pharmacycouncil
OF NEW ZEALAND

Te Pou Whakamana Kaimatu o Aotearoa

SAFE EFFECTIVE PHARMACY PRACTICE

COMPETENCE STANDARDS FOR THE PHARMACY PROFESSION

CONTENTS

Introduction

1.1 INTRODUCTION

The Pharmacy Council of New Zealand (the Council) is established under the Health Practitioners Competence Assurance Act 2003 (HPCAA). The Council's primary role is to protect the health, safety and wellbeing of the public by ensuring pharmacists are competent and fit to practice. The Council is therefore responsible for setting standards for pharmacist education and competence.

As professional practice changes and evolves, so too do the competencies for pharmacists. While the traditional role of pharmacists has been the supply of medicines, more pharmacists are becoming involved in patient-specific services such as Long Term Conditions (LTC) and Medicines Therapy Assessment (MTA). To reflect these changes, competence standards need to be dynamic and subject to review at regular intervals. For example, the competence standards were revised and expanded in 2010 to include elements of cultural competence.

This version of the standards builds on past efforts but includes modifications to improve readability and use-ability. Many existing competencies have been re-grouped into domains of responsibility or professional endeavour, while some new competencies have been added to ensure the standards remain relevant and applicable to the evolving roles and services pharmacists can provide within their scope of practice.

1.2 COMPETENCE STANDARDS

Professional competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served[1].

The process of competence development is a lifelong series of doing and reflecting, and focuses on the behaviours required for effective practice performance. Supported by professional codes of ethics, competence standards describe the skills, attitudes and other attributes (including values and beliefs) attained by an individual based on knowledge and experience. They specify the application of that knowledge and skills to the standards of performance required in a practice setting. Together they enable the individual to practise effectively as a pharmacist. The value of competence standards rests with their capacity to support and facilitate professional practice and growth, in the interests of public safety. They may be expressed primarily as entry level competencies and behaviours but all pharmacists should look to build on these, as the behaviours expected of an experienced practitioner will exceed this level.

Competence standards also demonstrate to the public and other healthcare professionals the key expertise that pharmacists bring to patient care, and the role they play in ensuring the safe and responsible use of medicines.

1.3 WHAT IS A COMPETENCE FRAMEWORK?

If competencies refer to the knowledge, skills, attitudes and behaviours that an individual develops through education, training and work experience, taken together, they form a competence framework which provides a blueprint for describing the competencies and behaviours of pharmacists in their daily practice.

By their nature, competence frameworks must be sufficiently broad-based to allow for universal applicability across all practice settings, but also be sufficiently focused to allow the particular competencies specific to pharmacists to emerge.

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1   *Epstein RM, Hundert EM. Defining and assessing professional competence. JAMA. 2002;287(2):226 -235.*

Introduction

1.4 PHARMACIST AND INTERN PHARMACIST SCOPES OF PRACTICE

The Pharmacist Scope of Practice describes the patient- and health-related roles that form part of the profession of pharmacy. It also includes non-clinical roles e.g. teaching, policy development, given that these roles also form part of contemporary pharmacy practice for some practitioners. The scope is broad, and because the profession is diverse, an individual pharmacist may only be practising some of the roles described in the scope.

Pharmacist Scope of Practice

The practice of pharmacy is necessarily broad and is wider than pharmacists working directly with patients, given that such roles influence clinical practice and public safety. In a clinical role, the pharmacist acts as a medicines manager, providing patient-centred medication therapy management, health improvement and disease prevention services, usually in a collaborative environment. Pharmacists ensure safe and quality use of medicines and optimise health outcomes by contributing to patient assessment and to the selection, prescribing, monitoring and evaluation of medicine therapy.

The practice of pharmacy may include but is not limited to:
- the custody, preparation and dispensing of medicines and pharmaceutical products;
- the selection and provision of non-prescription medicine therapies and therapeutic aids;
- health promotion, including health screening;
- administration of medicines, including injectable medicines;
- researching and evaluating information and providing evidence-based advice and recommendations on medicines and medicine-related health issues;
- teaching and advising;
- policy development;
- management;
- manufacturing; and
- auditing.

Intern Pharmacist Scope of Practice

The intern pharmacist, practising under the supervision of a practising registered pharmacist acts as a medicines manager, providing patient-centred medication therapy management, health improvement and disease prevention services in a collaborative environment. Intern Pharmacists ensure safe and quality use of medicines and optimise health outcomes by contributing to patient assessment and to the selection, prescribing, monitoring and evaluation of medicine therapy.

The practice of pharmacy may include:
- the custody, preparation and dispensing of medicines and pharmaceutical products;
- the selection and provision of non-prescription medicine therapies and therapeutic aids;
- health promotion, including health screening;
- the potential for administration of medicines; and
- researching and evaluating information and providing evidence-based advice and recommendations on medicines and medicine-related health issues.

1.5 EIGHT STAR PHARMACIST

To be effective healthcare team members, pharmacists need skills and abilities enabling them to assume many different functions. The concept of the "seven-star pharmacist" was introduced by WHO and adopted by FIP[2] in 2000 in its policy statement on Good Pharmacy Education Practice to cover the roles of caregiver, decision-maker, communicator, manager, life-long learner, teacher and leader. The function of the pharmacist as a researcher has since been added and all these have been addressed in the competence standards.

1. **Caregiver:** Pharmacists must view their practice as integrated and continuous with those of the healthcare system and other health professionals.

2. **Decision-maker:** The appropriate, efficacious, safe and cost-effective use of resources (for example, personnel, medicines, chemicals, equipment, procedures, practices) should be the foundation of the pharmacist's work. Achieving this goal requires the ability to evaluate, synthesise data and information and decide upon the most appropriate course of action.

3. **Communicator:** The pharmacist is in an ideal position to provide a link between prescriber and patient, and to communicate information on health and medicines to the public and other health professionals. Communication involves verbal, non-verbal, listening and writing skills.

4. **Manager:** Pharmacists must be able to manage resources (human, physical and financial) and information effectively; they must also be comfortable being managed by others, whether by an employer or the manager/leader of a healthcare team.

5. **Life-long-learner:** It is impossible to acquire in pharmacy school all the knowledge and experience needed to pursue a life-long career as a pharmacist. The concepts, principles and commitment to life-long learning must begin while attending pharmacy school and must be supported throughout the pharmacist's career. Pharmacists should learn how to keep their knowledge and skills up to date and how to put them into practice.

6. **Teacher:** Every pharmacist has a responsibility to assist with the education and training of future generations of pharmacists and the public. Participating as a teacher not only imparts knowledge to others, it offers an opportunity for the practitioner to gain new knowledge and to fine-tune existing skills.

7. **Leader:** Leadership involves compassion and empathy as well as vision and the ability to make decisions, communicate, and manage effectively. A pharmacist whose leadership role is to be recognised must have vision and the ability to lead.

8. **Researcher:** The pharmacist must be able to use the evidence base (e.g., scientific, pharmacy practice, health system) effectively in order to advise on the rational use of medicines in the healthcare team. As a researcher, the pharmacist is able to increase the accessibility of unbiased health and medicines-related information for the public and other healthcare professionals.

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2   FIP: Fédération Internationale Pharmaceutique (International Pharmacy Federation)

About the framework

2.1 FRAMEWORK STRUCTURE

The framework contains six domains, each with a number of competencies. The behavioural statements given for each competency indicate how individuals working in that competency will be behaving in practice.

DOMAIN TITLE: is the broad area of responsibility or professional endeavour covered by the Domain

SCOPE: provides an explanation of the scope and context of the Domain

COMPETENCY: describes activities or processes in relation to the overall expectation of the Domain

BEHAVIOURS: outlines the performance or observable behaviours expected in the workplace to meet the competency

Domain 02: Public healthcare

The Domain encompasses the pharmacist's awareness of, and contribution to public and preventative health activities, directed at both communities and at individuals. As members of the healthcare team, pharmacists help focus attention on the prevention and management of diseases and other health conditions through the promotion of healthy communities, individuals and environments. Pharmacists provide information, advice and education on health awareness, healthy lifestyles and wellness, and disease prevention and management.

COMPETENCY 02.1   CONTRIBUTE TO COMMUNITY HEALTH

Behaviours

02.1.1   Identifies and supports national and local health priorities and initiatives, including health screening programmes, targeted at reducing health inequities and consistent with the role of a pharmacist

02.1.2   Uses knowledge of own community profile to assess key healthcare needs and health inequities and delivers services accordingly, taking into account cultural and social settings

02.1.3   Identifies the roles and responsibilities of local community healthcare team members and promotes the role of the pharmacist in addressing healthcare needs in the community

COMPETENCY 02.2   HEALTH PROMOTION

Behaviours

02.2.1   Maximises opportunities for counselling and provides accurate, quality and safe information and advice to individuals and the public on healthy lifestyles and wellness, and disease prevention and control

02.2.2   Identifies individuals likely to benefit from specific health and lifestyle advice

02.2.3   Provides consistent evidence-based advice to individuals and the public about potential benefits of preventative health activities

02.2.4   Informs and advises individuals about relevant programmes relating to health and medicines

02.2.5   Employs appropriate tools to clarify and reinforce education and to facilitate behavioural change

As in the past, some domains are mandatory and are indicated accordingly by their numbering i.e. Domains M1 (Professionalism in Pharmacy) and M2 (Communication and collaboration). These mandatory domains allow for academic or non-traditional role pharmacists to retain an Annual Practising Certificate (APC) without having to maintain competence in areas not relevant to their practice.

