling competency | Performance criteria | | | |
|---|---|--|--------------------------|-----------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 3. Collaborate to develop a medication management strategy or plan. | Supports informed decision-making by the patient for planning and, where appropriate, documenting realistic and achievable therapeutic goals and priorities. | <i>Provides information and clear, balanced explanations to assist the patient to understand therapeutic goals (e.g. improved function, amelioration, cure) and medication management options.</i> | | |
| | Adopts a collaborative and culturally responsive approach to negotiate roles and the medication management strategy or plan while also considering the implications to the wider community. | <i>Liaises with the patient, prescriber and other involved health professionals to agree roles and therapeutic goals with consideration of community impacts (e.g. antibiotic resistance, relative costs).</i> | | |
| | Confirms the patient agreement on and commitment to the chosen medication management strategy or plan. | <i>Reinforces the agreed/documentated medication management strategy or plan and its alignment with patient preferences, clinical needs and therapeutic goals.</i> | | |

Standard 3.2: Implement the medication management strategy or plan

This standard addresses the role of pharmacists in providing or prescribing **medicines** (including prescription, non-prescription and compounded medicines) and promoting their **safe and effective** use through the provision of clear and relevant information and advice. It encompasses the primary care role of pharmacists where they are the first point of contact in the health system³ as well as their **collaboration** with other health professionals either directly, through onward referral of patients or within certain prescribing arrangements. When collaborating with **prescribers**, pharmacists have a proactive role in refining the medicines management treatment regimen and providing advice and information to patients that **complements and reinforces** that provided by the prescriber.

| Standard 3.2: Implement the medication management strategy or plan | | | | |
|--|--|---|--------------------------|-----------------------------|
| Enabling competency | Performance criteria | | | |
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Administer medicines. | Administers medicines consistent with the role of a pharmacist and observes appropriate safeguards. | Uses safe and effective medicines administration techniques and observes relevant safety practices (e.g. universal precautions, safe disposal of contaminated waste). | | |
| | Initiates monitoring post administration consistent with the formulation type and therapeutic and toxicological profile of the medicine. | Justifies the documentation and monitoring processes in terms of the pharmacokinetics and pharmacological actions of the administered medicine. | | |
| | Applies appropriate measures in response to an adverse event following administration of a medicine. | Recognises the signs and symptoms of an adverse response to administered medicines and initiates an appropriate management response. | | |
| | Provides appropriate emergency care consistent with the role of a pharmacist and facilitates onward referral. | Applies emergency first aid consistent with professional expertise and refers onward where necessary. | | |

³ Refer to **Standard 3.6 Promote health and well-being** for the role of pharmacists in public and preventive health measures.

Standard 3.2: Implement the medication management strategy or plan

| Enabling competency | Performance criteria | | | |
|---|--|---|--------------------------|-----------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 2. Provide primary care and promote judicious use of medicines. | Assesses and treats minor injuries consistent with the role of a pharmacist and in a patient-centred and culturally responsive manner. | <i>Provides appropriate treatment of minor injuries (e.g. sprains, cuts, burns, bites, stings) and supporting advice on required follow-up (e.g. referral or conditional referral to a medical practitioner).</i> | | |
| | Selects and applies, or advises on the selection and appropriate use of dressings and bandages. | <i>Differentiates between dressings and bandages to correctly select, or select and apply bandages and dressings.</i> | | |
| | Reinforces the value of evidence-based non-pharmacological treatments and provides supportive advice and information. | <i>Engages patients to describe the benefits of a non-pharmacological option (e.g. reduced symptom severity, frequency, duration) and the reasons a pharmacological treatment is either not indicated or may be of limited benefit.</i> | | |
| | Promotes the judicious use of medicines, ensuring they are prescribed only where they are clinically indicated. | <i>Differentiates clinical situations where medicines are likely to be of little or no clinical benefit and non-pharmacological treatment options are preferable.</i> | | |

Standard 3.2: Implement the medication management strategy or plan

| Enabling competency | Performance criteria | | | |
|--|---|---|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 3. Dispense medicines (including compounded medicines) in consultation with the patient and/or prescriber. | <p>Prescribes appropriate medicines and treatment regimens based on consideration of their pharmacological actions and therapeutic uses, safety and cost-effectiveness.</p> <p>Supports the patient's ability to engage in appropriate self-management, including conditional referral to a medical practitioner where indicated.</p> <p>Empowers the patient by directing them to additional sources of information and support.</p> | <p><i>Recommends over-the-counter medicines and treatment regimens based on a presumptive diagnosis or the presenting signs and symptoms and after considering the safety and effectiveness of the medicine as well as its potential for misuse or abuse.</i></p> <p><i>Assesses and responds to the patient's needs for specific explanations, demonstrations, advice or information for selected medicines or healthcare products and, where indicated, provides advice on circumstances that warrant referral to a medical practitioner.</i></p> <p><i>Refers patients to services, organisations, health programs, websites and literature that could assist and support self-care.</i></p> | | |
| | <p>Acts to ensure prescribed medicines are dispensed on the legal authority of an approved prescriber.</p> | <p><i>Determines if key legislative requirements for a legal and valid prescription are met.</i></p> <p><i>Observes appropriate follow-up processes where a prescription is thought to be fraudulent.</i></p> | | |

Standard 3.2: Implement the medication management strategy or plan

| Enabling competency | Performance criteria | | | |
|---------------------|---|--|--------------------------|-----------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| | Clarifies the intended treatment through liaison with the prescriber and patient as necessary. | <i>Liaises with the prescriber and the patient to clarify details of the intended medicine(s) and treatment regimen (e.g. drug, dose, dosage form, instructions for use, duration of use) and, where necessary, the clinical indication.</i> | | |
| | Assesses the clinical appropriateness of the prescribed medicine in the context of patient specific health information. | <i>Consults available health information and the patient to assess whether the intended medication and treatment regimen are appropriate and that there are no contraindications to use.</i> | | |
| | Uses professional judgement to assess and recommend any changes in the medicine treatment regimen that are considered desirable and documents approved changes. | <i>Negotiates and documents approved changes to prescribed medicines or treatment regimen and any dosing aids considered necessary (e.g. spacer, dose administration aid (DAA)).</i> | | |
| | Applies a technology supported platform to dispense or supervises dispensing of medicines through a disciplined and systematic process. | <i>Manages factors known to be associated with dispensing errors and undertakes or supervises accurate dispensing of prescribed medicines, including into DAAs.</i> | | |

Standard 3.2: Implement the medication management strategy or plan

| Enabling competency | Performance criteria | | | |
|-------------------------|---|---|--------------------------|-----------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 4. Prescribe medicines. | Applies, or supervises the application of, labels and instructions that comply with legal and professional requirements and conventions. | Uses, or promotes use of, clear, accurate and unambiguous labelling of medicines, including any additional instructions for use in a manner that promotes their safe and effective use. | | |
| | Maintains records of dispensed medicines, including controlled substances, consistent with legal and professional requirements and conventions. | Produces accurate records of dispensed medicines, relevant interactions with the patient and prescriber and any, issues or incidents to maintain an up-to-date patient record. | | |
| | Works in a collaborative manner within the scope of the prescribing arrangement applicable to their area of practice. | Builds cooperative relationships with other team members in the prescribing arrangement and informs themselves on the scope of the arrangement. | | |
| | Assesses the suitability of the patient for inclusion under the prescribing arrangement. | Determines whether the patient's established diagnosis and clinical status accord with those required under the prescribing arrangement. | | |
| | Uses an established diagnosis and clinical information to prescribe required medicines according to the terms of the prescribing arrangement. | Accesses and uses the prescribing arrangement documentation (e.g. protocol, guideline or standing order) to guide their prescribing. | | |

| Enabling competency | Performance criteria | | | | |
|--|--|--|-----------------------------|--------------------------------|---------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| 5. Provide counselling and information for safe and effective medication management. | <p>In collaboration with the patient, identifies agreed treatment goals, monitors progress and outcomes, including undesirable effects, and makes required adjustments.</p> <p>Refers patients to their usual medical practitioner as required under the prescribing arrangement when indicated.</p> | <p><i>Undertakes or facilitates required monitoring to assess progress in achieving therapeutic goals and to detect undesirable effects (e.g. failure to respond, adverse effects) and adjusts medication treatment or treatment regimen accordingly.</i></p> <p><i>Uses established pathways within the prescribing arrangement to refer patients for medical review when needed, clearly communicating and documenting the reasons for doing so.</i></p> | | | |
| | <p>Provides patient-centred and culturally responsive counselling to the patient to support safe and effective medication management practices.</p> <p>Confirms patient understanding of medication management requirements.</p> | <p><i>Explains to patients the correct use and storage of their medicines, the expected outcomes, and actions to take in the event of treatment failure or adverse effects, adapting their counselling to respond to social and cultural needs.</i></p> <p><i>Checks the patient's understanding of desired medication management arrangements through listening and questioning.</i></p> | | | |

Standard 3.2: Implement the medication management strategy or plan

| Enabling competency | Performance criteria | | | |
|--|--|---|--------------------------|-----------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 6. Facilitate continuity of care including during transitions of care. | <p>Uses advice, information and culturally appropriate supporting resources to address issues likely to adversely impacting on QUM.</p> <p>Addresses, in a culturally appropriate manner, any lifestyle factors likely to improve health outcomes or promote improved therapeutic outcomes.</p> | <p><i>Provides written (e.g. Consumer Medicine Information leaflet) or verbal advice/explanation (e.g. demonstrate technique) or other aids (e.g. DAA, administration device) to improve medication management.</i></p> <p><i>Explains other factors (e.g. fluid intake, smoking cessation, dietary or exercise habits) that may assist the therapeutic benefits of medicines.</i></p> | | |
| | <p>Maintains documentation of the medication management strategy or plan, actions taken and patient interactions appropriate to the setting and level of care needed.</p> <p>Secures patient support for recommended monitoring and follow-up consistent with patient needs and severity of illness.</p> <p>Use systems and processes to support continuity of care and safeguard against interruptions to planned care.</p> | <p><i>Completes documentation of the medication management strategy or plan, including clinical information and patient interactions and interventions according to professional standards and conventions.</i></p> <p><i>Engages the patient to explain and clarify recommended timing and procedures for follow-up.</i></p> <p><i>Maintains records and patient preferred contacts relevant for minimising interruptions to care, including during transitions of care.</i></p> | | |

Standard 3.2: Implement the medication management strategy or plan

| Enabling competency | Performance criteria | | | |
|---------------------|---|--|--------------------------|-----------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| | Engages the patient to secure agreement (or consent when required) for referral to other health professionals as needed. Undertakes onward referrals to other health professionals according to professional standards and conventions and in a manner that minimises interruptions in care. | Uses clear explanations of the reasons for and likely benefits to accrue from onward referral to other health professionals to gain agreement or informed consent for onward referral. Applies defined, efficient referral processes and systems, including follow-up systems, to provide relevant and clear clinical information in oral or written referrals to other health professionals. | | |

Standard 3.3: Monitor and evaluate medication management

This standard is concerned with the responsibility pharmacists have to **monitor** the effectiveness of the medication management strategy or plan in addressing the patient's health care needs, assessing any **adverse** or **unexpected outcomes** and intervening to improve **medication management**. It also covers the obligation to document the nature of **interventions** and **changes** and provide **clear explanations** to the patient and **collaborating** health professionals.

| Standard 3.3: Monitor and evaluate medication management | | | | |
|--|---|---|--------------------------|-----------------------------|
| Enabling competency | Performance criteria | | | |
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Undertake a clinical review. | Identifies gaps in the patient's understanding of their condition or symptoms and medication management requirements. | Checks the patient's understanding of their condition and medication management practices (e.g. medication use, storage, use of administration aids). | | |

