

Public consultation on:

**Competence Standards and
Guidance for the Pharmacy
Profession in Aotearoa New Zealand**

Issued: Wednesday 14 September 2022

Submission closing date: **Thursday 27 October 2022, 5.00pm**

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Purpose

1. Te Pou Whakamana Kaimatū o Aotearoa | Pharmacy Council of New Zealand (Council) is seeking feedback on the refresh of:
 - **Competence Standards and Guidance for the Pharmacy Profession in Aotearoa New Zealand**
 - See Appendix 1

Context and rationale for development

2. The purpose of the Health Practitioners Competence Assurance Act (HPCAA) 2003 is to protect the health and safety of the public by providing mechanisms to ensure that health practitioners are competent and fit to practise their profession.¹
3. As a responsible authority (RA) charged with administering the HPCAA 2003, Council is responsible for setting standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori) and ethical conduct to be observed by health practitioners.²
4. Competence standards protect the health and safety of the Aotearoa New Zealand (NZ) public by specifying minimum core foundational knowledge, skills and attributes required of health practitioners to register into the following scopes of practice:³
 - a. Intern Pharmacist,
 - b. Pharmacist and
 - c. Pharmacist Prescriber.
5. Practitioners in all three scopes of practice listed above must meet at a minimum all Competence Standards for the Pharmacy Profession as well as other relevant ethical conduct, and clinical and cultural safety and competence, legislation, and regulations requirements upon registration.
6. The current set of Competence Standards for the Pharmacy Profession was published in 2015.

¹ Health Practitioner Competence Assurance Act (HPCAA) 2003, [section 3](#).

² Health Practitioner Competence Assurance Act (HPCAA) 2003, [section 118\(i\)](#).

³ Scopes of Practice: [Pharmacist scopes of practice - Pharmacy Council NZ - Public Site](#)

7. Since 2019, work to refresh the professional competence standards for pharmacists has been undertaken.

Information about the development process

8. Development of Council's competence standards and guidance is being delivered over nine stages:

- a. Initial stakeholder engagement
- b. Project development and environmental scan
- c. First iteration of standards and design of process developed (Version 1)
- d. Stakeholder group feedback sought and received
- e. Establish Competence Standards Expert Working and Advisory Group (CS-WAG)
- f. Consideration of feedback with CS-WAG and environment scan to develop second iteration (Version 2)
- g. Public consultation (we are here)**
- h. Consideration of feedback with CS-WAG to develop third iteration (Version 3)
- i. Publication and implementation of competence standards.

9. The first six stages of development are complete, and explained below:

- a. Since October 2019, Council has engaged with Pharmacists, Pharmacy Professional Associations and Groups and peer regulators to seek feedback on the current Pharmacist Competence Standards 2015 to identify opportunities for improvement.
- b. Leveraging the findings from the analysis of the 2015 competence standards^{4,5} using the Critical Te Tiriti Analysis Tool (CTA) and Knowledge-Action-Integration (KAI) framework for Te Tiriti o Waitangi and cultural competency respectively, further areas for improvement were identified.
- c. An environmental scan of international and local practice, policy, research, and models was undertaken to understand and incorporate contemporary good

⁴ Came H, Kidd J, Heke D, McCreanor T; Te Tiriti o Waitangi compliance in regulated health practitioner competency documents in Aotearoa; NZMJ; 2021; 134 (1535); 35-43

⁵ Heke D, Wilson D, Came H. Shades of competence? A critical analysis of the cultural competencies of the regulated-health workforce in Aotearoa New Zealand. Int J Qual Health Care. 2019 Oct 31;31(8):606-612. doi: 10.1093/intqhc/mzy227. PMID: 30407524.

regulatory practice and competence standards development. Examples of reference standards and documents include, but not limited to:

- i. World Health Organisation's Global Competency and Outcomes Framework for Universal Health Coverage (2022)
 - ii. Pharmaceutical Society of Australia: National Competency Standards Framework for Pharmacists in Australia 2016
 - iii. Society of Hospital Pharmacists Association (SHPA): Advanced Pharmacy Practice Competency Framework
 - iv. International Pharmaceutical Federation: Global Competency Framework: 2020
- d. Engagement with local and international individuals with the following expertise and skills to support the development of a first iteration:
- i. Pharmacy practice across different practice settings
 - ii. Pharmacy specific competence standards development
 - iii. Te Tiriti o Waitangi
 - iv. Health equity
 - v. Cultural safety
 - vi. Competence standard development
 - vii. Legislative and regulatory practice
- e. Established a Te Tiriti Advisory Group to support Council give greater effect to Te Tiriti o Waitangi as part of the standards development process.
- i. Part of refreshing the standards was in acknowledgement of the Health and Disability System Review, which outlined that making improvements to outcomes for Māori required incorporating and embedding Te Tiriti o Waitangi and mātauranga Māori across the health system⁶. In regulation, this requires regulatory processes and standards to be developed with Te Tiriti at their heart.
 - ii. The Critical Te Tiriti Analysis (CTA)⁷ tool was also modified into a series of questions to guide and ensure that the development of the standards was done in a manner which gave effect to Te Tiriti o Waitangi.
- f. Establishing a Competence Standards Expert Working & Advisory Group (CS-WAG) after a publicly advertised and independent selection process, to support

⁶ Health and Disability System Review: Final report - Purongo whakamutunga. (2020). Health and Disability System Review.

⁷ Came, H., O'Sullivan, D., & McCreanor, T. (2020). Introducing critical Tiriti policy analysis: A new tool for anti-racism from Aotearoa New Zealand. *European Journal of Public Health*, 30(5). <https://doi.org/10.1093/eurpub/ckaa165.674>

competence standards development through objective and independent subject matter insight, expertise, and experience. The appointed members of the CS-WAG are:

- i. Belinda Robinson
- ii. Professor Dominic O’Sullivan
- iii. Kylie Head
- iv. Dr Linda Bryant
- v. Lisa Kremer
- vi. Professor Michael Dooley

10. Stakeholder groups were asked to track changes and provide feedback on the following documents between 20 May and 29 July 2022. Feedback from the following stakeholder groups was sought:

- a. University of Auckland School of Pharmacy
- b. University of Otago School of Pharmacy
- c. Pharmaceutical Society of New Zealand Inc.
- d. Clinical Advisory Pharmacists’ Association
- e. New Zealand Hospital Pharmacists’ Association
- f. Ngā Kaitiaki o Te Puna Rongoā o Aotearoa | Māori Pharmacists’ Association
- g. Pacific Pharmacists’ Association
- h. Independent Pharmacists’ Association of New Zealand
- i. Pharmacy Guild of New Zealand
- j. Medsafe and Medicines Control
- k. Manatū Hauora | Ministry of Health
- l. Pharmacy Defence Association

11. Feedback was received from the following eight stakeholder groups:

- a. Pharmaceutical Society of New Zealand Inc.
- b. Clinical Advisory Pharmacists’ Association
- c. New Zealand Hospital Pharmacists’ Association
- d. Pharmacy Defence Association
- e. Manatū Hauora | Ministry of Health
- f. Medsafe and Medicines Control
- g. Pharmacy Guild of New Zealand
- h. Independent Pharmacists’ Association of New Zealand