Some optional domains (O1 – O4) and competencies will effectively become mandatory for many practising pharmacists, particularly where they are in direct-patient care roles. Pharmacists will be able to select single competencies from these optional domains; the Council's expectation is that peer input for the practice review, according to the CPD framework, will ensure pharmacists are working in domains and competencies relevant to their area of practice, and that their CPD reflects this.

The framework uses a variety of terms such as 'patient', 'individual', 'service user' – all are commonly used in healthcare communication but in different contexts e.g. a service user is a person who uses healthcare resources; a patient is someone with an illness; all patients are service users but not all service users are patients.

NOTE: The Competencies do not include evidence examples. The guidance section is intended to assist pharmacists with the interpretation of the competencies and behaviours. Some guidance sections may also include a table to illustrate the continuum of learning and behavioural expectations as a pharmacist's career progresses.

Each pharmacist will individualise their examples of evidence to the particular role and practice setting in which they work. Throughout their careers many pharmacists will change roles, even if they do not change practice settings. As such, the evidence provided to demonstrate competence over time should also change.
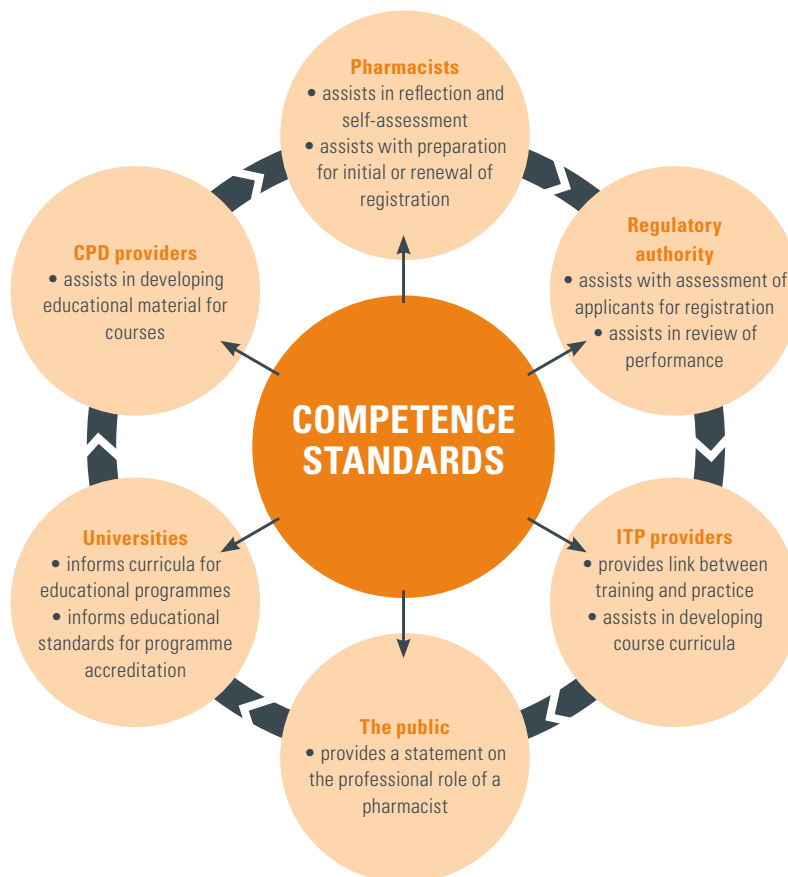
About the framework

2.2 APPLICATION OF THE FRAMEWORK

The framework has been developed to be flexible and versatile and is relevant to a variety of stakeholders. A prescriptive approach to advising pharmacists how to use the framework has been avoided in favour of providing more general guidance.

Individual pharmacists should use the framework to guide professional development and to help identify their own learning needs through a reflective approach based on the skills and competencies required for their particular professional practice. Peer input for the pharmacist's practice review, according to the CPD framework, will ensure they are working in domains and competencies relevant to their area of practice

Universities and providers of pre-registration education programmes will use the framework to inform development of under-graduate curricula and intern training programmes. This will assist new registrants in understanding the professional competencies that will be required of them once registered. It will also allow intern pharmacists an opportunity to integrate their academic training into professional practice.

The framework also provides a useful benchmark for other healthcare professionals, policy-makers, members of the public and others of the key competencies associated with, and expected of pharmacists.

Pharmacists
• assists in reflection and self-assessment
• assists with preparation for initial or renewal of registration

Regulatory authority
• assists with assessment of applicants for registration
• assists in review of performance

CPD providers
• assists in developing educational material for courses

COMPETENCE STANDARDS

ITP providers
• provides link between training and practice
• assists in developing course curricula

Universities
• informs curricula for educational programmes
• informs educational standards for programme accreditation

The public
• provides a statement on the professional role of a pharmacist

2.3 DOMAIN SUMMARY

DOMAIN	COMPETENCY
MANDATORY	
M1: Professionalism in Pharmacy	M1.1 Demonstrate personal and professional integrity M1.2 Comply with ethical and legal requirements M1.3 Contribute to quality improvement M1.4 Practise pharmacy within New Zealand's culturally diverse environment M1.5 Understand Hauora Māori M1.6 Make effective decisions
M2: Communication and collaboration	M2.1 Communicate effectively M2.2 Establish and maintain collaborative working relationships M2.3 Resolve conflict M2.4 Supervise and support colleagues M2.5 Facilitate education of colleagues
OPTIONS:	
O1: Health and medicine management	O1.1 Consult with the patient O1.2 Provide healthcare O1.3 Review and manage patient's medicine therapy O1.4 Deliver quality and safe services O1.5 Access, evaluate and provide medicines information
O2: Public healthcare	O2.1 Contribute to community health O2.2 Health promotion
O3: Supply and administration of medicines	O3.1 Assess prescriptions O3.2 Dispense medicines O3.3 Compound pharmaceutical products O3.4 Administer medicines O3.5 Provide patient counselling
O4: Leadership and organisational management	O4.1 Provide leadership O4.2 Manage quality improvement and safety O4.3 Manage and develop personnel O4.4 Provide safe working environment

M1 Professionalism in Pharmacy

2.4. THE COMPETENCE STANDARDS

Domain M1: Professionalism in Pharmacy

Professionalism is encompassed by a set of attitudes, knowledge and skills based on clinical competence, ethics, societal and legal requirements resulting in the application of a range of behaviours. The Pharmacy Council recognises that cultural competence, clinical competence and ethical conduct are integral to professional pharmacy practice.

Cultural competence, or cultural confidence, goes beyond an awareness of or sensitivity to another culture to include the ability to use that knowledge in cross-cultural situations. It includes the development and implementation of processes, procedures and practices that support the delivery of culturally appropriate services.

The Domain includes the behaviours expected of pharmacists in maintaining and extending their professional competence, and in understanding that professional development is a means of advancing their practice.

Pharmacists are expected to demonstrate:

- Compassion, integrity and respect for others;
- Responsiveness to patient needs that supersedes self-interest;
- Respect for patient privacy and autonomy;
- Accountability to patients, society and the profession;
- Commitment to excellence; and
- Sensitivity and responsiveness to a diverse population, including but not limited to diversity in gender, age, culture, race, religion, disabilities and sexual orientation.