Standard 3.3: Monitor and evaluate medication management

| Enabling competency | Performance criteria | | | |
|--|--|--|--------------------------|-----------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| | <p>Clarifies clinical progress and therapeutic outcomes achieved.</p> <p>Identifies any undesirable or unintended effects and their possible cause(s).</p> <p>Initiates or reviews appropriate clinical monitoring tests to assist review of the medication management strategy or plan.</p> | <p><i>Elicits information on changes in the patient's condition or symptoms.</i></p> <p><i>Elicits information on undesirable or unintended effects and uses research and analytical skills to establish possible cause-effect relationships.</i></p> <p><i>Undertakes relevant tests (e.g. peak expiratory flow, International Normalised Ratio) or uses referral pathways to ensure patients receive required monitoring, providing advice (e.g. optimal sampling time for therapeutic drug monitoring (TDM)) as needed.</i></p> | | |
| | <p>Acts to overcome or mitigate undesirable or unintended effects.</p> <p>Interprets the results of clinical monitoring to guide changes in the medication treatment regimen.</p> | <p><i>Makes or recommends a change in medication management where adverse effects are thought to be associated with medication treatment.</i></p> <p><i>Applies the results of monitoring activities (e.g. TDM) in the clinical context to guide any required drug, dosage or dosing interval changes.</i></p> | | |
| 2. Apply clinical review findings to improve health outcomes. | | | | |

| Enabling competency | Performance criteria | | | | |
|--|--|--|--------------------------|-----------------------------|------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| 3. Document clinical review findings and changes in medication management. | Uses the clinical review to adjust the medication management strategy or plan to improve medication management and therapeutic outcomes. | <i>Considers clinical response and additional support needs and provides advice on suggested changes to medication management and aids and information to reinforce the correct use and storage of medicines.</i> | | | |
| | Maintains records of key elements of the clinical review and recommended modifications to treatment consistent with legal and professional requirements appropriate to the setting and level of care provided. | <i>Uses professional resources to guide recording of progress, relevant interventions and outcomes and recommended changes to the medication management.</i> | | | |
| | Reports adverse medicine events, including adverse drug reactions, sensitivities and allergies, according to professional standards and conventions. Explains the changes in medication management to the patient and collaborating health professionals. | <i>Completes documentation required for reporting suspected adverse drug reactions, and recording of sensitivities and allergies and any other medicine-related events.</i> <i>Provides clear and unambiguous advice to the patient and collaborating health professionals on the nature and timing of changes to medication management to support their ongoing efforts.</i> | | | |

Standard 3.4: Compound medicines

This standard addresses the requirements for **simple** and **complex** compounding of **aseptically** and **non-aseptically** prepared products. It also covers the preparation, by those pharmacists with the **requisite expertise** and access to **specialised production facilities**, of compounded products containing **hazardous drugs** such as cytotoxics. Where there is no suitable commercial product a compounded non-prescription medicine may be initiated by a pharmacist following a **patient consultation**, or may be provided in consultation with the patient and **prescriber** on receipt of a valid prescription. Compounded products may also be provided for the treatment of animals under instruction of and in collaboration with a veterinary practitioner.

Standard 3.4: Compound medicines

| Enabling competency | Performance criteria | | | |
|--|--|--|--------------------------|-----------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Determine the required formulation. | Identifies a suitable standard formulation from professional reference sources. | Uses standard professional resources (e.g. Australian Pharmaceutical Formulary and Handbook, international pharmacopoeial standards, master manufacturing sheet) to access required formulations. | | |
| | Accesses reference sources to clarify issues affecting stability, compatibility or suitability for use and determine required formulation changes. | Uses references to check issues impacting on physicochemical incompatibilities (e.g. oxidation, precipitation, hydrolysis) and identifies solution (e.g. use of buffers, change of vehicle, use of a suspending agent or antioxidant). | | |
| | Uses reputable databases and evidence-based reference sources to find evidence supporting the quality, stability, safety, efficacy and rationality of a suitable formulation where no standard formulation exists. | | | |

| Enabling competency | Performance criteria | | | |
|--|---|--|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| | Applies compounding and clinical expertise and judgement to advise a safe, appropriate and suitable patient-specific formulation and documents both the formulation and the supporting evidence. | | | |
| 2. Confirm the availability of suitable resources. | Selects and confirms the suitability of required ingredients. | Selects ingredients accurately and checks they are pharmaceutical grade and their quality and integrity have not been compromised (e.g. by exposure to heat, light, moisture or contaminants). | | |
| | Clarifies the production requirements and confirms the availability of suitably maintained facilities and equipment. Ensures premises where compounding occurs are suitably maintained, equipped and resourced. Refers to regulatory and professional guidelines and standards to ensure facilities and equipment are appropriate for the compounding undertaken. | Identifies equipment (e.g. blender, heat source, balances) and facilities (e.g. cleanroom, isolator) needed and confirms they have been correctly maintained (e.g. certifications, maintenance and replacement schedules). | | |

Standard 3.4: Compound medicines

| Enabling competency | Performance criteria | | | |
|---|--|---|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| | Identifies an appropriate course of action when preparation requirements cannot be met. | | | |
| 3. Apply risk management strategies. | Manages the physical environment to reduce the possibility of error or contamination. | <i>Maintains a clear, clean work area, minimises interruptions and acts to reduce opportunities for contamination of compounded products.</i> | | |
| | Applies checks and safeguards to avoid or detect compounding errors. | <i>Uses measures (e.g. double check of calculations and quantities, quarantine of raw materials and final product, label reconciliation) to avoid or detect errors.</i> | | |
| | Responds to risks posed by the materials to be handled in compounding. | <i>Adapts handling and production techniques (e.g. order of handling, use of specialised clothing or facilities) as required to manage sources of risk (e.g. strong acids or alkalis, biological, cytotoxic or teratogenic agents).</i> | | |
| | Observes quality assurance practices and risk assessment processes appropriate for the particular compounded product prepared. | <i>Uses checking mechanisms, including third party tests of final product and risk management procedures appropriate to the product compounded.</i> | | |

| Enabling competency | Performance criteria | | | |
|---|--|--|--------------------------|-----------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| | Uses packaging and labelling appropriate to the type of compounded product. | <i>Differentiates the type of packaging and labelling required for specific products, referring to local policy or professional standards for guidance as required.</i> | | |
| | <p>Directly supervises other personnel undertaking compounding activities.</p> <p>Ensures supervised staff are suitably trained and experienced to undertake the assigned compounding tasks.</p> <p>Accepts responsibility for all aspects of compounding undertaken by supervised personnel, including risk management, final product presentation, supporting documentation and supply of product and advice to the patient.</p> | | | |
| 4. Prepare products non-aseptically. | <p>Confirms formulation instructions and required compounding method.</p> <p>Applies appropriate pharmaceutical methods and techniques to compound the product and complete required records.</p> | <p><i>Applies understanding of terms, abbreviations and instructions used in compounding to determine correct methods.</i></p> <p><i>Measures, weighs and records ingredients accurately in accordance with the formulation and completes an accurate worksheet.</i></p> | | |

Standard 3.4: Compound medicines

| Enabling competency | Performance criteria | | | | |
|---|--|--|-----------------------------|--------------------------------|---------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| 5. Prepare products aseptically. | Maintains awareness of when aseptic technique in a laminar airflow workstation is needed for compounding. | <i>Uses correct techniques and sound production methods consistent with professional conventions and practices.</i> | | | |
| | <p>Assembles correct equipment and specialised clothing for the product to be compounded.</p> <p>Adopts work practices that maintain the integrity of the compounding environment and maintains or achieves sterility of the product.</p> <p>Participates in programs intended to assure correct aseptic technique and sterility of products.</p> <p>Prepares or contributes to development and maintenance of policies and procedures relevant to maintaining the work environment and equipment, and managing risks.</p> | <p><i>Identifies product types requiring aseptic preparation and the types of equipment used.</i></p> | | | |
| 6. Prepare cytotoxic or other hazardous drug products. | Identifies circumstances where a drug safety cabinet/isolator is needed to address risks posed by hazardous substances. | <i>Identifies the types of substances or products where specialised production environment or equipment is needed.</i> | | | |

| Enabling competency | Performance criteria | | | |
|---|---|--|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| | <p>Protects personal health and that of others consistent with local policy and professional conventions.</p> <p>Assembles correct equipment and specialised clothing for the product to be compounded.</p> <p>Adopts work practices that maintain the integrity of the production environment and maintains or achieves sterility of the product.</p> <p>Observes policies and procedures intended to avoid and manage risks of handling hazardous substances, including health monitoring, spills management and unintended exposure such as needlestick injury.</p> <p>Participates in programs intended to assure correct aseptic technique and ability to maintain sterility in aseptically-prepared products.</p> | | | |
| 7. Complete appropriate documentation. | <p>Completes production records consistent with requirements of local policy and professional standards and conventions.</p> | <p><i>Produces accurate and complete production records (e.g. product worksheet, master manufacturing sheet, log book, drug register) and stores them appropriately.</i></p> | | |

Standard 3.4: Compound medicines

| Enabling competency | Performance criteria | | | |
|---|--|--|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| | Applies a systematic approach for assigning batch numbers to create an audit trail on the product. | Uses batch records effectively (e.g. in the event of product or ingredient recalls, to identify production personnel, check ingredients and quantities measured). | | |
| | Applies an expiry date in accordance with available evidence on stability, local or national policy and professional conventions. | Accesses resources required to substantiate or clarify an appropriate expiry date consistent with maintaining stability and integrity of the product throughout the period of its use. | | |
| | Ensures systems for recording and storing documentation for compounded products are appropriate for supporting quality assurance activities and product recalls. | | | |
| 8. Optimise packaging and supplementary labelling. | Chooses packaging suitable for intended use of the product and for maintaining product integrity and safety in transportation. | Uses information sources to identify factors (e.g. moisture, light, heat, container type) impacting on stability and shelf life and selects suitable containers (e.g. amber bottles, aluminium foil outer wrapping). | | |
| | Applies supplementary labelling/labels to promote correct storage and use. | Ensures containers are suitable for intended use of the product. Uses additional labels or labelling to promote correct storage and use (e.g. 'refrigerate', 'Discard after', 'For intrathecal use only'). | | |

Standard 3.5: Support Quality Use of Medicines

This standard addresses the role of pharmacists as **medicines management** experts, promoting and supporting achievement of **QUM** within organisations or the community through contributing to the development of evidence-based therapeutic guidance, **reviewing** trends in medicine use against best available **evidence**, and **influencing** identified trends through a range of **intervention** strategies.

| Standard 3.5: Support Quality Use of Medicines | | | | |
|--|---|---|--------------------------|-----------------------------|
| Enabling competency | Performance criteria | | | |
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Review trends in medicine use. | Supports efforts to review medicine use. | Participates in conduct of formal review processes (e.g. DUE, clinical audit). | | |
| | Assists identification of the evidence-base for quality use. | Accesses evidence-based guidelines (e.g. institutional protocols, consensus or best practice guidelines) or other literature. | | |
| | Supports collation and analysis of intervention data. | Applies statistical analysis skills to collected data. | | |
| | Identifies situations where evidence-based medicines use could be improved. | | | |
| 2. Promote evidence-based medicine use. | Establishes the evidence-base for quality use. | | | |
| | Designs and conducts a formal review of medicine use. | | | |
| | Contributes to dissemination of evidence-based therapeutic guidelines. | Shares information on the evidence-base underpinning recommended medicines usage within therapeutic guidelines. | | |

Standard 3.5: Support Quality Use of Medicines

| Enabling competency | Performance criteria | | | |
|---------------------|---|---|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| | Shares findings of formal reviews of medicine use with recommendations for change to achieve QUM. | <i>Provides clear and unambiguous advice/guidance regarding medicines use (e.g. academic detailing), drawing upon the findings of DUEs or other formal medicines usage reviews.</i> | | |
| | Participates in groups with delegated authority to decide on the application of the evidence-base to therapeutic guidelines. Selects and evaluates intervention strategies for promoting, reinforcing or enforcing favourable changes in medicine use. | | | |

Standard 3.6: Promote health and well-being

This standard covers the role of pharmacists as **health advocates**, applying their expertise to work with patients, communities and the general public to promote the use of reliable health **information resources** and support healthy **lifestyle choices**. It also encompasses **health protection** through participation in early detection and intervention programs, as well as activities directed at **health promotion**⁴ and **disease prevention**.

| Standard 3.6: Promote health and well-being | | | | |
|---|---|---|--------------------------|-----------------------------|
| Enabling competency | Performance criteria | | | |
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Assist development of health literacy. | Assesses the extent to which patients are able to access and understand health information. | Engages with patients to clarify their access to and understanding of health information. | | |
| | Guides patients to useful and reliable health information resources. | Informs patients about a range of reliable health information resources. | | |
| | Supports and assists enhanced understanding of health literature and/or health information. | Provides advice in terms that can be understood to enhance understanding of health information sourced by an individual (e.g. from the internet or television) or provided to them. | | |
| 2. Support health promotion activities and health services intended to maintain and improve health. | Identifies and supports national and local health priorities and initiatives, including health screening programs, targeted at reducing health inequities consistent with the role of the pharmacist. | Uses knowledge of national health priorities and local community profile to assess key health care needs and health inequities and deliver professional services to meet these needs. | | |

⁴ Defined in the Ottawa Charter as a process of enabling people to increase control over, and to improve, their health.