12. Feedback received from stakeholder groups on version 1 of the competence standards documents was reviewed, synthesised, and thematically analysed by Council team members. The Council team met with the CS-WAG three times in August and September to discuss the feedback received from stakeholders and the emergent themes. Themes and feedback were then used to refine the competence standards and guidance to create:
- a. Competence Standards and Guidance for the Pharmacy Profession in Aotearoa New Zealand version 2 – see appendix 1
13. A summary of stakeholder feedback on version 1 of the competence standards and guidance and Council's commentary is included in Appendix 2.
14. Public consultation on the following document is being sought:
- a. Competence Standards and Guidance for the Pharmacy Profession in Aotearoa New Zealand – see appendix 1.
15. Based on feedback received from stakeholder groups and CS-WAG guidance, the key changes from the 2015 version to the proposed 2022 version are (see Appendix 3 for an overview of differences):
- a. Addition of:
 - i. Domain 1: Te Tiriti o Waitangi Giving to give greater effect to Te Tiriti o Waitangi which increased the total number of domains from six to seven
 - ii. A continuum of proficiency development framework for each competence standard to outline minimum performance outcomes for:
 - 1. Intern Pharmacist
 - 2. Pharmacist (at general and advanced levels)
 - 3. Pharmacist Prescriber
 - iii. New competence standards
 - 1. “Manages health and well-being” to support practitioner well-being and resiliency – which is particularly pertinent given challenges experienced across the health and disability system which has been further compounded by the pandemic.
 - 2. “Monitors for therapeutic efficacy and safety”
 - b. Modified:
 - i. The presentation of the standards and guidance toward a more logical table format style.

- ii. Standards relating to cultural competence and incorporated the concept of cultural safety⁸
 - iii. Guidance to articulate the difference more clearly between the gazetted profession scope of practice and an individual's scope of practice to support pharmacists in its application.
 - iv. The mandatory and optional domains model to a more “foundational”, principles and outcome-based model with a view that the competence standards outline the minimum core foundational knowledge, skills and attributes required of health practitioners to register into a scope of practice.
 - v. Person-centred care concepts and terminology to reflect contemporary knowledge and practice.
 - vi. Domain O1: Health and medicines management by specifying and articulating the medicines management pathway and their key components
 - vii. Domain O4: Leadership and Organisational Management from the 2015 standards to:
 - 1. Give a greater focus on leadership which is generic regardless of job role or seniority.
 - 2. Avoid duplication of obligations already described in greater detail as specified in other legislation and regulation such as those relating to health and safety and employment.
 - 3. Set a foundational level whereas previously was targeted towards pharmacists in more formal leadership or managerial roles.
- c. Consolidated by:
- i. Removing “Eight Star Pharmacist” framework and specification
 - ii. Reducing the total number of:
 - 1. Competence standards from 27 to 26.
 - 2. Behaviours from 143 to 134

⁸ Curtis et al; Why Cultural safety rather than cultural competence is required to achieve health equity: a literature review and recommended definition; International Journal for equity in Health (2019) 18: 174

Feedback and submission process

16. Council is seeking the following feedback from all stakeholders:

- a. Do you have any comments on the development process for the Competence Standards and Guidance document?
- b. Does the standards and guidance document appropriately give effect to Te Tiriti o Waitangi?
- c. Are the competence standards set at a reasonable and fair level which protects the health and safety of the public?
- d. Are the competence standards and guidance clear?
- e. Do you have any further comments and/or suggestions?

17. Please submit your feedback **by 5.00pm, Thursday 27 October 2022** and responses should be sent via:

- a. [Survey Monkey](#)
- b. Email: consultations@pharmacycouncil.org.nz

18. Council invites feedback on this consultation document from the public and interested stakeholders. Submissions will be accepted from individuals, and you may submit a collective submission from a group or organisation.

19. Submissions can be provided anonymously.

20. Feedback received during the public consultation will be synthesised and thematically analysed by the Council.

21. Council members and the Te Tiriti Advisory Group (previously named the Māori Advisory Group) will consider submissions.

22. The feedback will then be used to finalise the Competence Standards for the Pharmacy Profession with the CS-WAG.

23. The final Pharmacist Competence Standards and Guidance are planned to be published in early 2023. The revised standards would however, not come into effect until after mid 2024 with an appropriate “bed in” time to allow for communications and necessary actions with key stakeholders.

**Appendix 1: Competence Standards and Guidance for the Pharmacy
Profession in Aotearoa New Zealand for Public Consultation**



Competence Standards and Guidance for the Pharmacy Profession in Aotearoa New Zealand

DRAFT version 2

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Preamble

1. The purpose of the Health Practitioners Competence Assurance Act (HPCAA) 2003 is to protect the health and safety of the public by providing mechanisms to ensure that health practitioners are competent and fit to practise their profession.⁹
2. As a responsible authority charged with administering the HPCAA 2003, Te Pou Whakamana Kaimatū o Aotearoa | Pharmacy Council of New Zealand (Council) is responsible for setting standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the pharmacy profession.¹⁰
3. Competence standards protect the health and safety of the Aotearoa New Zealand (NZ) public by specifying minimum core foundational knowledge, skills and attributes required of health practitioners to register into the following scopes of practice:¹¹
 - a. Intern Pharmacist
 - b. Pharmacist
 - c. Pharmacist Prescriber
 - i. NB: Pharmacist Prescribers are registered in both pharmacist and pharmacist prescriber scopes and so are required to meet competence standards for both scopes.
4. Practitioners in all three scopes of practice listed above must meet, at a minimum, all Competence Standards for the Pharmacy Profession as well as other relevant ethical conduct, and clinical and cultural safety and competence, legislation, and regulations requirements upon registration.
5. Because the competence standards outlined in this document applies to all pharmacists – regardless of the scope in which they are registered – the term “pharmacist” is generically used.

⁹ Health Practitioner Competence Assurance Act (HPCAA) 2003, [section 3](#)

¹⁰ Health Practitioner Competence Assurance Act (HPCAA) 2003, [section 118\(i\)](#)

¹¹ Scopes of Practice: Pharmacist scopes of practice - Pharmacy Council NZ - [Public Site](#)

About this document

6. The purpose of this document is to:
 - a. Provide background on the:
 - i. Scope of practice
 - ii. Competence standards
 - b. Specify the competence standards
 - c. Provide supporting guidance and commentary on the competence standards

Background

Scope of practice

7. The gazetted profession **scope of practice** outlines the breadth of health services and activities a pharmacist is legally authorised to carry out and is thus broad in nature.¹² Because the profession is diverse, the profession Scope of Practice is broad, describing the patient- and health-related roles that form part of the profession of pharmacy.
8. An individual pharmacist may only be practising some of the roles described in the profession scope of practice. And so, individual pharmacists will have **individual scopes of practice**¹³ which are time sensitive, dynamic, and specific to their job role which can vary in terms of the (see Figure 1):
 - a. **Breadth of focus** (i.e., broad vs. narrow) – at the bottom axis of Fig 1
 - b. **Depth of focus** (i.e., general vs. advanced¹⁴) – at the left vertical axis of Fig 1