COMPETENCY	**M1.1**	**DEMONSTRATE PERSONAL AND PROFESSIONAL INTEGRITY**
Behaviours	**M1.1.1**	Applies patient-centred care principles as the cornerstone of professional practice
	M1.1.2	Demonstrates awareness of position of trust in which the profession is held and practises in a manner that upholds that trust
	M1.1.3	Accepts responsibility and accountability for membership in the profession
	M1.1.4	Treats others with sensitivity, empathy, respect and dignity
	M1.1.5	Commits to continuing professional development (CPD) and life-long learning
	M1.1.6	Works within limits of own professional expertise and competencies, and within relevant scope(s) of practice
	M1.1.7	Accepts responsibility for own actions and performance
	M1.1.8	Shares professional strengths with others
COMPETENCY	**M1.2**	**COMPLY WITH ETHICAL AND LEGAL REQUIREMENTS**
Behaviours	**M1.2.1**	Understands and is able to explain the rationale and application of regulations that are relevant to and impact on pharmacy practice
	M1.2.2	Complies with those parts of the legislation that apply to his/her pharmacy practice
	M1.2.3	Demonstrates sound knowledge and understanding of ethical principles and values that underpin the profession
	M1.2.4	Complies with the obligations created by the code of ethics
COMPETENCY	**M1.3**	**CONTRIBUTE TO QUALITY IMPROVEMENT**
Behaviours	**M1.3.1**	Describes the principles of, and contributes to the requirements of quality improvement
	M1.3.2	Understands and explains the concepts of clinical governance
	M1.3.3	Recognises quality as a core principle of healthcare provision
	M1.3.4	Contributes to own organisation's quality improvement plan
	M1.3.5	Participates in regular evaluation activities relevant to own practice and acts upon findings in a timely and responsive manner
	M1.3.6	Investigates and applies research to improve quality and safety

M1 Professionalism in Pharmacy

COMPETENCY	M1.4	**PRACTISE PHARMACY WITHIN NEW ZEALAND'S CULTURALLY DIVERSE ENVIRONMENT**
Behaviours	M1.4.1	Undertakes regular self-reflection to identify own cultural values
	M1.4.2	Understands and is able to explain the impact that own identity, including cultural values, has on one's practice as a pharmacist
	M1.4.3	Identifies and values the cultural diversity of own area of practice
	M1.4.4	Respects others, both individually and collectively
	M1.4.5	Understands and explains the impact of culture on health status and on maintenance of health
	M1.4.6	Identifies and works towards reducing factors that contribute to inequities in health outcomes
COMPETENCY	**M1.5**	**UNDERSTAND HAUORA MĀORI**
Behaviours	M1.5.1	Understands and describes the relevance of Te Tiriti o Waitangi
	M1.5.2	Understands Māori perspectives of health
	M1.5.3	Recognises the differing health status of Māori and non-Māori and incorporates strategies in own practice to attempt to address these
	M1.5.4	Pronounces Te Reo Māori correctly, in particular proper nouns, understands common or relevant words and can use them when appropriate
COMPETENCY	**M1.6**	**MAKE EFFECTIVE DECISIONS**
Behaviours	M1.6.1.	Demonstrates the ability to make accurate, evidenced based and timely decisions
	M1.6.2	Distinguishes between important and unimportant issues and prioritises their resolution
	M1.6.3	Recognises when it is appropriate to collaborate with and include others in decision making, or to refer decisions on
	M1.6.4	Listens to others when decisions are questioned and is open to further evidence
	M1.6.5	Communicates decisions comprehensively including the rationale behind the decision

GUIDANCE

Practising professionally is an expectation of the public, your colleagues and other healthcare providers. Much of the behaviour expected of pharmacists comes from the privileged position we hold as a result of the confidence and trust placed in us by the public, patients and service users. You must recognise this and understand that it deserves reciprocation through attitudes and behaviours that demonstrate professional integrity and respect for the dignity of others. This is integral to upholding the good standing and reputation of the profession.

- **Professionalism** is not just a nine-to-five thing but extends to all situations where your actions, your demeanour and your regard for others may be noted, which includes your activity in all forms of social media. Although you are free to take advantage of the many professional and personal benefits social media can offer, it is equally important to be aware of the potential risks involved. The Council has published, in collaboration with key pharmacy stakeholders, practical guidance and ethical advice on the use of social media[3], both for professional and non-pharmacy related purposes.

  Professional development should be viewed as a continuum based on post-registration learning. As you learn and gain experience, you will move along that continuum. All pharmacists should demonstrate curiosity about their learning and be able to reflect on and assess the limit of their skills, knowledge and abilities at different stages of their career.

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3   http://www.pharmacycouncil.org.nz/standards_guidelines

M1 Professionalism in Pharmacy

COMPETENCY	CONTINUUM OF PROFESSIONAL DEVELOPMENT →		
Comply with ethical and legal requirements	Follows legal, ethical, professional and organisational policies/ procedures and codes of ethics	Interprets and explains requirements of professional codes, guidelines and standards adopted as part of the legislative framework for practice	Contributes to development of contemporary practice codes and standards. Describes how legislative requirements have influenced operational policies and procedures.
Practise pharmacy within New Zealand's culturally diverse environment	Understands the impact that one's own identity, including cultural values, has on one's own practice as a pharmacist	Focuses on the influence of a patient's culture, in conjunction with their medical condition, to improve adherence to treatment and health outcomes	Uses knowledge of own community profile to better understand the impact of health inequities in relation to that profile. Uses the community profile to align services with DHB programmes targeted at reducing health inequities.
Contribute to quality improvement systems	Demonstrates understanding of the pharmacist role in quality and safety improvement. Implements this appropriately within the workplace.	Influences the quality and safety programme and clinical governance for the team.	Shapes and contributes to the clinical governance programme at a higher level.

Professionalism also includes a commitment by you to continually update your skills and knowledge in order to remain professionally competent. To be a professional and a medicines expert, you must continually improve your skills and stay on top of trends in pharmacy practice through continuing professional development and life-long learning.

- **Practising pharmacy in New Zealand's diverse cultural environment** will require you to understand the impact that your own identity, including your cultural values, has on your practice as a pharmacist. You should recognise that at times there may be conflict between your professional culture/values and the culture of others, but you need to be competent in dealing with those whose culture differs from your own. Although culture is often considered solely as ethnicity or race, it also includes, but is not restricted to age, gender, sexual orientation, socioeconomic status (including occupation), religion, physical, mental or other impairments and organisational culture. Respecting others from a cultural perspective, whether individually or collectively, means avoiding stereotyping and being aware that general cultural information may not apply to specific individuals.

  As a pharmacist, you should understand and be able to explain different concepts of health, and use this understanding in working towards achieving optimal health outcomes for all patients. Many cultures incorporate the use of traditional healing and therapies in their treatment, and you should recognise and acknowledge the right of individuals to have health beliefs and practices different to your own. For example, understanding and accommodating where possible the influences of a patient's culture, such as fasting during Ramadan, may improve adherence to treatment and health outcomes.

- **Health inequities** are a reality in New Zealand. Increasing your awareness of the nature and extent of health inequities and equity issues within your immediate and extended communities, and advocating for more equitable outcomes will improve the quality of healthcare services and outcomes for patients – when people with the poorest health outcomes do better, everyone benefits. Patients' cultures affect the way they understand health and illness, how they access healthcare services, and how they respond to healthcare interventions. The population you work with is culturally diverse, and this will be reflected by the many ethnic groups within your community. Understanding your community better and developing relationships with key groups within the community will help in working towards reducing health inequities.

  Learning about the impact of pre- and post-Te Tiriti o Waitangi events on the health of New Zealanders and developing working relationships with key Māori stakeholders e.g. Iwi / Hapū / Whānau / Māori organisations, where appropriate, will provide background to help improve Māori health outcomes. This extends to understanding the contemporary application of Te Tiriti o Waitangi through the principles of partnership, participation and protection. Prior to European contact, Māori had a range of world views and practises which have relevance to their current health status. When developing treatment plans for Māori, you should use your knowledge of Māori models of health and core Māori practices including tikanga and kawa to improve relationships and health outcomes.

- **Contribute to quality improvement** – you have an obligation to maintain a focus on the quality of the services provided regardless of your area(s) of practice. However, having a vision of continuously improving service quality is not sufficient. You also need to know what is required to make the vision a reality. You should have an awareness of appropriate tools and methods available to evaluate the quality of your clinical and/or professional services and to optimise outcomes and minimise risks to service users. Understanding the concept of **Clinical governance** is part of quality improvement. Clinical governance embodies three key attributes: high standards of care, responsibility and accountability for those standards, and a constant dynamic of improvement. It is about being accountable, taking professional responsibility, having the right systems and processes in place and about continuously improving what you do.

M2 Communication and collaboration

Domain M2: Communication and collaboration

The Health Practitioners Competence Assurance Act (HPCAA) 2003 requires health professionals to communicate in and comprehend English to a level sufficient to protect the health and safety of the public. Pharmacists must be able to communicate effectively, which includes verbal, non-verbal, electronic and written communication so the recipient of the communication receives the intended message. Effective communication enables shared decision-making with colleagues or with other healthcare professionals and with patients and/or their carers.

Collaboration and teamwork also requires effective communication. In an HDC opinion (11HDC01077) the Commissioner noted that *"effective care involves appropriate communication with patients and their families. Furthermore, respectful and appropriate communication within teams is essential to ensure safe care".* Pharmacists should recognise the roles and skills of other health professionals, and seek to establish co-operative working relationships with all colleagues based on an understanding of, and respect for each other's roles.