Standard 3.6: Promote health and well-being

| Enabling competency | Performance criteria | | | |
|---------------------|--|---|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| | Engages the community, including Aboriginal and Torres Strait Islander peoples, to plan and deliver culturally responsive health promotion activities and health services. | <i>Uses community consultations to ensure health promotion activities and health services are responsive to the specific needs of patients or patient groups.</i> | | |
| | Promotes and supports improved self-sufficiency and well-being in patients and the community as a whole. | <i>Provides patients and other groups within the community with information and advice to promote healthy lifestyle choices and reduce the risk of disease (e.g. weight loss, smoking cessation, increased exercise) and affirms the value of actions taken.</i> | | |
| | Integrates health promotion activities or health services into practice consistent with the role of a pharmacist. | <i>Refers patients to relevant support organisations (e.g. Diabetes Australia, National Asthma Council, Australian Drug Foundation). Provides culturally appropriate health education, risk assessment and screening services (e.g. blood pressure) to patients and members of the community and provides interpretation and communication of results, consistent with professional standards and conventions.</i> | | |

| Enabling competency | Performance criteria | | | | |
|--|---|---|--------------------------|-----------------------------|------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| | Builds awareness of and provides information on other health promotion and health service opportunities. | <i>Provides advice and information on accessing programs established for the early detection of disease (e.g. bowel or breast cancer screening programs).</i> | | | |
| | Engages with patients, communities and professional colleagues to identify opportunities for delivery of health promotion activities or health services. Collaborates with professional colleagues, where appropriate, to develop and deliver a health promotion activity or health service. Evaluates the effectiveness of the activity/service in relation to planned goals and outcomes. | | | | |
| 3. Support evidence-based public health programs. | Communicates public health messages to communities and the general public using supporting resources where available. Incorporates public health programs into practice where they are consistent with the role of a pharmacist. | <i>Provides clear and consistent public health information/messages (e.g. public health importance of immunisation).</i> <i>Conducts public health screening/testing programs (e.g. faecal occult blood testing) according to established guidelines and professional conventions.</i> | | | |

Domain 4: Leadership and management

This domain includes standards addressing self-leadership by pharmacists as well as their leadership role in sharing a vision for the future and promoting the use of initiative and innovation to respond to change and drive progress. It also includes standards covering the way pharmacists apply management skills to undertake organisational and business planning, including the management of finances, human and other resources, the professional environment and the service delivery arrangements.

The standards within this domain encompass the development of leadership and management expertise throughout a pharmacist's career. For this reason some standards, such as Standards 4.1 and 4.7, will apply to early career pharmacists while others will apply only after significant career progression has occurred and the pharmacist is engaged in activities of greater complexity that impose higher levels of responsibility and accountability.

Standards 4.1: Show leadership of self and 4.2: Manage professional contribution are universally applicable to all pharmacists and professional activities.

Pharmacists seeking to be credentialled as an advanced practitioner (irrespective of their advanced practice expertise area) must address all Domain 4 enabling competencies with advanced practice performance criteria.

In addition, pharmacists seeking to be credentialled as an advanced practitioner in leadership and management should review Domain 4 enabling competencies relevant to their advanced practice expertise area and assess in the context of the advanced practice performance criteria under Standard 1.5.

Standard 4.1: Show leadership of self

*This standard encompasses the **personal competence of leadership** – that is emotional self-awareness, self-assessment, self-confidence, commitment and optimism, trustworthiness, conscientiousness and adaptability, and an innovative 'orientation'. It also covers the ability of pharmacists to apply **emotional intelligence** – that is the capacity of an individual to show initiative and self-motivate, to recognise emotions in themselves and others, and to engage in reflection and self-management of their emotional state.*

Standard 4.1: Show leadership of self

| Enabling competency | Performance criteria | | | |
|---|---|--|--------------------------|-----------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Display emotional awareness and effective self-regulation of emotions. | <p>Recognises and manages the impact of assumptions, values, beliefs, attitudes and behaviours on self and others.</p> <p>Displays control of emotions, in particular the ability to manage disruptive emotions and impulses.</p> | <p><i>Applies objectivity and empathy in addressing professional issues while showing sensitivity to the emotions of others.</i></p> <p><i>Maintains personal equanimity and a constructive and self-confident approach to professional activities, including when working under pressure.</i></p> | | |

| Enabling competency | Performance criteria | | | | |
|--|--|--|----------------------------------|-------------------------------|--|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| 2. Apply reflective skills for self-assessment. | Displays confidence, honesty and integrity in reliably responding to professional issues. | <i>Shows a consistent and professionally responsible approach for satisfying professional responsibilities and accountabilities.</i> | | | |
| | Uses self-reflection to assist with continuous self-development and growth. | <i>Assesses self-development needs and proactively addresses them.</i> | | | |
| | Accepts and values constructive criticism/feedback. | <i>Uses formal and informal feedback systems and interpersonal exchanges to address self-development.</i> | | | |
| 3. Display self-motivation, an innovative mindset and motivate others. | Reflects on leadership effectiveness and adopts an empathetic and adaptive leadership style. | <i>Assesses the response of others to leadership style and makes appropriate adjustments in the approach used.</i> | | | |
| | Works with enthusiasm and vigour toward identified goals. | <i>Focuses on goals and directs energy and enthusiasm to their achievement.</i> | Self-motivates to achieve goals. | Motivates others in the team. | Motivates individuals beyond the team. |
| | Uses an innovative mindset and adaptive approach in addressing professional activities. | <i>Adopts a considered and flexible approach and applies expertise creatively to identify responsible and achievable professional possibilities.</i> | | | |
| | Displays optimism, resilience, persistence and drive to achieve desired outcomes, including in the face of setbacks. | <i>Shows consistent, constructive and adaptable application of professional capabilities even when faced with unexpected difficulties.</i> | | | |

Standard 4.2: Manage professional contribution

This standard addresses the capacity of a pharmacist to understand the systems in which they work and manage role **responsibilities** and **accountabilities**. It also covers their capacity to **plan**, **prioritise** and **manage** professional activities according to the needs of patients and other service users, use **initiative** to overcome problems, and maintain productivity even where there are multiple or **conflicting demands** on their time and expertise.

| Standard 4.2: Manage professional contribution | | | | |
|--|--|---|--------------------------|-----------------------------|
| Enabling competency | Performance criteria | | | |
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Work with established systems. | Operates within clearly identified reporting relationships. | Communicates using established lines for reporting within the structure. | | |
| | Works in accordance with the defined duties and responsibilities of the position or a defined scope of practice. | Performs functions or provides services consistent with the applicable duty statement, job description or defined scope of practice. | | |
| | Uses local policies and procedures and systems to guide and facilitate professional activities. | Applies professional judgement and initiative in the context of established processes and systems to undertake professional activities. | | |
| | | Assimilates general information or skills needed to work within the local environment. | | |
| 2. Plan and prioritise work. | Clarifies the nature and urgency of professional activities. | Engages with patients or other service users to obtain information relevant for planning workload management. | | |

| Enabling competency | Performance criteria | | | | |
|---------------------------|---|---|--------------------------|-----------------------------|------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| 3. Maintain productivity. | <p>Manages stakeholder expectations.</p> <p>Assigns priorities according to known circumstances.</p> <p>Checks the suitability of the immediate work environment and that required resources are available to support work effort.</p> | <p><i>Provides realistic advice on the requirements and timing for undertaking professional activities.</i></p> <p><i>Uses a flexible approach to assign and adjust work priorities (e.g. changing needs or urgency, availability of alternatives, problems to be resolved).</i></p> <p><i>Uses initiative to allocate resources (e.g. stock, information, skill set or personnel, equipment) appropriately in a suitable physical environment.</i></p> | | | |
| | <p>Identifies tasks that can be safely delegated.</p> <p>Uses a rigorous and systematic approach to work, including during periods of change.</p> <p>Works with energy and persistence to resolve issues, manage complex situations or unplanned events, and competing demands on time and expertise.</p> | <p><i>Considers the alignment of skill set with task requirements when delegating to others.</i></p> <p><i>Uses efficient, organised and flexible work practices that are capable of responding to changes in structure or process.</i></p> <p><i>Maintains a flexible approach and controlled demeanour when adjusting priorities and resource allocation for presenting workload.</i></p> <p><i>Uses effective strategies for avoiding interruptions and discontinuity of effort.</i></p> | | | |

Standard 4.2: Manage professional contribution

| Enabling competency | Performance criteria | | | | |
|-------------------------------------|--|---|-----------------------------|--------------------------------|---------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| 4. Monitor progress and priorities. | Monitors progress toward timely completion of professional activities to required performance standards. | Uses initiative to adjust stakeholder expectations, resource allocation or priorities to achieve quality outcomes in a timely manner. | | | |

Standard 4.3: Show leadership in practice

This standard encompasses the capacity of pharmacists to **engage others** to address challenges and to **innovate** and create **new pathways** into the future through the acceptance of a **shared vision** and **values**. In showing leadership, pharmacists demonstrate a capacity to proactively plan for perceived **future change** and contribute to enabling individuals and organisations to prepare for and manage change. Any individual, regardless of performance level or position, can show leadership and impact on organisational culture and operation, and inspire and influence changes that favourably impact on the health and well-being of individuals and groups such as Aboriginal and Torres Strait Islander peoples.