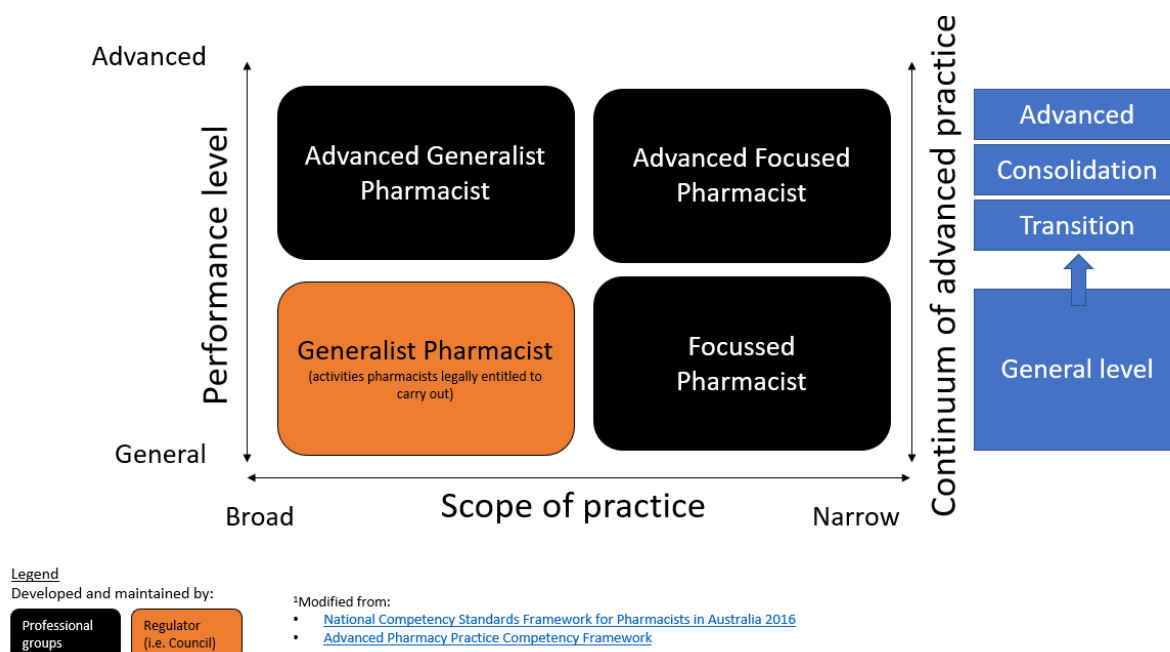
¹² Health Practitioner Competence Assurance Act (HPCAA) 2003, [section 5](#).

¹³ Society of Hospital Pharmacists Association (SHPA): Advanced Pharmacy Practice Competency Framework

¹⁴ The term “Advanced” is used in this document as consistent with those articulated by Aotearoa NZ pharmacy professional associations and groups which denotes higher proficiency and performance:

- NZ Hospital Pharmacists' Association (NZHPA) Incorporated: [Hospital Pharmacy National Career Framework](#) – Implementation Toolkit; 2017
- NZ Hospital Pharmacists' Association (NZHPA) Incorporated: [Standards of Practice for New Zealand Hospital Clinical Pharmacy Services](#) – 2019
- Pharmaceutical Society of New Zealand (PSNZ) Inc. [Guide for Pharmacist Salary Banding in New Zealand](#); 2017

Figure 1: Council's competence standards in terms of breadth and depth of healthcare service¹⁵



9. While a pharmacist is educated to and legally authorised to potentially undertake all health services within the profession scope of practice, an individual pharmacist must ensure they only practise in areas and roles that they are competent to.
- For example, while a registered pharmacist with substantial experience working in health policy is legally entitled to dispense, they may not have done so over many years and thus may not be able to do so in a safe and effective manner without first undergoing appropriate re-familiarisation and training. And thus, it is important to recognise that the individual scope of practice for that pharmacist is much narrower than that of which the pharmacy practitioner is legally entitled to potentially practise.
10. Most Aotearoa NZ pharmacists¹⁶ work in community pharmacy and can be regarded as providing a wide breadth of health services (e.g., dispensing, minor ailments,

¹⁵ Based on and modified from:

- 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
- Pharmaceutical Society of Australia: [National Competency Standards Framework for Pharmacists in Australia 2016](#)
- Society of Hospital Pharmacists Association (SHPA): [Advanced Pharmacy Practice Competency Framework](#)

¹⁶ Pharmacy Council of New Zealand: [Workforce Demographics Report](#) 2021

vaccination, rapid antigen testing) and so can be broadly categorised as generalist pharmacists – represented on the left-hand side of Fig 1.

11. A significant number of Aotearoa NZ pharmacists work in more focussed areas of practice which provides a narrower breadth of health service (e.g., primary care, general practice, intensive care, regulatory, policy, funding, research, academia, etc) – represented on the right-hand side of Fig 1.
12. The breadth of service provided by either generalist or focussed pharmacists do not equate with the **depth** (or proficiency and performance). Early career pharmacists, for example, conceivably may have general levels of proficiency while those with substantial experience may be more advanced – see right vertical axis of Fig 1. It is important to recognise there is a continuum of advanced practice (transition, consolidation, advanced) across both broad and narrow individual scopes of practice.

Competence standards

13. The competence standards support the gazetted profession scope of practice by specifying the foundational knowledge, skills and attributes required to practise safely and effectively as an:¹⁷
 - a. Intern Pharmacist – with supervision
 - b. Pharmacist or
 - c. Pharmacist Prescriber – required to meet both competence standards for pharmacist and pharmacist prescribers
14. Competencies refer to the knowledge, skills, attitudes, and behaviours that an individual develops through education, training, and work experience.¹⁸ 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 competencies specific to pharmacists to emerge.

¹⁷ Scopes of Practice: Pharmacist scopes of practice - Pharmacy Council NZ - [Public Site](#)

¹⁸ Epstein RM, Hundert EM. Defining and assessing professional competence. JAMA. 2002;287(2):226 -235.

15. The competence standards are specified in this document and comprise of (see Table 1):

- a. **7 Domains** which describes the broad area of responsibility or professional endeavour.
 - i. **26 Competencies** which describes the activities or processes in relation to the overall expectation of the Domain.
 1. **134 Behaviours** which outlines the performance or observable behaviours expected in the workplace to meet the competency.