COMPETENCY	M2.1	COMMUNICATE EFFECTIVELY
Behaviours	**M2.1.1**	Understands, speaks and writes clearly in English for the purposes of practising as a pharmacist
	M2.1.2	Listens effectively, using active and reflective listening techniques
	M2.1.3	Assesses and responds to information requests in a timely manner
	M2.1.4	Recognises and respects cultural diversity when communicating with people from a background different to one's own
	M2.1.5	Assesses an individual's understanding before providing information
	M2.1.6	Adapts verbal, non-verbal and written communication to suit the receiver, using appropriate vocabulary and checking understanding
	M2.1.7	Undertakes all consultations in an appropriate setting, minimising interruptions and maintaining verbal, auditory and personal privacy
COMPETENCY	M2.2	ESTABLISH AND MAINTAIN COLLABORATIVE WORKING RELATIONSHIPS
Behaviours	**M2.2.1**	Promotes the role, responsibilities and expertise of the pharmacist in relation to other team members
	M2.2.2	Establishes rapport, respect and trust with colleagues and other healthcare professionals, and with patients where appropriate, respecting individual and cultural differences
	M2.2.3	Identifies key partners within own area of practice and practises whanaungatanga (establishing connections) in order to build relationships and trust with them

COMPETENCY	M2.3	RESOLVE CONFLICT
Behaviours	**M2.3.1**	Clarifies the nature of the conflict and acts promptly to prevent or manage it whenever possible
	M2.3.2	Identifies situations where a negotiated outcome is required
	M2.3.3	Works collaboratively to identify and agree a preferred approach and to review the impact of actions taken

COMPETENCY	M2.4	SUPERVISE AND SUPPORT COLLEAGUES
Behaviours	**M2.4.1**	Contributes to and supports workplace training
	M2.4.2	Accepts responsibility for supervising, monitoring performance and contributing to the performance assessment of colleagues where appropriate and delegated to do so
	M2.4.3	Defines and communicates delegated activities and the expected outcomes to supervised personnel

COMPETENCY	M2.5	FACILITATE EDUCATION OF COLLEAGUES
Behaviours	**M2.5.1**	Promotes and supports opportunities for learning that enhances the practice of colleagues, pharmacy students and/or other healthcare professionals
	M2.5.2	Identifies and responds to gaps in knowledge, skills and professional behaviours of others
	M2.5.3	Uses educational content that is current and evidence-based
	M2.5.4	Employs appropriate tools and strategies to assess learning and provide feedback where required

M₂ Communication and collaboration

GUIDANCE

This Domain not only addresses your ability to communicate effectively in English, but also to create, maintain and enhance working relationships with colleagues to provide a mutually supportive environment. *"Ineffective communication is the most frequently cited category of root causes of sentinel events. Effective communication, which is timely, accurate, complete, unambiguous, and understood by the recipient, reduces errors and results in improved patient safety"*. [4]

- Effective communication encompasses the following skills, but is not limited to:
  - Questioning and exploring;
  - Listening – active listening demonstrates genuine respect and concern for the individual. It involves both verbal and non-verbal aspects;
  - Feedback – to ensure that the message is understood. It can take the form of appropriate questions and asking the individual to demonstrate they understand what you have explained;
  - Empathy – seeking to understand where other people are coming from;
  - Explaining;
  - Over-coming physical and emotional barriers to effective communication, for example speech difficulties, health literacy;
  - Negotiating;
  - Influencing.

  Written communication, for example fax, e-mail, letter, memo, referrals, appraisals, labels and instructions must be structured and presented in ways appropriate for each situation and to meet the needs of the receiver.

  Good communication is essential for building trust, supporting, motivating and influencing both professional colleagues and patients. Communication styles must be adapted to work through situations arising in practice, for example when liaising with other health professionals to achieve better health outcomes for patients. To optimise your contribution, you must be capable of clear and concise communication of relevant information, and of maintaining rapport with professional colleagues, patients, their whānau and family, and other service users. You should learn the correct pronunciation of names as a sign of respect for all cultures and should understand and be able to describe ways to avoid communication styles (verbal and non-verbal) that might give offence. Wherever possible, kanohi ki te kanohi (face to face) communication should be used with Māori.

- **Collaboration:** most often you will work in an environment that includes others; therefore it is important that you are a 'team player'. This includes understanding the roles and responsibilities of other team members and how teams work. Respecting the skills and contributions of colleagues and other healthcare professionals in improving outcomes for patients is essential.

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4   The Joint Commission. *2007 National Patient Safety Goals*. Accessed at www.jointcommissionreport.org Jan2014

- **Conflict** is generated where there are opposing views, interests or ideas, and can give rise to tension which can impact on emotional well-being and ultimately on work performance. It can arise in both inter- and intra-professional "teams" and will be experienced to some extent in all workplaces. It is important that you recognise and manage conflict in a constructive manner. In addressing circumstances where conflict exists it is important to recognise that it is not always possible to completely resolve the conflict. It is also important to understand that, depending on the circumstances, you may need to seek additional guidance or support to resolve it.

- **Supervision and education:** supervising and supporting colleagues in the workplace is also included in this domain. You will, at some time, be engaged in supervising the work of students, other pharmacists or that of support staff. In this capacity, you would be expected to assist with and support the performance of supervised personnel. You may have chosen to be an intern pharmacist preceptor which requires additional skills, not only in supervision but in teaching and mentoring.

  Education as it relates to this domain is that which sits outside formal university education or study. From graduate level, you have a responsibility to assist with the education and training of future generations of pharmacists. Participating as a teacher not only imparts knowledge to others, it offers an opportunity for you to gain new knowledge and to fine-tune existing skills. Educating colleagues includes others in the healthcare team, where you can use your specific knowledge and skills to enhance their knowledge and skills.

COMPETENCY	CONTINUUM OF PROFESSIONAL DEVELOPMENT		
Manage conflict	Describes the impact of conflict in the workplace, and the importance of adopting a "no-blame" approach to resolving conflict.	Can describe a range of possible approaches/ strategies that are effective for resolving conflict in the workplace.	Resolves conflict effectively, including engagement with those involved in the assessment and follow-up process.
Facilitate education of colleagues	Supports and facilitates learning of all workplace colleagues, including non-professional team members	Has ability to discuss the importance to adult learners of reinforcing key messages through repeat exposure	Ensures strategic linkages in content where activities constitute part of a course of study

01 Health and medicine management

Domain 01: Health and medicine management

The Domain encompasses a pharmacist's role in providing healthcare advice and treatment to individual patients in response to requests from them or about them. It incorporates the holistic care of patients including assessment, treatment and advice for common minor ailments. The pharmacist is responsible for promoting the safe and appropriate use of medicines, for education and for identifying and referring those patients who require a more comprehensive medical assessment, all within an environment of professional pharmaceutical care. The role may also include selecting, recommending, monitoring and evaluating medicine therapy as part of a healthcare team.

Providing high quality and safe healthcare is the primary goal of the health system and by continually improving the quality of their services, pharmacists will safeguard these high standards of care. In doing so, pharmacists must be mindful of the key principles in the HDC Code of Health and Disability Consumers' Rights Regulations.

The medicines information competency in this Domain applies primarily to practice-based research. It includes accessing, interpreting, evaluating, compiling, summarising, generating and disseminating information for the purpose of optimising medicine related health outcomes.

COMPETENCY	01.1	CONSULT WITH THE PATIENT
Behaviours	01.1.1	Obtains and assesses the individual's medication and disease history including where relevant, laboratory and diagnostic test results
	01.1.2	Uses appropriate sources to obtain or clarify additional relevant clinical information
	01.1.3	Recognises and supports the right of individuals to have health beliefs and practices different to one's own, including the use of traditional healing and treatments
	01.1.4	Advises patients when and in what circumstances to seek further medical intervention
	01.1.5	Assesses the potential for inappropriate use, misuse or abuse of medicinal treatments

COMPETENCY	O1.2	**PROVIDE HEALTHCARE**
Behaviours	**O1.2.1**	Demonstrates a patient-centred care approach to practice
	O1.2.2	Agrees the goal(s) of treatment with the patient, taking into consideration the patient's knowledge of their own condition and preferred course(s) of treatment
	O1.2.3	Accepts and supports the individual's right to make autonomous decisions
	O1.2.4	Assists individuals to make informed choices on the selection of appropriate non-prescription or complementary medicines, diagnostic aids or non-medicinal treatment options to meet their needs
	O1.2.5	Works co-operatively with the patient/carer/family/whānau and other members of the healthcare team as appropriate, within the services provided
	O1.2.6	Counsels patient on the effective use of diagnostic aids or healthcare products and self-help measures to assist management of symptoms/condition
	O1.2.7	Provides emergency first aid where necessary, in line with professional role and expertise[5]

COMPETENCY	O1.3	**REVIEW AND MANAGE PATIENT'S MEDICINE THERAPY**
Behaviours	**O1.3.1**	Identifies, prioritises and works to resolve medicines management issues
	O1.3.2	Applies evidence-based guidelines or protocols to reconcile and review a patient's medicine therapy
	O1.3.3	Uses professional judgement to determine whether changes to the medication treatment regimen are needed to improve safety, efficacy or adherence
	O1.3.4	Liaises with and provides recommendations to the prescriber and/or other healthcare professionals to ensure optimal use of medicines by patients
	O1.3.5	Educates patient and confirms understanding of the medical condition, required monitoring and/or medication treatment
	O1.3.6.	Recognises and manages adverse drug reactions
	O1.3.7.	Identifies individuals in need of advanced pharmacy services and/or follow-up and refers to appropriate service providers
	O1.3.8	Encourages and supports individuals to enhance their health literacy and to self-manage their health and medicines, identifying and addressing factors likely to adversely affect adherence

5 If working in a community pharmacy, you must maintain competence in CPR by completing a refresher course through a NZQA-approved provider once every three years. If you are a pharmacist vaccinator, refer to Ministry of Health Immunisation Handbook, Appendix 4 for resuscitation requirements.