Standard 4.3: Show leadership in practice

| Enabling competency | Performance criteria | | | | |
|---|---|---|---|--|---|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| 1. Inspire a strategic vision and common purpose. | Engages with the vision for the profession or practice setting. | <i>Describes practice in terms of the vision applied.</i> | Contributes to the vision for professional activities. Assists others in the team to understand the strategic context in which professional activities are undertaken. | Creates the vision for professional activities and translates it into clear goals for the team. Assists others in the team to understand the strategic context and commit to the goals for practice activities. | Influences groups of colleagues, clinicians and/or managers to share the vision for professional activities. Shapes and communicates a compelling vision for the future. |
| 2. Foster initiative and contribute to innovation, improvement and service development. | Contributes to identification of quality improvement opportunities. | <i>Undertakes or contributes to collection and analysis of quality improvement data, including incidents and lapse in care.</i> | Improves the quality of a range of services with limited supervision. | Recognises and implements innovation from the external environment without supervision. | Leads efforts to ensure innovation produces improvement in service delivery. |

| Enabling competency | Performance criteria | | | | |
|---|--|--|--|--|---|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| 3. Encourage, influence and facilitate change. | <p>Contributes to professional activities planning and development consistent with identified priorities.</p> <p>Assists in innovative system/service redesign and is proactive in using initiative.</p> | <p><i>Relates service developments to priorities identified by more experienced colleagues.</i></p> <p><i>Provides practical support to uptake of innovation and is self-motivated to identify innovative solutions.</i></p> | <p>Applies priorities set by others to develop clear plans for services based on review of recent past performance.</p> <p>Shares information on emerging trends or innovations and encourages exploration of innovation and use of initiative by others.</p> <p>Monitors the impact of changes made and responds to adverse or unintended consequences.</p> | <p>Develops future plans for professional activities based on a clear understanding of priorities.</p> <p>Models a culture to enhance participation and learning by others and implements and manages a quality improvement program.</p> | <p>Relates goals and actions to strategic aims of the workplace and profession.</p> <p>Implements innovative programs and processes.</p> |
| | <p>Supports review of existing systems and processes that apply the principles of change management.</p> | <p><i>Identifies and responds to the drivers for change in processes directed by others.</i></p> | <p>Supports review of existing systems and processes that apply the principles of change management.</p> <p>Encourages support within the team for proposed changes.</p> | <p>Manages a change process for the team.</p> <p>Displays organisational and political awareness for guiding change and addressing the associated ambiguities and uncertainties.</p> | <p>Contributes to and leads a change process beyond the team/workplace or across disciplines.</p> <p>Champions the need for innovation and change and builds political and public support and commitment.</p> |
| | <p>Builds the qualities needed to serve as a role model, coach or mentor.</p> <p>Engages in empathetic and mutually beneficial relationships with others in the team.</p> | <p><i>Accesses information on or uses experiences of effective role modelling, coaching or mentoring for self-development.</i></p> <p><i>Builds respectful and trusting relationships within the team based on a mutual willingness to offer guidance and assistance through sharing of expertise.</i></p> | <p>Demonstrates the characteristics of a role model, coach or mentor to members of the team.</p> <p>Develops an understanding of the processes involved in serving as a role model, coach and mentor.</p> | <p>Demonstrates the characteristics of a role model, coach or mentor within and beyond the team.</p> <p>Coaches/mentors others within the team effectively.</p> | <p>Engenders role model, coach or mentor behaviour in others.</p> <p>Coaches/mentors effectively outside the team.</p> |
| 4. Serve as a role model, coach and mentor for others. | | | | | |

Standard 4.3: Show leadership in practice

| Enabling competency | Performance criteria | | | |
|---------------------|----------------------|---|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| | | Leads by example in modelling culturally responsive actions, and engages and develops others in culturally responsive approaches. | | |

Standard 4.4: Participate in organisational planning and review

*This standard addresses the role pharmacists have in contributing to **strategic, operational and business** planning and review. It encompasses the capacity to take account of **internal and external** environmental factors in planning, aligning workplace **strategies** with the goals of the strategic plan, and monitoring and responding to information on **business performance**.*

| Standard 4.4: Participate in organisational planning and review | | | | |
|---|----------------------|--|-----------------------------|--------------------------------|
| Enabling competency | Performance criteria | | | |
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Undertake strategic and/or operational planning. | | Engages with relevant stakeholders in inclusive and consultative strategic or operational planning. Ensures operational strategies have clear linkages to organisational/service goals. | | |

| Enabling competency | Performance criteria | | | |
|---|---|--|--------------------------|-----------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 2. Develop a business plan and monitor performance. | Links business and strategies to required resources in a business plan that includes measures or key performance indicators through which business performance can be assessed. | | | |
| | Undertakes periodic reviews to assess performance, adjust business plan and assure ongoing competitiveness and viability. | | | |
| 3. Establish suitable premises and infrastructure. | Assesses the suitability of premises and infrastructure for proposed purpose in relation to legislative requirements. | <i>Provides explanation and advice on any changes to premises and infrastructure that are dictated by legislative instruments.</i> | | |
| | Identify and approve expenditure to ensure premises and environment comply with relevant legislation and are fit for purpose. Identifies technology infrastructure needed to support management information and management control systems used to monitor business performance. | | | |

Standard 4.4: Participate in organisational planning and review

| Enabling competency | Performance criteria | | | |
|--|--|---|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 4. Undertake workforce planning. | Clarifies the structure ⁵ and personnel profile required for desired personnel ratios, skill sets and flexibility and responsiveness. | <p>Develops and regularly reviews the performance management system and human resource policies needed to support business strategies.</p> <p><i>Uses established policies and procedures to improve health and safety in the workplace.</i></p> <p>Establishes policies and procedures to guide and promote consistency in work practices.</p> <p>Develops and implements marketing plans to support business strategies.</p> <p>Implements and maintains a workplace health and safety management system.</p> | | |
| | Contributes to the operation of the workplace health and safety management system. | | | |
| 5. Develop and maintain supporting systems and strategies. | | | | |

⁵ Structure – the formal reporting relationships, groupings and systems of an organisation.

Standard 4.5: Plan and manage physical and financial resources

This standard addresses the capacity of a pharmacist to accept managerial responsibility for overseeing financial planning and resource management. It encompasses financial forecasting and budgeting as well as the use of management control systems to monitor financial performance.

| Standard 4.5: Plan and manage physical and financial resources | | | | |
|--|---|---|--------------------------|-----------------------------|
| Enabling competency | Performance criteria | | | |
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Plan and manage finances. | Contributes to financial management processes. | | | |
| | Establishes budget allocations, financial delegations and documentation in consultation with responsible personnel. | | | |
| | Ensures management control systems and audit trails provide timely and relevant information for budget management and early detection of fraudulent activity. | | | |
| 2. Maintain the physical environment and acquire required resources. | Negotiates contracts or other arrangements to improve purchasing efficiency. | | | |
| | Contributes to the planning of the physical environment to improve efficiency and safety. | Assesses and advises on the suitability of aspects of the physical environment in terms of their impact on efficiency and safety. Uses an established materials management system to assess and procure required resources (e.g. medicines, containers, gloves, syringes). | | |
| | Contributes to the monitoring and acquisition of therapeutic goods or other materials required to maintain continuity of care or service. | | | |

Standard 4.5: Plan and manage physical and financial resources

| Enabling competency | Performance criteria | | | |
|---|---|--|---|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 3. Contribute to the efficient and effective use of resources. | <p>Maintains arrangements for the servicing, upgrading and replacement of equipment and technology infrastructure.</p> <p>Takes responsibility for planning or adjusting the physical environment through a consultative approach.</p> <p>Determines the range and types of required materials and products in consultation with professional colleagues and establishes and maintains an efficient materials management system.</p> <p>Establishes contracts and policies documenting arrangements for maintaining or replacing equipment and technology infrastructure.</p> | <p><i>Applies required resources responsibly and to the extent necessary to complete work to required professional standards with minimal wastage.</i></p> <p><i>Maintains medicines in correct storage conditions, including maintenance of the 'cold chain', to minimise wastage and ensure medicines remain suitable for therapeutic use.</i></p> | Contributes to effective resource utilisation. | Manages resources effectively. |
| | <p>Uses required resources efficiently and effectively.</p> <p>Uses professional knowledge and product information to ensure conditions for storage of medicines are consistent with maintaining their stability and quality.</p> | | Assesses and reassigns resources to improve effectiveness of use. | |

Standard 4.6: Plan, manage and build human resource capability

This standard covers the responsibilities involved in managing human resources. It encompasses issues such as **recruitment and retention, supervision and delegation, performance assessment and management**, as well as supporting and developing individuals with a view to building the **human capabilities** of the organisation, including capabilities for delivering culturally safe and responsive care/services.

| Standard 4.6: Plan, manage and build human resource capability | | | | |
|--|---|--|--------------------------|-----------------------------|
| Enabling competency | Performance criteria | | | |
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Recruit and retain personnel. | Promotes recruitment strategies that are culturally inclusive and reflect population diversity. | <p>Promotes recruitment strategies that are culturally inclusive and reflect population diversity.</p> <p>Creates recruitment documentation, convenes an appropriately constituted interview panel and manages the interview process.</p> <p>Works within established human resource policies and procedures to finalise appointment.</p> <p>Considers the personnel retention strategy and, where practicable, addresses issues impacting on retention.</p> | | |
| | | | | |
| 2. Establish role clarity and performance standards. | Clarifies duties and responsibilities for supervised personnel. | <p>Engages with supervised personnel to discuss and, where necessary, clarify duties and responsibilities.</p> <p>Revises duty statements or job descriptions with guidance from more experienced colleagues.</p> | | |
| | Contributes to revision of duty statements or job descriptions of supervised personnel. | | | |

Standard 4.6: Plan, manage and build human resource capability

| Enabling competency | Performance criteria | | | | |
|-------------------------|---|--|-----------------------------|--------------------------------|---------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| 3. Supervise personnel. | Ensures all personnel have a clear understanding of own roles and responsibilities and agreed performance goals and measures. | | | | |
| | Engages personnel in regular review of their duty statement to address changes in role. | | | | |
| | Monitors supervised personnel to assure compliance with policies and procedures. | Responds to work practices of supervised personnel that are not consistent with their role or with local policies and procedures. | | | |
| | Delegates authority for tasks or decision-making appropriately, checking scope of delegation is fully understood. | Considers the skill set and expertise of the personnel involved in delegation and uses questioning to check understanding and assure clarity on delegation and where autonomous decision-making may occur. | | | |
| | Monitors and supports progress with delegated responsibility. | Identifies signs indicative of difficulty with delegated responsibility (e.g. hesitancy, procrastination, distress, guidance sought elsewhere) and provides additional guidance. | | | |

| Enabling competency | Performance criteria | | | | |
|--|---|---|--|--|---|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| 4. Develop personnel and promote improved performance. | Contributes to performance management of supervised personnel. | <i>Uses established performance management systems to contribute to performance assessment of supervised personnel.</i> | Contributes to performance management processes in accordance with established policy/procedure. | Undertakes performance management of team members. | Undertakes performance management of the team as a whole. |
| | Refers appropriately to colleagues for guidance as required. | <i>Seeks clarification of performance management processes and assessment measures as required.</i> | Refers appropriately to colleagues for guidance as required. | | |
| | Monitors and evaluates performance against agreed performance standards/measures and provides formal feedback and guidance. Outlines strategies to ensure supervised personnel have the required knowledge, skills and capabilities. Acknowledges and promotes performance successes. | | Assists personnel to develop learning plans and identifies and promotes participation in activities aligned to learning needs. | Contributes to programs intended to provide learning opportunities for others and uses coaching to assist team members to achieve set goals. | Acts as a mentor to enhance personal development of colleagues. |
| 5. Manage interpersonal relationships with supervised personnel. | Builds and maintains cooperative and respectful relationship with supervised personnel. | <i>Addresses issues (e.g. clarity of delegation, manner of providing feedback) impacting on the quality of interpersonal relationships.</i> | | | |

Standard 4.6: Plan, manage and build human resource capability

| Enabling competency | Performance criteria | | | |
|---------------------|---|---|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| | | <i>Engages in honest and open discussion to clarify and reduce sources of tension or disharmony.</i> | | |
| | Seeks assistance from more experienced colleagues where tensions or disharmony may escalate. | <i>Identifies situations where formal intervention by more experienced colleagues or the expertise of others may be needed.</i> | | |
| | Provides practical support for personnel experiencing difficulties. | <i>Shows willingness to assist others in practical ways (e.g. offer expertise, time or reassurance).</i> | | |
| | Reassesses assignment or availability of human resources where personnel are experiencing ongoing difficulties. | | | |
| | Provides a formal and non-judgemental avenue by which personnel can voice their concerns. | | | |