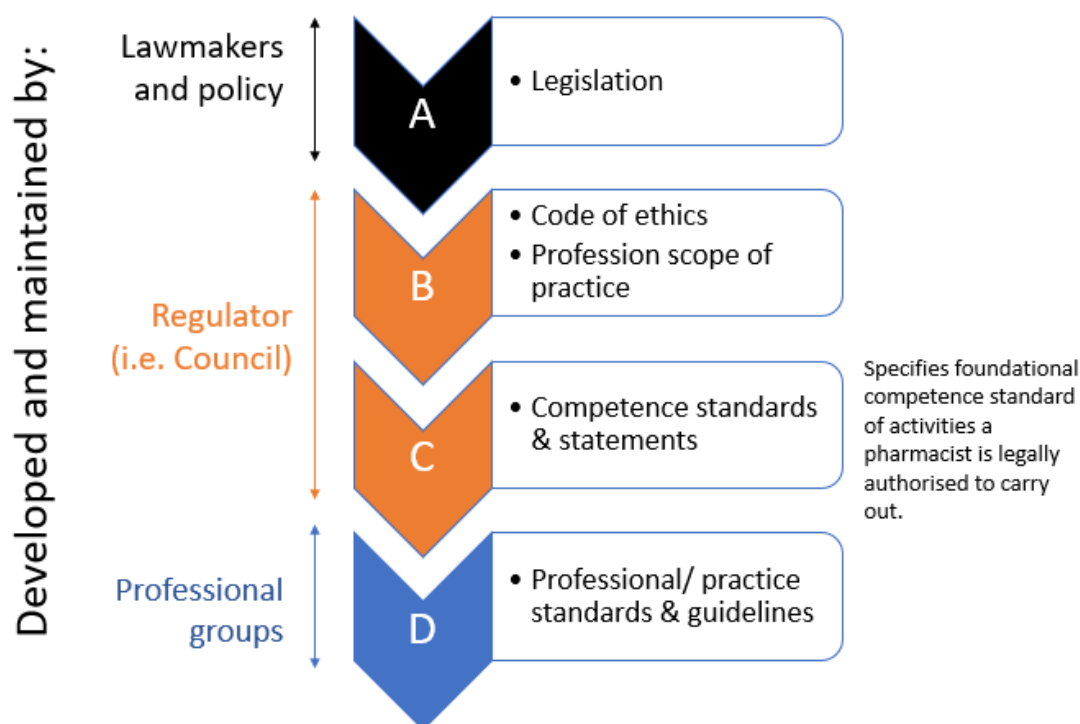
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Table 1: Competence Standards Overview

Domain 1: Te Tiriti o Waitangi
1.1: Applies te Tiriti o Waitangi to pharmacist practice
1.2: Applies Māori perspectives of health and wellbeing
Domain 2: Professionalism in Pharmacy
2.1: Practises with personal and professional integrity
2.2: Complies with ethical and legal requirements
2.3: Applies culturally safe practice
2.4: Makes effective decisions
2.5: Contributes to quality improvement and knowledge advancement
2.6: Manages own health and well-being
Domain 3: Communication and Collaboration
3.1: Communicates effectively
3.2: Establishes and maintains collaborative working relationships
3.3: Problem solves and manages conflict
3.4: Provides education and shares knowledge
Domain 4: Consumer Care and Medicines Management
4.1: Obtains information as part of shared decision making
4.2: Applies evidence-informed practice to assesses and evaluate information
4.3: Reviews medicine therapy and considers treatment options
4.4: Collaborates with consumers and whānau to use medicines optimally
4.5: Monitors for therapeutic efficacy and safety
4.6: Supports quality and safe medicines use
Domain 5: Supply and administration of medicines
5.1: Assesses prescriptions
5.2: Dispenses therapeutic products
5.3: Compounds extemporaneous therapeutic products safely and effectively
5.4: Administers therapeutic products safely and effectively
Domain 6: Public Healthcare
6.1: Contributes to community health
6.2: Promotes public health initiatives
Domain 7: Management and Leadership
7.1: Provides leadership
7.2: Manages self and team

16. Competence across all seven domains and 26 competencies must be demonstrated upon registration into the intern and pharmacist scope of practice.
 - a. This applies to both Aotearoa New Zealand graduates entering the scope via the intern training programme and overseas qualified pharmacists.
17. As a pharmacist progresses in their career, they may transition from a generalist pharmacist to more focussed practice (Fig 1). This may mean that certain domains become less relevant or no longer apply.
18. A pharmacist must specify their individual scope of practice by considering the breadth (which domains and standards apply) and depth (performance level) of their practice and knowledge and only undertake activities where they possess the necessary and appropriate competence and skills required to deliver safe and effective healthcare.
19. Intern pharmacists, pharmacist and pharmacist prescribers are obliged to maintain competence relevant and appropriate to their areas of individual practice (via continuing professional development) and job role
20. Council's competence standards for the pharmacy profession are set at a foundational level in accordance with the gazetted scope of practice which applies to most generalist pharmacists (see orange box in Fig 1). They align with the functions and purpose as set out in the Health Practitioners Competence Assurance Act 2003 and complement legislation and professional practice standards and guidelines— see Figure 2. As such, it is important that the competence standards be interpreted in combination with Council's other regulatory tools (i.e., the scopes of practice, the Code of Ethics, and Council statements and guidance), relevant legislation, and professional practice standards and guidelines.

Figure 2: Place of Council's competence standards in supporting pharmacist practice and the hierarchical relationship with other documents



¹Modified from:

- [National Competency Standards Framework for Pharmacists in Australia 2016](#)
- [Pharmaceutical Society of Australia \(2018\). Clinical Governance Principles for Pharmacy Services.](#) ACT.

21. The competence standards are principles-based and are set at a **foundational** level which specifies the minimum requirements to safely and effectively carry out the breadth of health services that a pharmacist is authorised to provide but all pharmacists should look to build on these, as the behaviours expected of an experienced practitioner will exceed this level.
22. **Commentary** is provided with the competence standards for additional clarity on their interpretation.
23. **A continuum of proficiency outcomes and development** is provided to outline the foundational competencies and desired performance outcome required of:
 - a. Intern pharmacists to practice safely and effectively under supervision
 - b. Pharmacists to practise safely and effectively without supervision.
 - i. Note additional guidance is provided to help illustrate the continuum of proficiency outcomes at a general and advanced levels.
 - c. Pharmacist prescribers who have a separate set of competence standards which is to be referred to.

24. The Competencies do not include evidence examples. The guidance section is intended to assist pharmacists with the interpretation of the competencies and behaviours. Each pharmacist will individualise their own examples of evidence to the 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.

25. The competence standards framework is relevant to a variety of stakeholders. This document supports— see Figure 3:

a. **The public, consumers and whānau and policymakers** by:

- i. Specifying the professional role of a pharmacist and key competencies associated with and expected of pharmacists.
- ii. To understand what activities and services intern pharmacists, pharmacists and pharmacist prescribers are authorised to carry out.
- iii. Providing a useful benchmark for other healthcare professionals, policymakers, members of the public and others of the key competencies associated with and expected of pharmacists.

b. **Intern pharmacists, pharmacists, and pharmacist prescribers** by:

- i. Specifying the foundational competence standards, knowledge and behaviours required to register under their respective scopes of practice.
 1. As part of the Intern Training Programme, intern pharmacists must provide evidence of competence across all standards prior to entering the pharmacist scope.
 2. Pharmacists who have been away from practice for more than three years and wish to return to practice may be required to provide an appraisal against the competence standards to demonstrate that they have retained or regained foundational competencies.
- ii. Providing a checklist by which to reflect against their individual practice to identify and support continuing and life-long professional development relevant to their context and job role. General notes:
 1. Each pharmacist should periodically complete a review of their practice against the competence standards as part of their reflection for continuing professional development (CPD).
 2. For annual recertification, it is not necessary for pharmacists to

specify which domains they are practising in, or to provide specific evidence to demonstrate competence. However, pharmacists must maintain 450 hours of practice within the scope over the past three years, and complete continuing professional development requirements.