COMPETENCY	01.4	DELIVER QUALITY AND SAFE SERVICES
Behaviours	01.4.1	Advocates for, and ensures patients access and receive quality services and care commensurate with their health needs
	01.4.2	Actively seeks to involve others (patients, carers, colleagues, other healthcare professionals) in planning for service delivery and learns from their experiences
	01.4.3	Acts to optimise health outcomes by identifying and mitigating potential sources of error in service delivery
	01.4.4	Collects and analyses safety and quality data and information that contributes to a risk management system reflecting continuous quality improvement principles
	01.4.5	Participates in ongoing incident analysis (including 'near misses') and adopts recommendations for resolution or change that come from that analysis
	01.4.6	Effectively uses systems to record accurate, complete and timely patient information, maintaining privacy and security of the information
	01.4.7	Supports and provides continuity of care with accurate and timely documentation of clinical and professional interventions and recommendations, using agreed handover protocols
	01.4.8	Contributes to a national reporting system of pharmacovigilance, identifying, recording and reporting suspected or confirmed adverse drug reactions, sensitivities or allergies

COMPETENCY	O1.5	ACCESS, EVALUATE AND PROVIDE MEDICINES INFORMATION
Behaviours	**O1.5.1**	Understands basic concepts and terminologies required to critically analyse clinical information and employs these to investigate medicine or practice related issues
	O1.5.2	Uses a systematic approach to clarify and evaluate requests for information to determine if able to provide information to the required level or need to refer and to whom
	O1.5.3	Differentiates between information sources regarding reliability and ensures resources are sufficient and appropriate for the information requested/provided
	O1.5.4	Assesses and reconciles divergent or conflicting information to form a professional opinion, including where there is insufficient information
	O1.5.5	Interprets and integrates information for provision to colleagues, other health professionals, patients and/or the public in a clear, cohesive and objective manner

GUIDANCE

- **Patient-centred care** is a fundamental tenet of delivering quality and safe services. Although defining patient-centred care is not easy, it relies on you ensuring patients receive high-quality healthcare and that patients' views and experiences are integral to improvement efforts.

> **The key principles underlying patient-centred care are outlined by the Picker Institute[6]:**
> - Respect for patient values, preferences and expressed needs;
> - Coordination and integration of care;
> - Information, education and communication;
> - Physical comfort;
> - Emotional support and alleviation of fear and anxiety;
> - Involvement of family and friends;
> - Continuity and transition, and
> - Access to care.

These principles are supported by the ten rights of service users and the duties of providers as outlined in the HDC Code of Consumers' Rights.

Paying attention to patient preferences and needs will lead to improved outcomes-focused care that optimises the safe and effective use of medicines. By taking direct responsibility for individual patients' medication-related needs, you can make a unique contribution to the outcome of medication therapy and to your patients' quality of life.

When providing **Primary healthcare**, your treatment options range from over-the-counter medicines (including Pharmacist Only medicines) and therapies, to common diagnostic and therapeutic aids, advice and counselling. The majority of primary healthcare services will be delivered in an environment of limited health information with which to make a decision. You will need to exercise your professional judgement about the course of action most likely to be of benefit to the patient, which may include collaboration with or onward referral to another health professional.

- Optimal **medicine management** is a patient-centred approach, best characterised as a process that is focussed on helping patients gain the most benefit from their medicines. It is about talking with, and listening to the patient, having honest discussions with them and truly making them part of the decision in relation to their medicines and use of their medicines. In collaboration with the patient and other healthcare providers involved in their care, you can provide the expertise to help optimise medication therapy decisions. You can educate patients, monitor medication therapy and enhance adherence, so playing a key role in improved quality of life for individuals within the community.

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6   http://pickerinstitute.org/about/picker-principles/ Accessed February 2014

You can take a multidisciplinary approach to the promotion of rational use of medicines by providing proper information and instruction regarding adverse drug reactions, dosing schedules, unwanted effects of medicines and by monitoring such unwanted effects. You have a responsibility for confirming and enhancing a patient's understanding of their condition and its treatment. In coordination with the wider healthcare team, you can establish a common approach to the rational use of medicines, resulting in improved quality of life for the patient in particular, and for the community in general.

- **Delivering quality and safe services** is an essential element of healthcare practice. Quality improvement processes applied to service development and delivery are by their nature, a continuing process, not a one-off event. They include the principle of continuity of care which is hardly a new idea. In its purest form, continuity of care is simply the essence of good patient care, the rationale for which is that it is:

  - appropriate for patients' needs,
  - demanded by today's consumers,
  - an organised way of maximising healthcare resources, and
  - cost-effective for providers, patients, and funders.

It helps you identify ways of coordinating and linking resources to avoid duplication and facilitate seamless movement among care settings or between service providers where necessary. Patients, their carers and service users are particularly conscious of the need to have continuity of care as they traverse the healthcare system. This continuity must apply within your team as well as between you and other service providers.

It may not be possible or appropriate to follow the care of an individual patient every time; but maintaining an on-going professional relationship with the patient is essential for maintaining safe and effective medication management. This is particularly true for patients with chronic medical conditions (for example asthma or diabetes), those on complex or multiple medication regimens, or those being treated with medicines with a narrow therapeutic index. You also have a duty of care to protect patient privacy and confidentiality when recording patient information or when using the information you access.

- **Medicine information:** to practice evidence-based medicine and to provide evidence-based medicines information, you must be able to select and appraise relevant scientific literature, and understand the implications of the findings. You will need to use your professional judgement to determine the clinical significance of the findings and the degree to which they can be applied. If you are using the findings to help optimise care for individual patients, you should also determine the patient's own preferences and develop an appropriate medicine management plan based on the combination of this information.

02 Public healthcare

Domain 02: Public healthcare

The Domain encompasses the pharmacist's awareness of, and contribution to public and preventative health activities, directed at both communities and at individuals. As members of the healthcare team, pharmacists help focus attention on the prevention and management of diseases and other health conditions through the promotion of healthy communities, individuals and environments. Pharmacists provide information, advice and education on health awareness, healthy lifestyles and wellness, and disease prevention and management.

COMPETENCY	02.1	CONTRIBUTE TO COMMUNITY HEALTH
Behaviours	02.1.1	Identifies and supports national and local health priorities and initiatives, including health screening programmes, targeted at reducing health inequities and consistent with the role of a pharmacist
	02.1.2	Uses knowledge of own community profile to assess key healthcare needs and health inequities and delivers services accordingly, taking into account cultural and social settings
	02.1.3	Identifies the roles and responsibilities of local community healthcare team members and promotes the role of the pharmacist in addressing healthcare needs in the community

COMPETENCY	02.2	HEALTH PROMOTION
Behaviours	02.2.1	Maximises opportunities for counselling and provides accurate, quality and safe information and advice to individuals and the public on healthy lifestyles and wellness, and disease prevention and control
	02.2.2	Identifies individuals likely to benefit from specific health and lifestyle advice
	02.2.3	Provides consistent evidence-based advice to individuals and the public about potential benefits of preventative health activities
	02.2.4	Informs and advises individuals about relevant programmes relating to health and medicines
	02.2.5	Employs appropriate tools to clarify and reinforce education and to facilitate behavioural change

GUIDANCE

What is **public health**? The Ministry of Health's public health workforce website states that, in New Zealand public health takes a population health approach, placing a greater emphasis on community health including:

- the population as a whole
- the role of the community
- health promotion and preventative care, and
- the need to involve a range of professionals

However, a population health approach also takes into account all factors that determine a person's health and wellbeing[7].

Health promotion, disease prevention and lifestyle modification are activities at community level that have a public health focus. Pharmacists are easily accessible and can play a key role in providing information and advice to the public on health improvement, and in signposting to other services.

You are a trusted source of information and advice on health and medicines; however your involvement in preventative health care is often unplanned and reactive, and may be the result of an individual requesting health information or education on an ad hoc basis. You cannot operate in isolation and must accept joint responsibility with all health professionals to serve community and public health goals. Being involved in preventative healthcare means working with individuals and communities through education, promotion of healthy lifestyles, and disease management and prevention to protect and improve the health of those communities and individuals.