Standard 4.7: Participate in organisational management

This standard addresses the application by pharmacists of **management expertise** and the **formal authority** of their position to **shape** systems and **coordinate** and **control** organisational operations. It encompasses the effective use of resources and the application of professional judgement and decision-making skills to improve efficiency, effectiveness and **productivity**, manage **risk**, and plan for and respond to **change**.

| Standard 4.7: Participate in organisational management | | | | | |
|--|---|---|--|--|--|
| Enabling competency | Performance criteria | | | | |
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| 1. Understand and contribute to organisational/corporate and clinical governance. | Seeks information on the pharmacist's role in organisational and clinical governance and practice reflects the workplace framework. | Accesses and reads documents describing the clinical governance framework for the organisation. | Provides information on the pharmacist's role in organisational and clinical governance and practice reflects the workplace framework. | Influences the organisational and clinical governance framework for the team. | Shapes and contributes to organisational and clinical governance framework of the workplace/organisation. |
| 2. Support and assist implementation of healthcare priorities. | Participates in discussion of the implications of healthcare priorities for the team. | Participates in discussion or planning forums related to healthcare priorities. | Contributes to discussion of the implications of healthcare priorities for the team. | Influences the response of the team to healthcare priorities. | Leads response of the team to healthcare priorities. |
| 3. Undertake project management. | Develops project management skills. | Participates in project work or undertakes project management training. | Uses the principles of project management to manage simple projects. Refers appropriately to colleagues for guidance as required. | Successfully manages a project at team level. | Plans and supervises the implementation of a project. |
| 4. Contribute to professional activities planning with consideration of strategic context. | Maintains awareness of the strategic context for professional activities. Provides feedback on service development needs. | Accesses and reads documentation describing the strategic context for professional activities. Uses established communication pathways to suggest service changes or enhancements related to user needs. | Addresses stakeholders' needs, and practice reflects government healthcare policy. | Incorporates government healthcare policy or priorities to influence local strategy. | Participates in development of government healthcare policy/strategy or priorities and leads its integration into local strategy. Considers the internal and external practice environment. |

Standard 4.7: Participate in organisational management

| Enabling competency | Performance criteria | | | | |
|--|--|--|--|--|---|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 | Advanced level Stage 3 |
| | Aligns professional contribution to the local structure in which they work. Contributes to service planning consistent with established strategy. | <i>Adopts work practices that reflect requirements of the structure.</i> <i>Participates in cooperative efforts to develop professional activities.</i> | Plans up to 12 months ahead and in alignment with established strategy. | Plans more than one year ahead taking account of strategic plan. | Develops a long-term plan taking a holistic view of the practice environment. |
| 5. Apply and monitor standards of practice. | Conforms to relevant standards of practice, seeking guidance as needed. | <i>Uses professional guidelines and standards and advice from more experienced colleagues to guide work practices.</i> | Conforms to relevant standards of practice, with monitoring as needed. | Sets and monitors standards of practice at team level. | Sets and monitors standards of practice beyond the team. |
| 6. Work across service delivery boundaries. | Supports efforts to extend service delivery beyond current boundaries. | <i>Adopts a constructive and cooperative approach to changes in the boundaries of service delivery.</i> | Extends the boundaries of service delivery within the pharmacy team. | Extends the boundaries of service delivery across more than one team. | Shows the value of extending the boundaries of service delivery across professions and/or the external environment. |
| 7. Contribute to the effective management of risk, including threats to service continuity. | Identifies risks within the work environment and contributes to their resolution. Participates in risk management training. | <i>Uses established systems to advise of identified risks and discusses and assists implementation of risk management strategies.</i> <i>Develops knowledge and understanding of sources of risk and processes for managing risk.</i> | Identifies and resolves risk management issues using established policy/procedure. | Determines risk appetite, and develops risk management policy/procedure for existing and newly identified risks at team level. Establishes and maintains a risk management training program for team members. | Develops risk management policy/procedure for existing and newly identified risks beyond the team. Contributes to risk management training of personnel beyond the team. |

Domain 5: Education and research

This domain contains standards that address the ability of pharmacists to contribute to the education of professional colleagues. It also covers their ability to analyse and synthesise information from medical and pharmaceutical literature, identify and respond to gaps in the evidence-base by conducting research, share research findings and apply evidence in practice. The standards encompass education and research undertaken within or from academic/teaching institutions as well as practice-based research and training undertaken in a practice environment.

Pharmacists seeking to be credentialled as an advanced practitioner (irrespective of their advanced practice expertise area) must address all Domain 5 enabling competencies with advanced practice performance criteria.

In addition, pharmacists seeking to be credentialled as an advanced practitioner in education and/or research should review Domain 5 enabling competencies relevant to their advanced practice expertise area and assess in the context of the advanced practice performance criteria under Standard 1.5.

Standard 5.1: Deliver education and training

*This standard refers to the role of pharmacists as **educators** supporting the development of the pharmacy profession and contributing their expertise to the professional development of other health professionals. It also encompasses their responsiveness to, or influence on, **educational practice** and capacity to participate in the planning and delivery of **educational programs**. Inherent in their role as educators is the responsibility for pharmacists to contribute to their peers attaining the skills, knowledge and attitudes required to deliver **culturally responsive** care/services.*

| Standard 5.1: Deliver education and training | | | | |
|--|---|-------------------|-----------------------------|--------------------------------|
| Enabling competency | Performance criteria | | | |
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Plan education and training. | Develops learning objectives and content consistent with the learning style and needs of participants. Considers delivery styles and methods appropriate for the content and participants and strategies to reinforce and clarify learning. Collaborate with Aboriginal and Torres Strait Islander health professionals and community members to provide feedback and advice to educational programs. | | | |

Standard 5.1: Deliver education and training

| Enabling competency | Performance criteria | | | |
|---|--|---|---|---|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 2. Conduct education and training consistent with educational practice. | Shows knowledge of contemporary educational practice. | Seeks advice and information on educational practice. | Applies knowledge of contemporary educational practice. | Interprets national educational practice in order to design strategic approaches for local workforce education. |
| | Contributes to local education and training programs with guidance from more experienced colleagues. | Delivers educational content with input from more experienced colleagues. | Conducts teaching efficiently according to an agreed plan with guidance from more experienced colleagues. | Assesses the performance and learning needs of others. |
| | Engage in education strategies that involve partnerships with relevant local Aboriginal and Torres Strait Islander communities, organisations and individuals. | Interprets and applies valid and reliable learning assessment methods that are linked to learning objectives. | | Plans a series of effective learning experiences for others. |
| 3. Contribute to continuing professional development of others. | Contributes to quality CPD activities provided for the pharmacy team. | Identifies opportunities to contribute to the CPD of others by sharing own learning/experiences with members of the pharmacy team within a local CPD program. | Facilitates CPD opportunities for the pharmacy team. | Acts as a CPD facilitator for the profession. |
| | | | | Shapes and contributes to national education practice. |
| | | | | Designs and manages a course of study, with appropriate use of teaching assessment and study methods. |
| | | | | Shapes and contributes to CPD strategies for the profession or other disciplines. |

Standard 5.1: Deliver education and training

| Enabling competency | Performance criteria | | | |
|---------------------------------|--|--|--|---|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 4. Link practice and education. | Participates in the education of learners with guidance from more experienced colleagues. Provide clinical learning environments that provide students/learners with experience in the provision of culturally responsive health care to Aboriginal and Torres Strait Islander peoples. | Consults more experienced colleagues regarding approaches to teaching. | Participates in the education of learners. | Participates in structured education and training. Shapes or is accountable for the creation or development of nationally recognised or higher education programs. |

Standard 5.2: Participate in research

*This standard addresses the way in which pharmacists contribute to the **body of knowledge** available to support and guide the development of health and professional practice and medicines use. This encompasses the involvement of pharmacists in the design, conduct and analysis of **research** in their area of expertise (e.g. therapeutics, pharmacy practice, social pharmacy or quality improvement) working either as an individual or within a research team. It may also involve **mentoring or supervision** of research by others and the creation of research partnerships through collaboration with academic institutions or other health professionals.*

| Standard 5.2: Participate in research | | | | |
|--|----------------------|-------------------|--|--|
| Enabling competency | Performance criteria | | | |
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Establish research partnerships. | | | Works as a member of a research team. | Establishes new interprofessional links to conduct research projects. |
| 2. Identify gaps in the evidence-base. | | | Identifies gaps in the evidence-base for practice. | Formulates appropriate and rigorous research questions to address evidence gaps. |

Standard 5.2: Participate in research

| Enabling competency | Performance criteria | | | |
|--|---|---|--|---|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 3. Undertake critical evaluation activities. | Critically evaluates literature sources. | <i>Applies critical evaluation skills to determine the extent to which literature sources may be relied upon.</i> | Critically evaluates literature sources. | Applies critical evaluation skills in the context of practice. |
| 4. Design and deliver research projects to address gaps in the evidence-base and identify areas for innovation and advances in practice. | Identifies key ethical and methodological issues impacting on research design and validity, including statistical techniques. Develops research skills and an understanding of required approvals and processes required in formulating a research plan. Uses expertise, including that of Aboriginal and Torres Strait Islander peoples, in the development and management of health research programs. Collaborates with others as needed to present research findings, including any limitations to their interpretation and use. | <i>Clarifies key ethical (e.g. conflict of interest, maintenance of integrity and beneficence) and methodological issues (e.g. sample size, inclusion/exclusion criteria, analytical techniques) impacting on research design and validity. Participates in research planning with reference to and guidance from more experienced colleagues.</i> | Describes the core features of research protocols. Generates evidence suitable for presentation at the local level. | Designs a research protocol to address previously formulated research questions. Generates new evidence suitable for presentation at a research symposium. |
| 5. Supervise others undertaking research. | | | Acquires understanding of research governance. | Contributes to research supervision in collaboration with research experts. |
| | | | | Gains recognition for undertaking peer review activities in practice. Gains active involvement in critical review of research protocols. Achieves authorship of primary evidence outcomes in peer-reviewed media. |
| | | | | Acts as a research project supervisor for students of formal research qualifications or other researchers. |

Standard 5.3: Research, synthesise and integrate evidence into practice

This standard addresses the activities pharmacists undertake on behalf of themselves or colleagues to respond to identified **gaps** or **uncertainty** in practice. It encompasses the functions of **accessing, analysing, interpreting** and **synthesising** medical and pharmaceutical literature to clarify an **evidence-based practice** response appropriate for the clinical situation. This involves the use of **professional judgement** and **strategic decision-making** and the integration of complex information and may involve the creation of a written or verbal report for one or more professional colleagues.

| Standard 5.3: Research, synthesise and integrate evidence into practice | | | | |
|---|--|--|-----------------------------|--------------------------------|
| Enabling competency | Performance criteria | | | |
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 1. Identify information needs and resource requirements. | Ensures information resources are adequate for responding to usual information needs. | Determines the scope, applications and limitations of available information resources, including indexing and abstracting services and electronic databases, in relation to usual information needs. | | |
| | Clarifies the nature and urgency of the information/evidence needed. | Asks questions, listens and restates requirements to establish information/evidence needs and uses professional judgement to assign it a priority. | | |
| | Acquires relevant pre-appraised information resources and accesses expert sources to meet information needs. | Uses an analytical approach to formulate the practice question to be answered. | | |