- iii. Peer input for the pharmacist's practice review as part of continuing professional development and life-long learning will ensure they are working safely and effectively in domains and competencies relevant to their area of practice

c. **Pharmacy Education Providers** by:

- i. Assisting in developing education material for courses
- ii. Enabling curriculum development
- iii. Specifying educational standards required as part of accreditation

d. **Regulatory authorities** by specifying the competence standards required for:

- i. Accrediting pharmacy education programmes
- ii. Review of performance and competence
- iii. Registration and recertification

Figure 3: Purpose and functions for competence standards



Domain 1: Te Tiriti o Waitangi

This domain specifies the foundational competencies required of pharmacists, in practical and reasonable terms, in giving effect to Te Tiriti o Waitangi.¹⁹ Pharmacists in Aotearoa New Zealand (NZ) need to be aware of the role Te Tiriti o Waitangi can play in reducing health inequities and inequalities and proactively and authentically seeks to give effect to it. The introduction of M1: Te Tiriti o Waitangi domain builds on the 2015 competence standards relating to Hauora Māori competency to further incorporate modern expectations of health workers regarding Te Tiriti o Waitangi. It requires pharmacists to critically reflect on the effectiveness of their work with Māori with a view to improve their practice and systems within their sphere of influence and/or control, whether the system in question is in community pharmacy, primary care and general practice, ward, department, hospital, pharmaceutical company and industry, professional associations and groups, academic, education and research institutions, policy, regulation, regional or national health systems and other systems and sector where pharmacists may work.

Domain	Competency	Behaviours	Commentary	Continuum of proficiency outcomes and development			
				Intern	Pharmacist		Pharmacist Prescriber
Domain 1: Te Tiriti o Waitangi	1.1: Applies te Tiriti o Waitangi to pharmacist practice	1.1.1: Explains the relevance of te Tiriti o Waitangi to the provision of health care and how its implementation may help pharmacists contribute to equitable health outcomes for Māori	<p>This competency is designed to outline the need for pharmacists to understand and interpret both the Te Tiriti Principles and Articles in ways which are relevant, and meaningful to pharmacist practice. 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. Illustrative examples of how this standard may look like in practice may include, but is not limited to²⁰:</p> <ul style="list-style-type: none"> • Be familiar with mana whenua (local hapū/iwi), mātāwaka (kinship group not mana whenua), hapū and iwi in your rohe (district) and their history. • Understand the cultural lens (and/or white privilege) that one may bring to their professional life. • Be familiar with te Tiriti o Waitangi and He Whakaputanga o te Rangatiratanga o Nū Tīreni • Be familiar with WAI 2575²¹ • Understand the importance of kaumātua (elders). • Be familiar with Māori health - leaders, history, and contemporary literature. • Be familiar with Māori aspirations in relation to health. • Have a basic/intermediate understanding of kaupapa Māori (Māori philosophical) approaches. • Understand the historical and contemporary determinants of Māori health. • Understand the intergenerational impact of historical trauma. • Have a positive collegial relationship with Māori colleagues in your profession/workplace • Have a warm professional collaboration with Māori health providers in area and/or field • Be proficient in building and maintaining mutually beneficial power-sharing relationships • Tautoko (support) Māori leadership. • Prioritise Māori voices. • Be primed to challenge racism and unconscious bias. • Advocate for giving effect to te Tiriti at all levels. • Trust Māori intelligence 	Recognises the importance of Te Tiriti in addressing health inequities, their causes, and impacts.	Recognises the importance of Te Tiriti in addressing health inequities, their causes and impacts and proactively advocates to give effect to Te Tiriti within their practice and sphere of influence.	Recognises the importance of Te Tiriti in addressing health inequities, their causes and impacts and proactively advocates to give effect to Te Tiriti within their practice and sphere of influence to resulting in demonstrable positive changes to health outcomes and consumer and whānau experiences.	Refer to Competence Standards for Pharmacist Prescribers
		1.1.2: Explains the impacts of pre- and post te Tiriti o Waitangi events on the health of Aotearoa New Zealanders					
		1.1.3: Demonstrates critical awareness of health initiatives aiming to embed te Tiriti o Waitangi into healthcare practice					
		1.1.4: Explains the meaning of tino rangatiratanga and how it is relevant to the delivery of health services					
		1.1.5: Explains health inequities that Māori communities experience and how this influences own practice					
		1.1.6: Facilitates equitable and culturally respectful access to health care services for Māori, including by engaging with whānau, hapū, iwi and Māori-led organisations					
	1.2: Applies Māori perspectives of health and wellbeing	1.2.1: Shows awareness of Māori health knowledge and practices and understands their role in holistic health	This competency outline, in practical and reasonable terms, the importance of understanding Māori perspectives of health and wellbeing. Māori have a range of world views and practices which have relevance to their current health status. When developing treatment plans for Māori, pharmacists should use and expand on their knowledge of Māori models of health and core Māori practices including tikanga and kawa to improve relationships and health outcomes. Article 2 of Te Tiriti o Waitangi protects access to and authority over taonga of which includes basic tikanga, Te	Demonstrates awareness and knowledge of Māori perspectives of health and wellbeing and how to engage with	Demonstrates awareness and knowledge of Māori perspectives of health and wellbeing and engages with Māori	Demonstrates awareness and knowledge of Māori perspectives of health and wellbeing and engages with Māori	Refer to Competence Standards for Pharmacist Prescribers

¹⁹ Te Pou Whakamana Kaimatū o Aotearoa / The Pharmacy Council (Council), as a responsible authority, independent from the Crown, recognises its role and responsibilities to meet its obligations under Te Tiriti o Waitangi. To enable Council to meet its obligations, it acknowledges the te Reo Māori version of the Treaty.

²⁰ Came H, Kidd J, Heke D, McCreanor T; Te Tiriti o Waitangi compliance in regulated health practitioner competency documents in Aotearoa; NZMJ; 2021; 134 (1535); 35-43

²¹ Waitangi Tribunal. Hauora report on stage one of the health services and outcomes inquiry. Wellington, New Zealand: Author; 2019.

Domain	Competency	Behaviours	Commentary	Continuum of proficiency outcomes and development			
				Intern	Pharmacist		Pharmacist Prescriber
					General	Advanced	
		1.2.2: Explains how basic tikanga, including tapu and noa, is applied in own practice	<p>Reo Māori and Māori health knowledge and practices such as wairua, rongoā and waiora. Illustrative examples of how this standard may be applied includes but is not limited to²²:</p> <ul style="list-style-type: none"> • Have a basic/intermediate understanding of te reo Māori • Have a basic/intermediate understanding of the tikanga and the application of tapu (sacred) and noa (made ordinary). • Be familiar with Māori health models such as Te Pae Mahutonga²³ and Te Ara Tika²⁴ • Have a basic/intermediate understanding of marae (community meeting house) protocol. • Understand one's own whakapapa (genealogy and connections). • Be proficient in whakawhānaungatanga (active relationship building). • Be clinically and culturally confident to work with Māori whānau • Be proficient in strengths-based practice. • Be proficient with equity analysis. • Critically monitor the effectiveness of your work with Māori. • Practice cultural humility. • Be confident to perform waiata tautoko (support song). • Integrate tika (correct), pono (truth), aroha and manaakitanga into practice. • Be open-hearted. 	Māori in a culturally safe manner	in a culturally safe manner	in a culturally safe manner to create demonstrable and positive change to health outcomes and consumer and whānau experiences.	
		1.2.3: Pronounces Te Reo Māori correctly, in particular people's names, understands common relevant words and can use them when appropriate					

²² Came H, Kidd J, Heke D, McCreanor T; Te Tiriti o Waitangi compliance in regulated health practitioner competency documents in Aotearoa; NZMJ; 2021; 134 (1535); 35-43

²³ Durie M. Te pae mahutonga: A model for Māori health promotion. Health Promotion Forum Newsletter. 1999;49:2-5.