COMPETENCY	CONTINUUM OF PROFESSIONAL DEVELOPMENT		
Contribute to community health	Provides consistent messages relevant to national health campaigns or local initiatives	Delivers evidence-based public health information with content and language that is appropriate to the audience	Acts to increase capacity to support health promotion initiatives for the community or target groups
Health promotion	Explains options for enhancing access to reliable resources and information for maintaining health and wellness	Effectively motivates individuals to undertake and/or continue with preventative health activities/lifestyle choices	Initiates or collaborates in the planning and implementation of health promotion strategies

7   www.publichealthworkforce.org.nz/population-community-health-approach.aspx Accessed January 2014.

O3 Supply and administration of medicines

Domain O3: Supply and administration of medicines

The Domain covers the supply of Prescription Medicines and Pharmacist Only Medicines, including extemporaneously compounded products. It includes a new competency relating to the administration of medicines with a specific behaviour relating to the administration of injectable medicines.

Pharmacists have an independent duty of care to use their professional judgement and apply their expertise to protect and promote the safety, health and well-being of patients and the public. They do this by applying their professional skills and knowledge to optimise the results achieved from the use of Prescription Medicines and Pharmacist Only Medicines, when supplied following receipt of a prescription, medicine order or patient request.

The provision of extemporaneously compounded pharmaceutical products is a professional service involving the use of medication related and/or clinical information and quality assurance processes. This Domain covers the preparation of single or multiple use pharmaceutical products in community and hospital pharmacies, intended for immediate use by a specific patient. Products will be prepared in a range of settings where the available equipment and facilities may vary significantly; however all products must be prepared in accordance with the Health and Disability Services Pharmacy Services Standards NZS 8134.7, relating to dispensing and compounding.

COMPETENCY	O3.1	ASSESS PRESCRIPTIONS
Behaviours	**O3.1.1**	Validates prescriptions ensuring they are authentic, meet all legal and professional requirements and are correctly interpreted
	O3.1.2	Uses a systematic approach to assess and review available patient medical history and medication record or notes
	O3.1.3	Applies knowledge in undertaking a clinical assessment of the prescription to ensure pharmaceutical and therapeutic appropriateness of the treatment and to determine whether any changes in prescribed medicines are warranted
	O3.1.4	Initiates action, in consultation with patient/carer and/or prescriber to address identified issues

COMPETENCY	O3.2	DISPENSE MEDICINES
Behaviours	**O3.2.1**	Maintains a logical, safe and disciplined dispensing procedure
	O3.2.2	Monitors the dispensing process for potential errors and acts promptly to mitigate them
	O3.2.3	Identifies the interchangeability and bioequivalence of different proprietary products where applicable
	O3.2.4	Adapts labelling instructions to address patient needs
	O3.2.5	Accurately records details of medication incidents and actions taken, including clinical and professional interventions, to minimise their impact and prevent recurrence
	O3.2.6	Maintains the medicine supply chain to ensure the quality of medicines supplied and their safe disposal

COMPETENCY	O3.3	COMPOUND PHARMACEUTICAL PRODUCTS
Behaviours	**O3.3.1**	Applies knowledge of pharmaceutics when compounding products, including purpose of active ingredients and excipients within formulations, product stability and quality standard required
	O3.3.2	Confirms formulation or uses evidence-based decision making to develop an appropriate formulation where no standard formulation exists
	O3.3.3	Follows professional practices and conventions, and the requirements of the Pharmacy Services Standards for product preparation, including for aseptic preparation where relevant

COMPETENCY	O3.4	ADMINISTER MEDICINES
Behaviours	**O3.4.1**	Makes clinical assessment of the appropriateness of the medicine for a specific patient in order to administer it or to supervise the patient self-administering
	O3.4.2	Follows relevant policies, procedures and documentation requirements for the administration of medicines
	O3.4.3	Obtains appropriate consent to administer the medicine
	O3.4.4	Complies with national standards and/or professional guidelines where available when administering injectable medicines or supervising medicine dosing

COMPETENCY	O3.5	PROVIDE PATIENT COUNSELLING
Behaviours	**O3.5.1**	Assesses patients' needs and knowledge of prescribed medicines, including Pharmacist Only medicines, to identify when additional information and education is required
	O3.5.2	Involves patient's nominated representative, whānau or appropriate cultural services, where necessary, to better understand patient's cultural needs and assist a patient in their understanding
	O3.5.3	Provides the patient with sufficient information to ensure the safe and proper use of medicine(s), including effective use of devices
	O3.5.4	Uses a variety of counselling styles and relevant resources to positively impact on adherence with treatment regimen
	O3.5.5	Counsels in a patient-centred manner, ensuring privacy and confidentiality and using language the patient understands
	O3.5.6	Checks patient's understanding of the advice and counselling given

03 Supply and administration of medicines

GUIDANCE

- **Assess and dispense prescriptions** – your responsibility for patient health outcomes is a central pillar of pharmaceutical care. This domain is concerned with the supply of prescription medicines and with your obligations to comply with the prescriber's intention only in so far as it is consistent with legal requirements and patient safety. The legal requirements for the form of a prescription and processes to confirm prescription validity and patient eligibility will be outlined in your pharmacy's Standard Operating Procedures (SOP). These SOPs will also outline the technical aspects of the dispensing process.

  As a member of the healthcare team you will often liaise with prescribers to clarify a prescription, to discuss therapeutic management issues or to recommend changes to prescribed medicines. In the event of unclear or incorrect prescriptions, prescribing errors, clear contraindications or inappropriate prescribing, you have an obligation to intervene and communicate those concerns to the prescriber. Some of these concerns may result from a clinical assessment of the prescription and although the prescriber is not obliged to accept your guidance, you must act in your belief of benefit to the patient.

- **Compounding** or preparing pharmaceutical products has clearly defined procedures and requirements which are outlined in Health and Disability Services Pharmacy Services Standard NZS8134.7. You should only compound a product when you have a clear idea of the standard the finished medicine has to meet, and can ensure that you have the appropriate equipment, materials and facilities available in which to produce such a product. If the preparation is required to be sterile, you should be familiar with the special requirements of aseptic compounding for sterile preparations and should have appropriate training. You should also review the need for updated training or revalidation as necessary.

  The complexity and variety of products will depend on the services provided by your pharmacy. You should carry out all compounding procedures so as to ensure the products are fit for their intended use and do not place patients at risk from inadequate safety, quality or efficacy. The basic concepts of quality assurance, good compounding and dispensing practice and quality control are interrelated. To achieve the quality objective reliably you should have a comprehensively designed and implemented system of quality assurance incorporating good dispensing, compounding, and batch preparation practice and quality control. You should document this quality assurance system and regularly monitor its effectiveness.

- **Administration of medicines** – the majority of times you are asked to administer a medicine will be opportunistic events. Sometimes it may be the result of an emergency situation e.g. a patient needing an adrenaline auto-injector for anaphylaxis, or glucagon for hypoglycaemia. In exercising your professional accountability in the best interests of patients when administering any treatment or medicine you must:

  - Know the therapeutic uses of the medicine to be administered, its normal dosage, side effects, precautions and contra-indications
  - Have considered the dosage, method of administration and route of administration in the context of the patient's condition and co-existing therapies
  - Check that the patient is not allergic to the medicine before administering it
  - Manage all adverse reactions appropriately and in a timely manner
  - Make an accurate record of all medication administered and advise the individual's prescriber where necessary.

Policies and procedures relating to the administration of medicines must include awareness and application of hygiene practices, particularly hand hygiene. The Health, Quality & Safety Commission (HQSC) has implemented a national hand hygiene work programme. Information on the programme and educational resources are available on Hand Hygiene New Zealand.

If you are offering immunisation services or administering injectable medicines, you should be familiar with, and abide by any national standards[8] and/or professional guidelines where available.

- **Patient counselling** requires you to take into account not only your expertise to provide medication information, but also to consider the patient as an expert in their life. You have a duty of care to the patient to ensure the prescriber's intentions are clear, and the patient understands and is able to use the medicine(s) safely and effectively. When advice on providing options for medicine use is needed, what might appear to be the right advice from your perspective may not be right if you make assumptions about the patients' needs. Understanding the patient's perspective around medicine use, and giving patient-centric advice ensures the patient receives information relevant to their individual situation.

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8   http://www.health.govt.nz/publication/immunisation-handbook-2011 Accessed January 2014

O4 Leadership and organisational management

Domain O4: Leadership and organisational management

The Domain includes competencies that relate to the way pharmacists apply management and organisational skills to ensure the effective and efficient delivery of services. Leadership and organisational management are complementary. All pharmacists should undertake a leadership role as well as develop the ability to manage resources (human, physical and financial) and information effectively. Business planning may be part of this.