Standard 5.3: Research, synthesise and integrate evidence into practice

| Enabling competency | Performance criteria | | | |
|---|--|---|-------------------------------------|--|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| 2. Retrieve relevant information/evidence in a timely manner. | Applies a systematic approach to select and navigate information resources to access information/evidence. | Uses a logical and structured approach to access relevant information. | | |
| | Establishes and uses standardised search strategies or conventions for retrieving information/evidence. Uses information resources/databases and external networks proficiently to access additional relevant information/evidence. | | | |
| 3. Apply research evidence into practice. | Establishes the extent to which confidence may be placed in retrieved information/evidence. Critically appraises the reliability and applicability of retrieved pre-appraised information/evidence and determines the course of action indicated. | <p>Interprets the terminology (e.g. relative and absolute risk, confidence intervals), methods used (e.g. randomised controlled study, avoidance of bias, sampling methods, use of surrogate markers) to decide the extent to which information/evidence may be relied upon.</p> <p>Interprets the clinical significance of retrieved information/evidence (e.g. comparative efficacy or safety, cost-effectiveness, pharmacokinetics of different dosage forms) and justifies preferred course of action/solution.</p> | Applies evidence into own practice. | Applies evidence-based practice within the team. Uses research evidence to shape workplace/organisational policy/procedure. |

| Enabling competency | Performance criteria | | | |
|--|---|--|-----------------------------|--------------------------------|
| | General level | Evidence examples | Transition level Stage 1 | Consolidation level Stage 2 |
| | Uses information/evidence to change or guide practice. | Changes practice or decision-making in response to research evidence in usual practice situations. | | |
| 4. Provide advice and recommendations. | Communicates findings and recommendations clearly and concisely with reference to evidence used. | Justifies recommendations clearly and concisely in terms of the information/evidence found and the presenting circumstances. | | |
| | Applies a standardised referencing technique in written reports. | Demonstrates ability to produce a written report using a referencing system suitable for scientific writing (e.g. Vancouver system). | | |
| | Creates an integrated and cohesive verbal or written response in a professionally responsible and defensible manner, citing the evidence used. | | | |
| | Substantiates professional advice, opinions and recommendations with reference to evidence, professional experience and expertise and presenting circumstances. | | | |

Appendix 1: The development of a national competency standards framework

Summary of the history of the competency standards

| | | | | | | | | | |
|-----------|--|------|--|-----------|-----------|--|-----------|--|--------|
| 1992 – 94 | | 1996 | | 2000 – 01 | 2002 – 03 | | 2009 – 10 | | 2014 – |
|-----------|--|------|--|-----------|-----------|--|-----------|--|--------|

The National Pharmacy Competency Standards Project (1992–94)

The Project commenced in February 1992 following the awarding of a contract by the National Office of Overseas Skills Recognition to the Pharmaceutical Society of Australia. All major organisations in the profession of pharmacy accepted an invitation to join the National Steering Group of the Project.

The Steering Group appointed two research coordinators to complete the Project. An Executive of the Steering Group managed the Project between meetings of the full Steering Group. The research coordinators visited every state during a period of validation of the competencies, using critical incident interview techniques.

A draft document prepared by the Steering Group was presented to 100 senior members of the profession at the Australian Pharmacy Conference in Perth in October 1992. The document was subsequently substantially modified, leading to the Units, Elements and Performance Criteria presented in the Working Document, February 1993, which was then accepted by the profession, through the member organisations of the Steering Group, in May 1993.

Subsequently, Evidence Examples were added to assist with the interpretation and assessment of Units and Elements and to further clarify the standards of competency expected at entry level.

The Steering Group examined the methodologies considered appropriate for the assessment of competency and recognised that many were already being employed for assessment of competency in pharmacy by at least one of the pharmacy registering authorities in Australia. The Steering Group selected the methods considered most appropriate for use within the pharmacy profession and indicated which methods would be appropriate for each Unit and Element. The Steering Group expected pharmacy registering authorities would select a range of methods to make competency assessments according to the resources they had available for the task at the time.

The Draft Document December 1993, consequently prepared by the Steering Group, was presented to a further Australian Pharmacy Conference of representatives of the organisations participating in the Steering Group in Sydney in February 1994. A number of minor amendments were made to the Draft Document, after which the following resolution was unanimously adopted:

“Whereas this meeting of the Australian Pharmacy Conference consists of representatives of the organisations participating in the Steering Group of the National Pharmacy Competency Standards Project, and

Whereas this meeting recognises that the document prepared by the Steering Group has been subject to considerable consultation and comment by all the bodies represented on the Steering Group, as well as other interested members of the profession, and

Whereas it is recognised that this statement of competency standards is to be regularly reviewed and amended to keep up with developments in pharmacy practice

it is resolved that:

This meeting endorses the document ‘Competency Standards for Entry Level Pharmacists in Australia’ as a satisfactory statement of the levels of competence expected of a pharmacist at entry to the practice of pharmacy, and recommends that the document, as amended by this Conference, be forwarded to the National Office of Overseas Skills Recognition, and further, recommends that the governing bodies of the organisations participating in the Steering Group of the Project and the Australian pharmacy registering authorities be requested to endorse the document.”

First Review of ‘Competency Standards for Entry-Level Pharmacists in Australia’ (1996)

A review process commenced in 1996. Comments and suggestions for change were called for from stakeholder organisations and from individuals who had experience implementing the 1994 standards. Consultants compiled a document containing the suggestions, the rationale for and against each of them and recommendations for amendments. This document was circulated to stakeholder groups seeking agreement with the recommendations.

While the majority of the recommendations were accepted unanimously, several areas remained contentious. Unfortunately, these remained unresolved and a revised version of the ‘Competency Standards for Entry-Level Pharmacists’ was not published.

Second Review of 'Competency Standards for Entry-Level Pharmacists in Australia' (2000–01)

A further review commenced in November 2000. The first step was to incorporate the changes on which consensus had been reached in the 1996 review (Review Draft, March 2001).

In April 2001, a meeting of the Victorian Competency Consultation Group was held to consider the Review Draft, March 2001. This group comprised Victoria-based representatives of the stakeholder organisations represented on the National Steering Group. A number of further revisions were suggested, including a change of title to omit the words 'entry level'. This was recommended on the premise that competency standards required for initial registration are appropriate for maintenance of registration as a pharmacist in any practice context for protection of the public. The change was considered to be consistent with moving towards implementation of Recommendation 18 of the Final Report of National Competition Policy Review of Pharmacy Legislation (the Wilkinson Report), which stated that "within three to five years, States and Territories should implement competency-based mechanisms as part of re-registration processes for all registered pharmacists".

The resulting Review Draft, June 2001, was circulated to stakeholder organisations. A meeting of the National Steering Group Meeting was held in July and the Review Draft, August 2001, consequently prepared. This version was circulated and presented to the Australian Pharmacy Conference of representatives of the organisations participating in the Steering Group in Melbourne in October 2001 where it was endorsed.

Competency Standards Review (2002–03)

The Pharmaceutical Society of Australia was granted funding in 2002 by the Australian Government Department of Health and Ageing as part of the Third Community Pharmacy Agreement Research and Development Grants Program to conduct a project entitled *Enhancing the value of pharmacists through augmented competency standards and targeted professional practice standards (I)* on behalf of the pharmacy profession.

The 1994 and 2001 documents were used as a basis for the development of the *Competency Standards for Pharmacists in Australia 2003*. In this process, the following issues were taken into consideration:

- the guidelines of the Australian National Training Authority for the production of Training Packages;
- its coverage of all areas of current and developing practice;
- the concept of 'core' and 'non-core' competencies;
- the possibility of some pharmacists' practice being restricted to a particular area or areas of professional service; and
- the recommendations of the February 2000 Final Report of the National Competition Review of Pharmacy, with respect to Recommendations 16(g) and 18 concerning the initial registration of pharmacists and assuring their continuing competence for re-registration.

The final standards were significantly revised and incorporated a considerable number of important changes to the 2001 document including:

- a considerable increase in the number of Units, generally achieved by changing the Elements of the earlier document to be Units in their own right, and combining them into Functional Areas;
- the development of new Elements and Performance Criteria for each new Unit that will make for easier and more precise assessment of competency in that Unit;
- the introduction of sets of 'supplementary' Performance Criteria for many Elements, to reflect the fact that some pharmacists must practise at a higher level of competence to provide some services;
- the association of the relevant *Professional practice standards* with appropriate Functional Areas, so that users of the document can identify the personal competencies associated with the relevant practice standard; and
- the suggestion of a number of ways that a range of users (including registration authorities, credentialing bodies, providers of intern training and CPD, universities, employers and pharmacists) might apply the document.

Review of the 2003 Competency Standards (2009–10)

The 2003 Competency Standards were reviewed and revised by the pharmacy profession. The PSA as the custodian of the standards led and facilitated the review, development and consultative process. PSA also funded significant costs (e.g. consultant's fees). Other organisations and participants provided in-kind support through attendance at Steering Committee and Working Group meetings and contributing to the timely review and provision of feedback throughout the project. The Pharmacy Board of Australia generously funded the production, printing and dissemination to all registrants of the final publication.

The main features/changes of the revised competency standards were as follows.

- A total of eight domains (previously Functional Areas) and 33 standards.
- Strengthening the standards e.g. those relating to: leadership and management; extemporaneous preparation; researchers and educators; collaboration; primary and preventive health care.
- Clear articulation of performance criteria expected at initial registration (entry-level).
- Communicating the importance and relevance of competency standards at all stages of a pharmacist's professional life.
- Introducing the concept of advanced practice to the profession.

Overview of the development process for the 2016 Framework

The development of this 2016 Framework has been conducted in three phases:

Phase 1: The Australian Healthcare and Hospitals Association (AHHA) was appointed to:

- Undertake background research to compare and contrast features of competency frameworks developed for a range of professions in Australia and internationally.
- Conduct consultation workshops with stakeholders identified by the PPDC.

The recommendations arising out of Phase 1 are summarised in the next section of this **Appendix 1**. In addition, the work of Phase 2 was informed by consideration of domain- or standard-specific feedback provided by stakeholders in written submissions or through surveys, stakeholder forums, trade displays and telephone interviews conducted during Phase 1.

Phase 2: An independent consultant was engaged to work with the PPDC to:

- Review and revise the 2010 Framework, taking account of the findings and recommendations in the *AHHA Pharmacy Standards Review Project Final Report (26 March 2015)* (the 'Report'), PPDC responses to the recommendations in the Report, and various literature sources, including those reviewed within Phase 1.
- Integrate the standards of the APPF into a revised framework, with consideration of feedback arising from the APC's Credentialing Pilot.

During Phase 2 the PPDC made a number of decisions many of which arose directly from the work undertaken by AHHA in Phase 1, while others related to needs identified within Phase 2. Key decisions of the PPDC which impacted on the structure of the revised framework, the structure and content of the standards and the way in which the standards of the APPF were integrated into the 2016 Framework are also presented in this **Appendix 1** as is a summary of changes made to the standards of the APPF during the integration process.

Phase 3: The PPDC engaged stakeholders in a number of consultation processes in order to obtain the feedback necessary to refine the revised standards and the national framework prior to its release to the profession.

- Two separate consultations were initiated on the draft revised standards. A structured set of questions was created for each of the consultations and responses were sought online. The first consultation was conducted with those organisations represented on the PPDC. The second, a public consultation, was intended to provide an avenue for members of the pharmacy profession as well as other interested stakeholders including consumers, other health professional groups and practitioners, educators, researchers and government bodies to provide comment. Feedback from each consultation was used to further develop the revised standards.
- Following incorporation of feedback from the consultations, the 2016 Framework was submitted to the Boards/ Councils of organisations represented on the PPDC for their consideration and endorsement.