²⁴ Hudson M, Milne M, Reynolds P, Russell K, Smith B. Te ara tika guidelines for Māori research ethics: A framework for researchers and ethics committee members. Wellington, New Zealand: Health Research Council; 2010. 29 p.

Domain 2: Professionalism in Pharmacy

Intern Pharmacists, Pharmacists and Pharmacist Prescribers are health professionals. This domain specifies the foundational competencies required to practise in a professional manner. 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. Cultural safety²⁵ and competence, clinical competence and ethical conduct are integral to professional pharmacy practice and so pharmacists are to practise in a manner which partner safely with consumers and whānau²⁶, both in a clinical and cultural capacity and which appropriately meets clinical, professional, legal, and ethical frameworks and responsibilities. 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.

Domain	Competency	Behaviours	Commentary	Continuum of proficiency outcomes and development			
				Intern	Pharmacist		Pharmacist prescriber
					General	Advanced	
Domain 2: Professionalism in Pharmacy	2.1: Practises with personal and professional integrity	2.1.1: Applies person-centred care ²⁷ principles as the cornerstone of professional practice	<p>The way that pharmacists conduct themselves in their practice has implications for safety and quality in health care and fostering trust. Much of the behaviour expected of pharmacists comes from the privileged position because of the confidence and trust placed in pharmacists by the public, consumers and whānau and service users. Pharmacists 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. Professional integrity also means holding accountability for the responsibilities that come with holding the protected title of 'pharmacist' and upholding the trust and values established in the history of the profession.</p> <p>Person-centred care is a fundamental tenet of delivering quality and safe services and practising with personal and professional integrity. All pharmacists have a role in the provision of health services that put people and communities, not diseases or otherwise, at the centre of healthcare and health systems and empower people to take charge of their own health rather than being passive recipients of health.²⁸ This requires pharmacists to consciously adopt an approach to their practice that incorporates the perspectives of consumers and whānau as participants in and beneficiaries of trusted health systems.²⁹ Pharmacist must adhere to the Health and Disability Code (HDC) of Consumers' Rights. Complementing these rights, pharmacists should keep in mind the key principles of person-centred care which have been defined as:³⁰</p> <ul style="list-style-type: none"> • Involvement in decisions and respect for preferences • Attention to physical and environmental needs • Emotional support, empathy, and respect • Clear information, communication, and support for self-care • Involvement and support for family and carers • Continuity of care and smooth transitions • Effective treatment by trusted professionals • Fast access to reliable healthcare advice. <p>It is important to emphasise that professionalism is not just part of a job role but extends to all situations where a pharmacist's actions, demeanour and regard for others may be noted, which includes activity outside of work such as social media. Although pharmacists are free to take advantage of the many professional and</p>	Recognises importance of and demonstrates what it means to be practising with personal and professional integrity which includes but is not limited to continuous self-reflection and improvement towards more person-centred and culturally safe practice	Recognises importance of, demonstrates and advocates for what it means to be practising with personal and professional integrity which includes but is not limited to continuous self-reflection and improvement towards more person-centred and culturally safe practice	Recognises importance of, demonstrates and advocates for what it means to be practising with personal and professional integrity which includes but is not limited to continuous self-reflection and improvement towards more person-centred and culturally safe practice resulting in demonstrable positive changes to health outcomes and consumer and whānau experiences	Refer to Competence Standards for Pharmacist Prescribers
		2.1.2: Is aware of the position of trust in which the profession is held and practises in a manner that upholds that trust					
		2.1.3: Maintains awareness of own competence and scope of practice and practises within these limits					
		2.1.4: Treats individuals and groups with sensitivity, empathy, respect, and dignity					
		2.1.5: Commits to continuing professional development (CPD) and lifelong learning					
		2.1.6: Accepts responsibility and accountability for own actions and performance and membership of the profession					
		2.1.7: Shares professional strengths with others					

²⁵ In the context of competence standards, the concept of cultural safety used by Council is that as articulated in Curtis et al; Why Cultural safety rather than cultural competence is required to achieve health equity: a literature review and recommended definition; International Journal for equity in Health (2019) 18: 174

²⁶ The term "**consumer and whānau**" is used in these competence standards in a general manner which may include but is not limited to, the public, the consumers of healthcare at both an individual or population level, and as outlined in Tai Walker, 'Whānau – Māori and family - Description of whānau', Te Ara - the Encyclopaedia of New Zealand, <http://www.TeAra.govt.nz/en/whānau-Māori-and-family/page-2> (accessed 2 September 2022)– and so needs to be interpreted in accordance to the relevant context and setting.

²⁷ World Health Organization. (2015). People-centred and integrated health services: an overview of the evidence: interim report. World Health Organization. <https://apps.who.int/iris/handle/10665/155004>

²⁸ Framework on integrated, people-centred health services: report by the Secretariat. Sixty-ninth World Health Assembly, agenda item 16.1. Geneva: World Health Organization; 2016 (http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_39-en.pdf , accessed 2 Sep 2022)

²⁹ Global Competency and Outcomes Framework for Universal Health Coverage. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO

³⁰ Picker Institute: The Picker Principles of Person-Centred Care; <https://picker.org/who-we-are/the-picker-principles-of-person-centred-care/>; accessed 3 September 22

Domain	Competency	Behaviours	Commentary	Continuum of proficiency outcomes and development			
				Intern	Pharmacist		Pharmacist prescriber
					General	Advanced	
			<p>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, both for professional and non-pharmacy related purposes.</p> <p>Professional development should be viewed as a continuum based on post-registration learning. As pharmacists learn and gain experience, there will be progression 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. Professionalism also includes a commitment by pharmacists to continually update their skills and knowledge. To be a professional and a medicines expert, pharmacists must continually improve their skills and stay on top of trends in pharmacy practice and medicines use through continuing professional development and life-long learning.</p>				
	2.2: Complies with ethical and legal requirements	2.2.1: Complies with relevant legal obligations	<p>This standard sets the expectation that pharmacists will meet all their legal obligations. This includes specific pharmacy related legislation and any other relevant legislation; for example, Health and Safety at Work Act 2015, Employment Relations Act 2000, Privacy Act 2020. This standard also includes obligations of relevant regulators, such as those set by Pharmacy Council, Medsafe and Medicines Control. The ethical principles relevant to pharmacist practice are described in the Code of Ethics 2018. It also applies to policies, protocols and guidance set by the respective organisations in which the pharmacist is employed.</p>	Recognises and complies with relevant legal, ethical, professional, and organisational policies/ procedures and codes of ethics	Complies, interprets, and explains relevant legal, ethical, professional, and organisational policies/ procedures and codes of ethics	Complies, interprets, explains, and contributes to relevant legal, ethical, professional, and organisational policies/ procedures and codes of ethics	Refer to Competence Standards for Pharmacist Prescribers
		2.2.2: Behaves in a manner consistent with ethical principles and values that underpin the profession					
	2.3: Applies culturally safe ⁷ practice	2.3.1: Regularly reflects on own cultural identity and values from a place of cultural humility ³¹	<p>Health inequities are a reality in Aotearoa NZ. A pharmacist should be aware of the nature and extent of health inequities and equity issues within their immediate and extended communities and advocating for more equitable outcomes which will contribute to improving the quality of healthcare services and outcomes for consumers and whānau – when people with the poorest health outcomes do better, everyone benefits. Consumers' and whānau cultures affect the way they understand health and illness, how they access healthcare services, and how they respond to healthcare interventions. The population and community that pharmacists work with is culturally diverse, and this will be reflected by the many ethnic groups within their community. Understanding the community in which pharmacists work and practising in a culturally safety manner contributes to better relationships with key groups within the community which will help in working towards reducing health inequities.</p> <p>Practising pharmacy in New Zealand's diverse cultural environment requires pharmacists to understand the impact of their own identity, including their cultural values, on practice. This requires pharmacists to practice in a manner which demonstrates cultural humility which involves humbly acknowledging oneself as a life-long learner when it comes to understanding another's experience. In practice, this requires a pharmacist to regularly undertake a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.</p> <p>Pharmacists should recognise that at times there may be unconscious bias and/or conflict between their professional and personal culture/values and the culture of others, but pharmacists need to be competent in dealing with those whose culture differs. Although culture is commonly conceptualised as ethnicity or race, it also includes, but is not limited 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.</p> <p>Pharmacists should understand and be able to explain different concepts of health, and use this understanding in working towards achieving optimal health</p>	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.	Refer to Competence Standards for Pharmacist Prescribers
		2.3.2: Analyses how embedded biases may negatively influence health outcomes					
		2.3.3: Addresses biases within area of pharmacist practice					
		2.3.4: Recognises the effects of power within a healthcare relationship and articulates how this is addressed within own practice					
		2.3.5: Assesses cultural diversity in own practice and adapts practice according to the needs of consumers to maximise equitable health outcomes					