The Domain also addresses the responsibility of pharmacists to provide an environment where risks to the safety and well-being of personnel and the public are managed and minimised.

COMPETENCY	O4.1	PROVIDE LEADERSHIP
Behaviours	O4.1.1	Leads by example to serve as an effective role model and mentor for colleagues, and to motivate individuals in the team
	O4.1.2	Inspires confidence, using appropriate leadership styles for specific situations
	O4.1.3	Monitors the professional landscape for emerging trends and practices and leads change
	O4.1.4	Encourages input by others to the planning of services
	O4.1.5	Seeks opportunities to participate in the on-going development of the profession
COMPETENCY	O4.2	MANAGE QUALITY IMPROVEMENT AND SAFETY
Behaviours	O4.2.1	Establishes a "quality champion" responsible for implementing the organisation's quality and safety improvement plan
	O4.2.2	Ensures the quality and safety improvement plan and reporting framework is reviewed regularly and updated as necessary
	O4.2.3	Provides opportunities for service user input into quality development activities
	O4.2.4	Ensures development, implementation and regular review of standard operating procedures for all aspects of services provided
	O4.2.5	Maintains an incident reporting system, together with a process for analysing and responding to critical incidents
	O4.2.6	Establishes, supports and maintains a culture focused on learning and improving
	O4.2.7	Identifies resource requirements and manages those resources effectively to ensure continuity of services

COMPETENCY	O4.3	**MANAGE AND DEVELOP PERSONNEL**
Behaviours	**O4.3.1**	Understands and complies with legal requirements associated with recruitment and performance management processes
	O4.3.2	Describes and clarifies duties and responsibilities with individuals
	O4.3.3	Supports staff to provide care in accordance with the rights of patients and service users
	O4.3.4	Manages human resources and staffing structure appropriate to the functions of the service, and to safely meet the needs of all service users
	O4.3.5	Facilitates, supports and contributes to training and continuing professional development of team members
	O4.3.6	Applies a standard system for performance management, including poor performance
	O4.3.7	Provides team members with access to a complaints management process
COMPETENCY	O4.4	**PROVIDE SAFE WORKING ENVIRONMENT**
Behaviours	**O4.4.1**	Establishes and promotes a framework for workplace safety and a safe working environment
	O4.4.2	Complies with legislation relating to occupational health, welfare and safety
	O4.4.3	Provides facilities, equipment and work processes to support staff and service user safety
	O4.4.4	Monitors safety in areas of special needs and acts to maintain compliance with accepted practice standards
	O4.4.5	Monitors the workplace and work practices to identify and minimise security risks and ensure compliance with workplace safety policies and procedures
	O4.4.6	Accepts responsibility for implementing workplace safety procedures in an emergency

04 Leadership and organisational management

GUIDANCE

The competencies in this domain apply equally whether you have been in a leader or management role for some time or if you are a new pharmacy owner/manager. Some of the competencies are also applicable if you have occasion to be appointed Charge Pharmacist.

- **Leadership** is not just top-down; whatever practice environment you work in, you can demonstrate leadership by the way you approach your role, regardless of your level of seniority. Within pharmacy, leadership encompasses a number of skills including identifying challenges and opportunities as they arise, role modelling, mentoring and motivation or extending the team's value beyond traditional roles. You should seek opportunities to contribute to the ongoing development of the profession, and to work with team members to establish achievable goals and strategies. This may include developing services and a service environment consistent with individual and community needs, emerging trends in professional practice and available resources. You should also recognise the limits that available resources impose on service levels.

- **Manage quality improvement and safety:** all health professionals are expected to regularly review the quality of their services and make improvements where necessary. As the leader you might nominate a team member to oversee the quality and safety improvement plan and review process. A review programme allows you to assess whether a service has reached a specified standard and then, where necessary, to use the information to improve that service. This can be done by carrying out patient surveys, and assessments and reviews against key aspects of the service. It is important to then reassess to make sure the improvements have been achieved and so complete the improvement cycle.

  You should also proactively review your own performance within the context of the services you provide.

  Risk assessment and minimisation are integral to quality improvement and clinical governance. You need to be aware of and be able to identify the causes and risks of errors, and implement strategies for their prevention or mitigation. This may be as simple as recording and analysing 'near misses' in the dispensary and taking steps to mitigate their recurrence, or as complex as re-designing the dispensary to create a more logical and less confusing workflow.

  Managing quality and safe services requires a staffing mix that reflects the community mix and is appropriate to the functions of the services you provide, ensuring sufficient staff are available to provide safe service delivery.

- **Mentoring and developing personnel** is also a leadership and management responsibility. You should have a sound knowledge of performance management processes, including for poor performance, and demonstrate leadership in supporting and developing the professional capabilities of personnel. This may, at times, include identifying and addressing work issues that contribute to workplace stress and providing practical support for impaired pharmacists. You should contribute to the learning and professional development of colleagues, encouraging a commitment to continuous improvement in professional capability.

COMPETENCY	CONTINUUM OF PROFESSIONAL DEVELOPMENT →		
Mentoring and role modelling	Demonstrates understanding of mentorship process and characteristics of a role model to team members	Effectively mentors team members. Demonstrates characteristics of effective role model within and beyond the team	Effectively mentors outside the team. Engenders role model behaviour in others
Manage quality improvement and safety	Demonstrates ability to identify and resolve risk management issues using established policies/procedures	Is accountable for developing risk policies/procedures for managing existing and newly identified risks at team level	Is accountable for developing policies/procedures for managing existing and newly identified risks beyond the team
Managing performance	Contributes to performance management processes in accordance with established policies/procedures	Is accountable for performance management where delegated to do so	Is accountable for performance management for the team

- In providing a **safe work environment**, you have a responsibility to develop and implement policies and procedures relating to workplace safety that are consistent with recognised standards. A workplace safety framework should include, but is not limited to management of risks that arise because of the nature of the substances that are found in a pharmacy environment, prevention strategies to minimise risks to staff and service users, and training programmes for staff.

APPENDIX 1 – GLOSSARY

The following definitions are intended for use in this publication.

Term	Definition	Source
Adherence (to medication)	The extent to which the patient's behaviour matches the agreed recommendations of the prescriber. It has been adopted by many as an alternative to compliance or concordance as it implies freedom of choice by the patient.	1
Administration of medicine	A generic term for the giving or application of a therapeutic agent to treat a condition, which is usually given orally or by injection	2
Carer	Any person responsible for assisting another person, including friends and family members who need help with everyday living because of ill health, disability or old age (see www.carers.net.nz/)	3
Clinical check	Determining the appropriateness of a prescription for an individual patient by assessing it against a number of parameters.	4
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.	5
Collaboration	An interprofessional process of communication and decision making that enables the separate and shared knowledge and skills of team members to synergistically influence the ways services are provided or policies developed	6
Colleague	A fellow pharmacist or health professional or fellow worker, which includes all persons who work within or are associated with a pharmacist's practice environment	2
Competencies	Significant job related knowledge, skills, abilities, attitudes and/or judgements required for competent performance by members of the profession.	7
Continuity (continuum) of care	Refers to the coordination and continuity of healthcare for an individual during a movement from one healthcare setting or provider to another as their condition and care needs change during the course of a chronic or acute illness.	8
Continuous quality improvement (CQI)	Quality Improvement (QI) is a continuous process that employs on-going cycles of improvement focused on 1) the structure, which represents the attributes of settings where care is delivered; 2) the process, or whether or not good practices are followed; and 3) the outcome, which is the impact of the care on health status. CQI a system that seeks to improve the provision of services with an emphasis on future results.[9] Like total quality management, CQI has an emphasis is on maintaining quality in the future, not just controlling a process. It requires the participation of all members of an organisation in improving processes, products, services, and the culture in which they work. The process should empower employees to take responsibility for their own tasks in a way that encourages both continuous learning and personal responsibility. In a health care setting, this means a shift from an emphasis on tasks to an emphasis on outcomes of care.[10]	9 / 10
Counselling	A two-way communication process between a pharmacist and an individual in which the pharmacist ascertains the individual's needs and provides him or her with the information required to safely and effectively administer medicines and/or therapeutic devices	11
Direct patient care	Direct patient care involves the pharmacist's direct interactions with the patient (and their family, whānau or representative) and his or her [i.e., the pharmacist's] contributions to the selection, modification, and monitoring of patient-specific medicine therapy. This is often accomplished within an interprofessional team or through collaborative practice with another healthcare provider.	12
Evidence-based practice	The conscientious, explicit, and judicious use of current best evidence that takes into account the needs and circumstances of each individual. Evidence-based practice is also applicable to decisions about the planning and provision of services. Evidence encompasses a range of qualitative and quantitative methodologies including indigenous methodologies and consumer experiences	4
Hapū	Sub-tribe or kin group that is linked by a common ancestor. Hapū is also a description for being pregnant	13
Hauora Māori	Māori health, vigour	13
Health	A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity	14
Health inequity	Health inequities are defined as 'differences which are unnecessary and avoidable, but in addition are considered unfair and unjust'. Inequalities are not always inequities as they may not be avoidable or unfair. Health inequities do not occur naturally and are not random, but are the result of social and economic policy and practices. In all countries, more socially disadvantaged groups have poorer health, greater exposure to health risks and poorer access to health services. Achieving health equity does not mean that resources are equally shared; rather, it acknowledges that unequal resource distribution may be essential to ensure different groups enjoy equitable health outcomes. Equity is an ethical concept based on the principle of fairness, which sees that resources are allocated to ensure everyone has their minimum health needs met.	15
Health literacy	The degree to which individuals have the capacity to obtain, process and understand basic health information and services needed to make appropriate health decisions	1