Key recommendations of Phase 1

Note: Domain numbering relates to the domains of the 2010 Framework (i.e. Domain 3 and Domain 8 cover *Leadership and management* and *Critical analysis, research and education*, respectively).

| | |
|----|---|
| 1 | Structure the framework to support alignment across the many purposes for which it is used. |
| 2 | Describe the competencies in terms of observable behaviours. |
| 3 | Retain markers of good behaviour (only). |
| 4 | Retain competency groupings (domains; areas of professional responsibility). |
| 5 | Adopt a long term goal of developing a common structure and consistent terminology for competency framework for all health care professions. |
| 6 | Develop a whole-of-profession communication and implementation plan. |
| 7 | Give greater prominence to patient-centred care. |
| 8 | Reflect pharmacists' contribution to patient/community outcomes without regard for context or setting. |
| 9 | Review management and leadership competencies (Domain 3). |
| 10 | Review education and research competencies (Domain 8). |
| 11 | Incorporate competencies required for roles/services undertaken outside a workplace setting (e.g. self-safety, patient's cultural safety, mental health). |
| 12 | Incorporate competencies for health management independent of use of medicines (e.g. self/patient physical comfort during screening, monitoring and administration services). |
| 13 | Ensure observable behaviours reflect changing technology (including self-use and patient use). |
| 14 | Ensure observable behaviours describe the pharmacists as an active member of the health care team with responsibility and accountability. |

Decisions of Phases 2 and 3

Decisions impacting the domains

1. In the revised draft, the domains should continue to cover specific areas of professional endeavour, but their titles should describe that area at a uniformly high and general level.
2. Domains should be presented in a matrix structure with universally applicable standards (in the 2016 Framework, all standards of Domains 1 and 2 and Standards 4.1 and 4.2) as the horizontal plane and Domains 3, 4 (except Standards 4.1 and 4.2) and 5 as the vertical plane (as per **Figure 6** in the body of this publication). This is intended to enhance understanding by the profession of those standards which apply across all areas of professional endeavour.
3. The order in which Domains 3 and 4 appear in the framework should be reversed in recognition of the dominance across the profession of medicines management and patient care activities.
4. The revised Domain 4 should contain all standards relating to leadership and management. It has therefore been expanded to include material previously presented in Domain 2 (e.g. Standard 2.6: *Plan and manage professional contribution*; Standard 2.7: *Supervise personnel*).
5. Four domains from the 2010 Framework (Domain 4: *Review and supply prescribed medicines*, Domain 5: *Prepare pharmaceutical products*, Domain 6: *Deliver primary and preventive health care* and Domain 7: *Promote and contribute to optimal use of medicines*) should be combined in such a way that there is a more balanced emphasis between the dispensing/supply functions, patient care and education.

Decisions impacting the standards

Terminology

6. The term 'patient' should be used in preference to the term 'consumer'.
7. Standards should continue to be stated in passive tense but performance criteria and evidence examples (where present) should be expressed as statements of observable behaviour.
8. The competency standards should continue to be referred to as 'standards' but the elements should be referred to as 'enabling competencies' to retain the desired level of detail and assist their use as an assessment tool.
9. To aid clarity, the term used to describe the level at initial general registration should be changed from *Entry* to *General* level. This same column should also accommodate those performance criteria applicable to the period post initial general registration but prior to progression into the advanced practice continuum (with appropriate visual differentiation applied).

Structure

10. In revising the standards of the 2010 Framework effort should be made to reduce the number of performance criteria for each enabling competency, wherever possible, to a maximum of three as in the standards of the APPF. This was seen as one means by which the structure of the standards from the two sources could be more closely aligned, although it was recognised this would also reduce the level of detail provided in some standards. However, in the consultations of Phase 3 there were numerous requests to restore some of the detail of the 2010 Framework so that many enabling competencies have more than three performance criteria.
11. The 2010 Framework had both shaded and unshaded performance criteria and evidence examples. The shaded material described the performance expectations at entry to the profession while the unshaded material was intended to show the performance expectations at a later stage of a pharmacist's development.

The image below is an extract from the 2010 Framework (Standard 6.3) and provides an example of shaded and unshaded performance criteria and evidence examples.

| Element 2 – Promote the health of consumers | |
|---|---|
| 1 Participates in evidence-based public health campaigns, including health screening programs, consistent with the role a pharmacist. | <ul style="list-style-type: none"> Ability to provide clear and consistent messages (with the support of program materials) relevant to public health campaigns (e.g. harm reduction programs such as needle and syringe exchange and return of unwanted medicines). Ability to describe or promptly access information on expected professional standards and conventions and current clinical guidelines for screening for disease. Ability to perform screening tests (e.g. blood pressure, blood glucose) according to professional conventions and standards and to interpret results according to current and authoritative clinical guidelines. |
| 2 Undertakes analysis to identify health promotion issues of interest or concern. | <ul style="list-style-type: none"> Ability to describe the approach used to identify a health promotion issue, the target audience and the strategy to be applied. |
| 3 Initiates or collaborates in the systematic planning and implementation of health promotion strategies. | <ul style="list-style-type: none"> Ability to describe a systematic process for planning the goals, objectives, content, delivery and evaluation of health promotion strategies. Ability to describe the key educational/awareness raising messages of the strategy. Ability to describe how consistency of message with that being given by other participating health professionals will be assured. Ability to prepare and deliver evidence-based public health information with content and language that is appropriate to the audience. |
| 4 Supports and assists the evaluation of health promotion strategies. | <ul style="list-style-type: none"> Ability to describe how outcomes (e.g. enhanced knowledge, enhanced participation in screening) are assessed against goals to evaluate strategy effectiveness. Ability to design an instrument that provides both qualitative and quantitative data on the effectiveness of a health promotion strategy. |

12. In considering how best to integrate the two performance levels of the 2010 Framework with the three levels of the APPF standards, PPDC decided it was important to retain the integrity of the APPF but also maintain clarity about performance expectation in the years immediately after initial general registration. For this reason, it was decided that the performance criteria relevant to the period after initial general registration but prior to progression into the more advanced levels should be placed in the same column as the performance criteria applicable to initial general registration but clearly differentiated.
13. In this column, the shading convention used in the 2010 Framework was retained to minimise confusion, i.e. performance criteria applicable to initial general registration are shaded and other General level performance criteria relevant to the post initial general registration period (also referred to as the foundation years) are unshaded.
14. A decision was also made by PPDC that no new advanced practice standards would be created (at this point in time) and that unused columns for performance criteria in the advanced practice continuum (Transition, Consolidation and Advanced levels) would be **shaded** to indicate that no progression is intended.

Incorporating the APPF Standards

15. Standards from the APPF should be placed (with minimal or no modification to wording) within the relevant standard of the revised National Framework. This has the effect of these becoming enabling competencies (for higher levels) for the standard into which they have been inserted.
16. The standards of the APPF should otherwise be amended only to the extent necessary to improve integration (e.g. expressed as statements of observable behaviour), add clarity to their meaning (e.g. through the addition of overlapping detail/content from a standard of the 2016 Framework) or in response to feedback from the APC Credentialing Pilot.⁷

⁷ In the Credentialing Pilot, the four standards of the APPF under the header *Expert professional practice* were applied in generic form to all applicants, regardless of their area of practice. They have therefore been used to establish a new universally applicable standard in Domain 1 of the 2016 Framework – Standard 1.5: *Apply expertise in professional practice*.

17. Where reasonable to do so, General level performance criteria and evidence examples should be developed for standards from the APPF. This process involved assessing the alignment and/or overlap between the revised standards of the 2016 Framework and the APPF standards or identifying that an APPF standard highlighted a gap in the coverage of General level performance expectations. Where no General level performance criteria was considered necessary or appropriate the unused columns should be shaded to indicate an intention they be unused.
18. Feedback from the Credentialing Pilot indicated that the domains and standards of the APPF were adequate for describing performance expectations of advanced pharmacy practice. This finding was supportive of the earlier decision (refer to 12 above) not to create new advanced practice standards and to leave the three columns for advanced level performance criteria unused and shaded.
19. Standards should not necessarily have performance criteria across each of the performance levels. Where there is no performance criterion for any standard at any level the vacant area of the column should be shaded to indicate it is not intended to contain any performance criteria.

Summary of changes to the 2012 APPF standards

Final changes to standards in the APPF are presented below. Each pair of consecutive rows between horizontal red lines should be considered together – the APPF standard is presented first with shading, followed by the amendment in the 2016 Framework in the unshaded row. The standard pairs are presented in numbering order in the 2016 Framework with the first two numbers referring to the standard and the third number to the enabling competency. Only those standards where proposed changes go beyond deletion of standard phrases or other minor changes are included. Material deleted from the original APPF standard is underlined while new material added to the revised standards is presented in **bold and italicised** font.

| Standard number | (Enabling) Competency | Transition level | Consolidation level | Advanced level |
|-----------------|---|---|---|---|
| 2.2 APPF | Engage in teamwork and consultation. | <u>Demonstrates ability to work as a member of the pharmacy team.</u> Recognises personal limitations and demonstrates ability to <u>refer to</u> more experienced colleagues. | <u>Demonstrates ability to work as a member of a multidisciplinary team.</u> Accepts expert advice through consultation within the workplace/organisation. | Works across workplace boundaries to build relationships and share information, plans and resources. Provides expert advice within and beyond the workplace/organisation as a recognised opinion leader. |
| 2.2.2 | As Above | Works as a member of the pharmacy team <i>liaising with other disciplines as required.</i> Recognises personal limitations and demonstrates ability to <i>consult with</i> more experienced colleagues <i>to develop solutions.</i> | Works as a member of a multidisciplinary team. As above. | As Above. As above. |
| 3.5 APPF | Motivate self and others. | <u>Demonstrates ability to self motivate to achieve goals.</u> | <u>Demonstrates ability to motivate <u>individuals</u> in the team.</u> | <u>Demonstrates ability to motivate individuals beyond the team.</u> |
| 4.1.3 | <i>Display</i> self-motivation, <i>an innovative mindset and</i> motivate others. | Self-motivates to achieve goals. | Motivates <i>others</i> in the team. | Motivates individuals beyond the team. |

| Standard number | (Enabling) Competency | Transition level | Consolidation level | Advanced level |
|-----------------|--|--|--|---|
| 3.3 APPF | Understand and contribute to the strategic vision. | <u>Demonstrates understanding of, and contributes to, the vision for professional services.</u> | Creates the vision for professional <u>services</u> and translates it into clear goals for the <u>pharmacy</u> team. | Influences groups of colleagues, clinicians and/or managers to share the vision for professional <u>services</u> . |
| 4.3.1 | Inspire a strategic vision and common purpose. | Contributes to the vision for professional activities . Assists others in the team to understand the strategic context in which professional activities are undertaken. | Creates the vision for professional activities and translates it into clear goals for the team. Assists others in the team to understand the strategic context and commit to the goals for practice activities. | Influences groups of colleagues, clinicians and/or managers to share the vision for professional activities . Shapes and communicates a compelling vision for the future. |
| 3.4 APPF | Contribute to innovation and service development. | <u>Demonstrates ability to improve the quality or range of services with limited supervision.</u> Applies priorities set by others to develop clear plans for services based on review of recent past performance. | Recognises and implements innovation from the external environment without supervision. Develops future plans for professional <u>services</u> based on a clear understanding of priorities. | Leads efforts to ensure innovation produces <u>demonstrable</u> improvement in service delivery. Relates goals and actions to strategic aims of the workplace <u>or</u> profession. |
| 4.3.2 | Foster initiative and contribute to innovation, improvement and service development. | Improves the quality of a range of services with limited supervision. As above. Shares information on emerging trends or innovations and encourages exploration of innovation and use of initiative by others. Monitors the impact of changes made and responds to adverse or unintended consequences. | As above. Develops future plans for professional activities based on a clear understanding of priorities. Models a culture to enhance participation and learning by others and implements and manages a quality improvement program. | Leads efforts to ensure innovation produces improvement in service delivery. Relates goals and actions to strategic aims of the workplace and profession. Implements innovative programs and processes. |