³¹ Cultural Humility - A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a life-long learner when it comes to understanding another's experience (Cultural Safety and Humility – First Nations Health Authority Canada)

Domain	Competency	Behaviours	Commentary	Continuum of proficiency outcomes and development			
				Intern	Pharmacist		Pharmacist prescriber
					General	Advanced	
		2.3.6: Obtains consumer and/or whānau feedback on cultural safety in practice	<p>outcomes and consumer and whānau experiences for all patients. Many cultures, including Māori, incorporate the use of Rongoa, traditional healing and therapies in their treatment, and pharmacists should recognise and acknowledge the right of individuals to have health beliefs and practices different to their 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. Other illustrative examples of potential considerations relevant to cultural safety may include, but not limited to:</p> <ul style="list-style-type: none"> Using inclusive language for the LGBTTAQI+ community (e.g., correct use of pronouns) Ensures clinical knowledge is sufficient for meeting the needs of the transgender community, e.g., gender affirming healthcare Advocates for justice to advance health equity for underrepresented groups (e.g., Pasifika, refugee, disability) Facilitates a workspace that is safe for those with disabilities (e.g., seating for those waiting for prescriptions) Creates a safe space for underrepresented groups to authentically be themselves free from judgement or stereotyping If needed, utilises the consultation room to maintain privacy (e.g., providing advice in newly prescribed medicines) 				
	2.4: Makes effective decisions	<p>2.4.1: Makes accurate, evidence-informed, and timely decisions which considers the risks and implications of the decision on others</p> <p>2.4.2: Adapts the approach to decision-making taking into consideration the complexity, urgency, and consequences of decisions to optimise outcomes</p> <p>2.4.3: Appropriately includes others in decision making, or refers decisions to others</p> <p>2.4.4: Accesses the best information available and thinks critically to reach decisions</p> <p>2.4.5: Listens when decisions are questioned, is open to further evidence, and re-evaluation</p> <p>2.4.6: Communicates decisions comprehensively including the rationale behind the decision, in a manner appropriate to the situation and audience</p> <p>2.4.7: Ensures assumptions and personal paradigms do not negatively interfere with decision-making</p>	<p>All actions taken by a pharmacist during their practice involve decisions with consequences for the health of others, the use of resources, or others' experiences of health services. Clinical decision-making involves interpreting evidence for a context using judgement on relevance, timeliness, resource implications and others' needs and preferences, sometimes with incomplete information. The complexity of the decisions to be made, the implications of those decisions, and the level of judgement vary according to role and responsibility. However, to practice in a high-quality manner, all pharmacists require competencies to make effective and timely decisions in a range of circumstances, the ability to use decision-making tools and aids, and awareness of the decisions they can make alone or in consultation with others.³² It is important to remember that of the obligations to be accountable and responsible for decisions and recommendations provided – even if it is for another healthcare provider to enact.</p>	Recognises the importance of an adaptive, collaborative, and rigorous approach to decision-making which incorporates a systems approach to consider potential risks, implications and impact to self and others.	Recognises the importance of and applies an adaptive, collaborative, and rigorous approach to decision-making which incorporates a systems approach to consider potential risks, implications and impact to self and others.	Recognises the importance of, applies and coaches others to undertake an adaptive, collaborative, and rigorous approach to decision-making which incorporates a systems approach to consider potential risks, implications and impact to self and others.	Refer to Competence Standards for Pharmacist Prescribers
	2.5: Contributes to quality improvement and knowledge advancement	2.5.1: Applies the principles of continuous quality improvement	<p>High quality care, including pharmacist practice, is one that is People-centred, Equitable, Accessible, Safe, Effective and Efficient.³³</p> <p>Risk assessment and minimisation are integral to quality improvement and clinical governance. Pharmacists 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</p>	Recognises and demonstrates understanding of clinical governance and quality improvement	Recognises, demonstrates understanding of and applies clinical governance and quality improvement	Recognises, demonstrates understanding of, applies, influences, and leads the design and	Refer to Competence Standards for Pharmacist Prescribers

³² Global Competency and Outcomes Framework for Universal Health Coverage. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO

³³ Ministry of Health. 2003. Improving Quality (IQ): A systems approach for the New Zealand health and disability sector. Wellington: Ministry of Health.