Health promotion	The process of enabling people to increase control over their health and to improve their health outcomes. It embraces actions directed at strengthening the skills and capabilities of individuals, and is also directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health.	11
Interprofessional	Interaction amongst health professionals which goes beyond merely having members of different professions sharing an environment together	6
Iwi	Tribe composed of descendants from a specific ancestor(s). A number of related hapu constitute an iwi. (ko)iwi is also a description associated with bones, or human remains	13
Kanohi ki te kanohi	Face to face	13
Kawa	Protocol – customs of the marae and wharenui	13
Leadership	The art of influencing the behaviour of others towards a pre-determined goal.	11
Māori	Māori is an English word which collectively describes the indigenous peoples of New Zealand; however it is an introduced word and construct used to homogenise the traditional indigenous societal structures of whānau, hapu and iwi	13
Medicine management	A range of patient-centred services that improve medicines-related health outcomes	13
Medication management plan	A medication management plan is an ever-evolving, long-term record of the interaction between a patient and pharmacist as they work towards the patient's self-management of medicines and is an integral part of providing pharmaceutical services.	1
Medicine reconciliation	This involves obtaining the most accurate list of patient medicines, allergies and adverse drug reactions and comparing this with the prescribed medicines and documented allergies and adverse drug reactions. Any discrepancies are then documented and reconciled.	16
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.[11] Mentoring is therefore a complex, interactive process occurring between individuals of differing levels of experience and expertise which incorporates interpersonal or psychological development, career and/or educational development, and socialisation functions into the relationship.[17]	11/17
Multi-disciplinary team	A group of healthcare practitioners with diverse training, skills and competencies who work together as an identified unit or system. (Adapted)	4
Near miss	"An event, situation, or error that took place, but was captured before reaching the patient."[18] "Any error that was detected up to and including the point at which the medication was handed over to the patient or the patient's representative".[19]	18/19
Patient-centred	Care that is respectful of and responsive to individual patient preferences, needs and values, ensuring that patient values guide all clinical decisions. It should ensure that patients have the education and support they need to make decisions and participate in their own care.	20
Population health	Population health refers to consideration of the health outcomes or status of defined populations – groups, families and communities – and the distribution of such outcomes within populations. Populations may be defined by locality, or by biological, social or cultural criteria. A population health approach refers explicitly to taking account of all the influences on health (the determinants of health) and how they can be tackled to reduce inequalities and improve the overall health of the population.	21
Public health	The organised local and global efforts to prevent death, disease and injury, and promote the health of populations. The key components of modern public health practice include: • a focus on whole populations • an emphasis on prevention • a concern for addressing the determinants of health • a multi-disciplinary approach • partnership with the populations served. Public health is about population groups rather than medical treatment of individuals, and looks beyond health care services to the aspects of society, environment, culture, economy and community that shape the health status of populations. Good public health is based on creating conditions that enable people to contribute and participate and requires the input of agencies beyond the health sector agencies.	22

Quality champion	The person responsible for promoting quality throughout the organisation. The quality champion will: • plan, implement and advance quality systems at all levels of the organisation; • oversee and conduct analysis to ensure the organisation meets service user and internal quality standards; • evaluate procedures, policies, strategies and systems; • gather and analyse data; and • make recommendations for improving quality based on the information gathered.	23
Risk management	An approach to prevent or mitigate a potential risk through identification, analysis, mitigation, planning and tracking of root causes and their consequences.	24
Role model	A person regarded by others generally as a good example to follow with regards to their professional or social behaviour that one can base his or her own behaviour on, including adopting similar attitudes. A role model need not be known personally to the individual.	11
Rongoā	Traditional Māori healing. It includes herbal medicine made from plants, physical techniques like massage, and spiritual healing.	13/25
Safety	Being safe and free from abuse, exploitation, danger, risk, harm, or injury. *Cultural safety* The provision of a service to a person or family from another culture that meets the needs of that culture, as determined by that person or family. *Safe environment* The environment is free from physical hazards including structures, fittings, as well as harmful compounds and toxic substances. A service also provides a safe environment through a respectful and strength-based approach that places consumers first. *Organisational safety* Risks within the organisation that have the potential to compromise safety are identified, monitored, evaluated, recorded in a risk register, and managed to acceptable levels.	4
Service provider	An individual who is responsible for performing the service either independently, or on behalf of an organisation. This includes the provision of direct and indirect care or a support service to the consumer.	4
Service user	A person who uses/ receives a health or disability service. (Adapted)	4
Te Tiriti o Waitangi	Treaty of Waitangi: the English text of the document (as distinct from the Māori text, Te Tiriti o Waitangi), signed by the English representative of Queen Victoria and the Māori chiefs present on 6 February 1840	13
Tikanga	Correct procedure, custom	13
Whānau	Cluster of families and individuals who descend from a common ancestor. Whānau also means giving birth or to be born	13
Whanaungatanga	Relationship, kinship, sense of family connection, connectedness	13

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APPENDIX 2 – SCHEDULE

Pharmacy practice is highly regulated by both statute and common law and pharmacists should be familiar with the key regulations, standards and codes listed below. Legislation referred to in this framework includes the following (refers to the latest editions and amendments) Acts and Regulations, Guiding Documents and Codes of Practice that directly or indirectly impact on the professional practice of pharmacy.

Legislation
- Commerce Act 1986
- Consumer Guarantees Act 1993
- Crimes Act 1961
- Fair Trading Act 1986
- Health Act 1956
- Health and Disability Commissioner Act 1994
- Health and Disability Services (Safety) Act 2001
- Health and Safety in Employment Act 1992
- Health Practitioners Competence Assurance Act 2003
- Human Rights Act 1993
- Injury Prevention, Rehabilitation and Compensation Act 2001
- Medicines Act 1981
- Medicines Amendment Act 2013
- Misuse of Drugs Act 1975
- New Zealand Bill of Rights Act 1990
- New Zealand Public Health & Disability Act 2000
- Official Information Act 1982
- Privacy Act 1993

Regulations
- Dietary Supplement Regulations 1985
- Health and Disability Commissioner (Code of Health and Disability Service Consumers' Rights) Regulations 1996
- Health & Safety in Employment Regulations 1995
- Health (Needles and Syringes) Regulations 1998
- Health Practitioners Competence Assurance (Restricted Activities) Order 2005
- Health (Retention of Health Information) Regulations 1996
- Medicines (Designated Pharmacist Prescribers) Regulations 2013
- Medicines (Designated Prescriber: Nurse Practitioners) Regulations 2005
- Medicines (Designated Prescriber: Optometrists) Regulations 2005
- Medicines (Designated Prescriber – Registered Nurses Practising in Diabetes Health) Regulations 2011
- Medicines Regulations 1984
- Medicines (Standing Order) Regulations 2002

- Misuse of Drugs (Changes to Controlled Drugs) Order 2003
- Misuse of Drugs Regulations 1977

Codes
- Advertising Standards Authority Inc. Code for Therapeutic Advertising 1999
- Health Information Privacy Code 1994
- Ministry of Health, Code of Practice for Child-resistant Packaging of Toxic Substances 1998
- Pharmacy Council of New Zealand Code of Ethics 2011

Standards
- Health and Disability Services – Pharmacy Services Standard NZS 8134.7:2010

References that directly or indirectly impact on the professional practice of pharmacy include:
- He Korowai Oranga: Māori Health Strategy 2002
- Māori Health Strategy for the Pharmacy Profession 2007
- New Zealand Disability Strategy 2001
- Pharmacy Council & Pharmaceutical Society Inc. Advertising Guidelines 2014
- Pharmacy Council Protocol for the Sale and Supply of Pharmacy Only Medicines for Chronic Conditions 2004
- Pharmacy Council Statement on Cultural Competence 2011
- Pharmacy Council Statement on Promotion and Supply of Medicines over the Internet 2011
- Pharmacy Council Statement on Raising Concerns with Prescribers 2011
- Social Media and the Pharmacy Profession 2012
- Workplace Pressure in Pharmacy – Practical advice for New Zealand pharmacists 2012

Te Pou Whakamana Kaimatu o Aotearoa