| Standard number | (Enabling) Competency | Transition level | Consolidation level | Advanced level |
|-----------------|---|--|---|---|
| 3.11 APPF | <u>Understand change management principles and lead change.</u> | <u>Demonstrates understanding of the principles of change management.</u> | <u>Demonstrates ability to manage a change process for the team.</u> | <u>Demonstrates ability to lead a change process beyond the team/workplace or across disciplines.</u> |
| 4.3.3 | Encourage, influence and facilitate change. | <p>Supports review of existing systems and processes that apply the principles of change management.</p> <p>Encourages support within the team for proposed changes.</p> | <p>Manages a change process for the team.</p> <p>Displays organisational and political awareness for guiding change and addressing the associated ambiguities and uncertainties.</p> | <p>Contributes to and leads a change process beyond the team/workplace or across disciplines.</p> <p>Champions the need for innovation and change and builds political and public support and commitment.</p> |
| 3.12 APPF | Serve as a role model and mentor for others. | <p><u>Understands and demonstrates the characteristics of a role model to members of the team.</u></p> <p><u>Demonstrates understanding of the mentorship process.</u></p> | <p>Demonstrates the characteristics of an <u>effective</u> role model within and beyond the team.</p> <p><u>Demonstrates ability to effectively mentor others within the team.</u></p> | <p><u>Demonstrates ability to engender role model behaviour in others.</u></p> <p><u>Demonstrates ability to effectively mentor outside the team.</u></p> |
| 4.3.4 | Serve as a role model, coach and mentor for others. | <p>Demonstrates the characteristics of a role model, coach or mentor to members of the team.</p> <p>Develops an understanding of the processes involved in serving as a role model, coach and mentor.</p> | <p>Demonstrates the characteristics of a role model, coach or mentor within and beyond the team.</p> <p>Coaches/mentors others within the team effectively.</p> | <p>Engenders role model, coach or mentor behaviour in others.</p> <p>Coaches/mentors effectively outside the team.</p> |
| 3.9 APPF | Promote improved performance. | <p>Contributes to performance management processes in accordance with established policy/procedure.</p> <p>Refers appropriately to colleagues for guidance as required.</p> | <p><u>Is accountable for</u> performance management of team members.</p> | <p><u>Is accountable for</u> performance management of the team as a whole.</p> |
| 4.6.4 | Develop personnel and promote improved performance. | <p>As above.</p> <p>As above.</p> <p>Assists personnel to develop learning plans and identifies and promotes participation in activities aligned to learning needs.</p> | <p>Undertakes performance management of team members.</p> <p>Contributes to programs intended to provide learning opportunities for others and uses coaching to assist team members to achieve set goals.</p> | <p>Undertakes performance management of the team as a whole.</p> <p>Acts as a mentor to enhance personal development of colleagues.</p> |

| Standard number | (Enabling) Competency | Transition level | Consolidation level | Advanced level |
|-----------------|---|--|--|--|
| 3.2 | Understand and contribute to clinical governance. | <u>Demonstrates understanding</u> of the pharmacist's role in clinical governance and practice reflects the workplace framework. | Influences the clinical governance <u>agenda</u> for the team. | Shapes and contributes to <u>the</u> clinical governance <u>agenda</u> of the workplace/organisation. |
| 4.7.1 | Understand and contribute to organisational/ corporate and clinical governance. | Provides information on the pharmacist's role in organisational and clinical governance and practice reflects the workplace framework. | Influences the organisational and clinical governance framework for the team. | Shapes and contributes to organisational and clinical governance framework of the workplace/organisation. |
| 3.6 APPF | Support and assist implementation of <u>national</u> priorities. | <u>Demonstrates understanding</u> of the implications of <u>national</u> health care priorities for the team. | Influences the response of the team to <u>national</u> health care priorities. | Leads response of the team to <u>national</u> health care priorities. |
| 4.7.2 | Support and assist implementation of healthcare priorities. | Contributes to discussion of the implications of healthcare priorities for the team. | Influences the response of the team to healthcare priorities. | Leads response of the team to healthcare priorities. |
| 1.1 APPF | Apply and monitor standards of practice. | <u>Demonstrates understanding of, and</u> conforms to relevant standards of practice. | <u>Accountable for setting and</u> monitoring standards of practice at the team level. | <u>Accountable for setting and</u> monitoring standards of practice beyond the team. |
| 4.7.5 | As above. | Conforms to relevant standards of practice, with monitoring as needed. | Sets and monitors standards of practice at team level. | Sets and monitors standards of practice beyond the team. |
| 3.8 APPF | Contribute to the <u>identification and</u> effective management of risk. | <u>Demonstrates ability to</u> identify and resolve risk management issues using established policy/procedure. | <u>Is accountable for</u> developing risk policy/procedure for managing existing and newly identified risks at team level. | <u>Is accountable for</u> developing policy/procedure for managing existing and newly identified risks beyond the team. |
| 4.7.7 | Contribute to the effective management of risk, including threats to service continuity. | Identifies and resolves risk management issues using established policy/procedure. Contributes to risk management training. | Determines risk appetite, and develops risk management policy/procedure for existing and newly identified risks at team level. Establishes and maintains a risk management training program for team members. | Develops risk management policy/procedure for existing and newly identified risks beyond the team. Contributes to risk management training of personnel beyond the team. |

| Standard number | (Enabling) Competency | Transition level | Consolidation level | Advanced level |
|-----------------|---|--|--|---|
| 8.1 APPF AND | Conduct of education and training. AND | <u>Demonstrates an understanding of current educational policy in health services.</u> | Demonstrates ability to interpret national policy in order to design strategic approaches for local workforce education. | Shapes and contributes to national education <u>policy</u> . |
| 8.3 APPF | Educational <u>policy</u> . (Performance criterion was identical to the first one of Standard 8.1). | <u>Demonstrates ability to</u> conduct teaching efficiently according to an agreed plan with guidance from a more experienced colleague. | <u>Able to</u> assess the performance and learning needs of others. <u>Demonstrates ability to</u> plan a series of effective learning experiences for others. | <u>Demonstrates ability to</u> design and manage a course of study, with appropriate use of teaching assessment and study methods. |
| 5.1.2 | Conduct education and training consistent with educational practice . | <i>Applies knowledge of contemporary</i> educational practice . Conducts teaching efficiently according to an agreed plan with guidance from more experienced colleagues. | Interprets national educational practice in order to design strategic approaches for local workforce education. Assesses the performance and learning needs of others. Plans a series of effective learning experiences for others. | Shapes and contributes to national education practice . Designs and manages a course of study, with appropriate use of teaching assessment and study methods. |
| 1.2 APPF | Contribute to Continuing Professional Development (CPD) of <u>self and</u> others. | <u>Demonstrates self-development through regular CPD and the application of learning to practice.</u> | Acts as a CPD facilitator for the profession. | Shapes and contributes to <u>the</u> CPD strategy for the profession or other disciplines. |
| 5.1.3 | Contribute to continuing professional development of others. | <i>Facilitates CPD opportunities for the pharmacy team.</i> | As above. | Shapes and contributes to CPD strategies for the profession or other disciplines. |
| 8.2 APPF | Links practice and education. | Participates in the <u>formal</u> education of <u>undergraduate and postgraduate students</u> . | Participates in <u>the</u> education and training of <u>formal</u> <u>special interest groups in the external environment</u> . | Shapes, <u>contributes to</u> , or is accountable for the creation or development of higher education <u>qualification(s)</u> . |
| 5.1.4 | Link practice and education. | Participates in the education of learners . | Participates in structured education and training. | Shapes or is accountable for the creation or development of nationally recognised or higher education programs . |
| 8.8 APPF | Supervise others undertaking research. | <u>Demonstrates</u> understanding of research governance. | <u>Is able to</u> contribute to research supervision in collaboration with research experts. | <u>Is a</u> research project supervisor for <u>postgraduate</u> students. |
| 5.2.5 | As above. | Acquires understanding of research governance. | Contributes to research supervision in collaboration with research experts. | Acts as a research project supervisor for students of formal research qualifications or other researchers . |

Appendix 2: Comparison of the 2010 and 2016 Frameworks

The table below summarises the high level mapping of the domains in the 2010 Framework to the 2016 Framework. Note that the standards in the 2016 Framework may be listed more than once where relevant competencies in the 2010 Framework were consolidated and/or relocated.

| 2010 Framework | | 2016 Framework | |
|---|--|--|---|
| Domain | Standard | Domain | Standard |
| 1. Professional and ethical practice | 1.1 Practise legally | 1. Professionalism and ethics | 1.1 Uphold professionalism in practice |
| | 1.2 Practise to accepted standards | | 1.2 Observe and promote ethical standards |
| | 1.3 Deliver 'patient-centred' care | | 1.3 Practise within applicable legal framework |
| | 1.4 Manage quality and safety | | 1.4 Maintain and extend professional competence |
| | 1.5 Maintain and extend professional competence | | 1.5 Apply expertise in professional practice |
| | | | 1.6 Contribute to continuous improvement in quality and safety |
| 2. Communication, collaboration and self-management | 2.1 Communicate effectively | 2. Communication and collaboration | 2.1 Collaborate and work in partnership for the delivery of patient-centred, culturally responsive care |
| | 2.2 Work to resolve problems | | 2.2 Collaborate with professional colleagues |
| | 2.3 Collaborate with members of the health care team | | 2.3 Communicate effectively |
| | 2.4 Manage conflict | | 2.4 Apply interpersonal communication skills to address problems |
| | 2.5 Commitment to work and the workplace | | |
| | 2.6 Plan and manage professional contribution | | |
| | 2.7 Supervise personnel | | |
| 3. Leadership and management | 3.1 Provide leadership and organisational planning | 4. Leadership and management | 4.1 Show leadership of self |
| | 3.2 Manage and develop personnel | | 4.2 Manage professional contribution |
| | 3.3 Manage pharmacy infrastructure and resources | | 4.3 Show leadership in practice |
| | 3.4 Manage quality service delivery | | 4.4 Participate in organisational planning and review |
| | 3.5 Provide a safe and secure work environment | | 4.5 Plan and manage physical and financial resources |
| 4. Review and supply prescribed medicines | 4.1 Undertake initial prescription assessment | | 4.6 Plan, manage and build human resource capability |
| | 4.2 Consider the appropriateness of prescribed medicines | | 4.7 Participate in organisational management |
| | 4.3 Dispense prescribed medicines | | |
| 5. Prepare pharmaceutical products | 5.1 Consider product requirements | 3. Medicines management and patient care | 3.1 Develop a patient-centred, culturally responsive approach to medication management |
| | 5.2 Prepare non-sterile drug products | | 3.2 Implement the medication management strategy or plan |
| | 5.3 Aseptically prepare sterile drug products | | 3.3 Monitor and evaluate medication management |
| | 5.4 Prepare cytotoxic drug products | | 3.4 Compound medicines |

| 2010 Framework | | 2016 Framework | |
|---|---|--|--|
| Domain | Standard | Domain | Standard |
| 6. Deliver primary and preventive health care | 6.1 Assess primary health care needs | 3. Medicines management and patient care | 3.1 Develop a patient-centred, culturally responsive approach to medication management |
| | 6.2 Deliver primary health care | | 3.2 Implement the medication management strategy or plan |
| | 6.3 Contribute to public and preventive health | | 3.3 Monitor and evaluate medication management |
| | 3.5 Support Quality Use of Medicines | | |
| | 3.6 Promote health and well-being | | |
| 7. Promote and contribute to optimal use of medicines | 7.1 Contribute to therapeutic decision-making | 3. Medicines management and patient care | 3.1 Develop a patient-centred, culturally responsive approach to medication management |
| | 7.2 Provide ongoing medication management | | 3.2 Implement the medication management strategy or plan |
| | 7.3 Influence patterns of medicine use | | 3.3 Monitor and evaluate medication management |
| | 3.5 Support Quality Use of Medicines | | |
| 8. Critical analysis, research and education | 8.1 Retrieve, analyse and synthesise information | 5. Education and research | 5.1 Deliver education and training |
| | 8.2 Engage in health, medicines or pharmacy practice research | | 5.2 Participate in research |
| | 8.3 Formally educate and train students and healthcare colleagues | | 5.3 Research, synthesise and integrate evidence into practice |