Domain	Competency	Behaviours	Commentary	Continuum of proficiency outcomes and development			
				Intern	Pharmacist		Pharmacist prescriber
					General	Advanced	
		2.5.2: Measures, documents, analyses, and acts on information to monitor and improve quality of care	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.	concepts, culture, and tools.	concepts, culture, and tools to practice.	promulgation of clinical governance and quality improvement concepts and tools to their practice	
		2.5.3: Supports and maintains a safe, just and continuous quality improvement culture	Pharmacists have an obligation to continuously monitor and improve the quality of not just their own practice but also the organisational systems, processes, and culture in which they work that and that are within their sphere of control and influence whether at a personal, process, departmental, organisational, community, regional, national, or international level. By ensuring and improving the systems, process, and culture in which a pharmacist works, it can support ensuring high quality care is provided more frequently (e.g., Safety II) but also minimise and mitigate risks, errors and harms (e.g., Safety I). ³⁴ For example in a pharmacist practice setting, dispensing is complex and at high risk for errors such as "look-a-like or sound-a-like" errors. Improving the systems, such as colour coding or tall man lettering, may, for example, help to reduce the potential for such medication errors to occur. Regular documentation and effective analysis of near miss and dispensing error data with a view to identify areas for quality improvement can help to prevent recurrence and improve outcomes.				
		2.5.4: Undertakes and applies appropriate research to advance personal practice, pharmacy practice and/or healthcare	<p>Pharmacists should be aware of and apply where appropriate relevant quality improvement and implementation science concepts, tools, and methods available to continuously assess and further improve the quality of clinical and/or professional services and to optimise outcomes and minimise risks to service users. Pharmacists should also understand and apply the principles of clinical governance which aims to '<i>create a culture where quality and safety is everybody's primary goal</i>' which includes³⁵:</p> <ul style="list-style-type: none"> • Consumer and whānau -centred care • Open and transparent culture • All pharmacists actively participating (and partnering in clinical governance) • Continuous quality improvement focus <p>Pharmacists should be aware of common research tools and approaches (e.g., literature reviews, survey, critical appraisal, etc), and participate in and/or contribute to research either as part of quality improvement efforts and/or formal research activity. Where possible pharmacists should contribute to advancing new knowledge and disseminate this in an appropriate manner (e.g., journal articles, conferences, continuing education seminars, policy brief, newsletter, and others).</p>				
	2.6: Manages own health and well-being	2.6.1: Monitors own mental, physical, and social health and well-being	The health and well-being of pharmacists has implications for safety and quality in healthcare and fostering trust. It is important for pharmacists to have the competencies to monitor and act when needed to ensure their own health and well-being, which in turns serves to benefit the individuals and communities they serve.	Recognises and demonstrates understanding of strategies to monitor and manage own health and well-being	Recognises, demonstrates understanding of and applies strategies to monitor and manage own health and well-being	Recognises, demonstrates understanding of, applies strategies to monitor and manage own health and well-being and others	Refer to Competence Standards for Pharmacist Prescribers
		2.6.2: Uses a range of strategies to manage fatigue, ill-health, stress, and impact of exposure to distressing and emergency situations					
		2.6.3: Seeks help or support where needed for own health and well-being					
		2.6.4: Engages in self-care practices that promote emotional resilience, health, and well-being					

³⁴ Hollnagel E., Wears R.L. and Braithwaite J. From Safety-I to Safety-II: A White Paper. The Resilient Health Care Net: Published simultaneously by the University of Southern Denmark, University of Florida, USA, and Macquarie University, Australia

³⁵ HQSC; Clinical Governance: From Knowledge to action. [A framework for building quality guidance for Health and Disability Providers](#); 2017

Domain 3: Communication and Collaboration

This domain specifies the foundational competencies required of pharmacists to communicate and collaborate effectively which includes creating, maintaining, and enhancing working relationships to provide a mutually supportive environment. Communication is fundamental to how pharmacists guide, inform, support, and collaborate with consumers and whānau, caregivers, and communities for whom they provide health services, as well as with other members of the health team. Effective communication is a process that requires pharmacists to manage their own verbal and non-verbal communication, respond to the verbal and non-verbal communications of others and complete documentation. Not all communication takes place face to face or in writing, and different situations may require pharmacists to communicate using augmentative and alternative communication tools and methods, telephones, interpreters, and digital technologies.

Domain	Competency	Behaviours	Commentary	Continuum of proficiency outcomes and development			
				Intern	Pharmacist		Pharmacist Prescriber
					General	Advanced	
Domain 3: Communication and Collaboration	3.1: Communicates effectively	3.1.1: 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	Pharmacists must be able to communicate effectively and respectfully, which includes verbal, non-verbal, electronic, and written communication. Effective communication enables effective care and shared decision-making with consumers and whānau, caregivers, peers and with other healthcare professionals. Good communication is also essential for building trust, supporting, motivating, and influencing both professional colleagues and patients. Effective communication, which is timely, accurate, complete, unambiguous, and understood by the recipient, reduces errors and results in improved patient safety. Illustrative examples of effective communication skills include but is not limited to: <ul style="list-style-type: none"> • 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 has been discussed. • Empathy and compassion • Explaining. • Over-coming physical and emotional barriers to effective communication, for example speech difficulties, health literacy. • Negotiating. • Influencing. 	Recognises and demonstrates appropriate and effective documentation and communication in a culturally safe and effective manner with a wide and diverse range of people	Practises appropriate and effective documentation and communication in a culturally safe and effective manner with a wide and diverse range of people and groups	Practises appropriate and effective documentation and communication in a culturally safe and effective manner with a wide and diverse range of people and groups	Refer to Competence Standards for Pharmacist Prescribers
		3.1.2: Communicates clearly and professionally in a way people understand and invites partnership					
		3.1.3: Listens effectively, using active and reflective listening techniques					
		3.1.4: Adapts communication to the goals, needs, urgency and sensitivity of the interaction	Effective communication should consider the medium used. Written communication, such as via fax, e-mail, SMS, social media, instant messaging, letter, memo, referrals, appraisals, labels, and instructions should be professional, structured and presented in ways appropriate for each situation. Increasingly, communication occurs via electronic means. Pharmacists should maintain currency and proficiency of relevant electronic platforms to convey, document, and receive communications which are required for them to practise as a pharmacist effectively and safely. Examples of such data/digital platforms include but are not limited; online clinical information sharing services, video conferencing platforms for telehealth services, online resources for accessing clinical or practice guidance, and dispensing platforms for recording and documenting pharmacist services.				
		3.1.5: Communicates in an appropriate manner and setting which minimises interruptions and maintains confidentiality and privacy	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 pharmacists' contribution, messages should 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. Pharmacists 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.				
		3.1.6: Interprets and integrates information for provision to colleagues, other health professionals, patients and/or the public in a clear, cohesive, and objective manner	Wherever possible, kanohi ki te kanohi (face to face) communication should be used with Māori. <ul style="list-style-type: none"> • Collaboration: most often pharmacists will work in an environment that includes others; therefore it is important that they are a 'team player'. This includes understanding the roles and responsibilities of other team 				

Domain	Competency	Behaviours	Commentary	Continuum of proficiency outcomes and development			
				Intern	Pharmacist		Pharmacist Prescriber
					General	Advanced	
			<p>members and how teams work. Respecting the skills and contributions of colleagues and other healthcare professionals in improving outcomes for patients is essential.</p> <ul style="list-style-type: none"> 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 pharmacists 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, pharmacists may need to seek additional guidance or support to resolve it in accordance with resolution mediation good practice. <p>It is important to note that while 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, it is important to recognise the need to communicate with people in a way they understand which may include other languages such as Te Reo Māori and sign language and/or ensuring there are mechanisms for the appropriate and reasonable use of effective interpreting services in a manner which is culturally safe and complies with privacy and confidentiality good practice and legislation.</p>				
	3.2: Establishes and maintains collaborative working relationships	3.2.1: Engages in opportunities to improve collaboration within and between teams	The philosophy of teamwork underpins pharmacist practice which includes, but is not limited to, collaborating with other health practitioners, intersectoral collaboration, and collaboration with consumers and whānau, caregivers, and populations. Some pharmacists will have responsibilities to lead teams and may take a more formal role to facilitate teams; but all pharmacists are part of multiple formal and informal teams in their practice. Effective communication enables collaboration and teamwork which is essential to ensure safe and high-quality 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.	Recognises the importance of collaboration and demonstrates the skills and attitudes to collaborate with a wide and diverse range of people effectively and in a culturally safe manner	Recognises the importance of advocates for collaboration and demonstrates the skills and attitudes to collaborate with a wide and diverse range of people effectively and in a culturally safe manner	Recognises the importance of advocates for collaboration and demonstrates the skills and attitudes to collaborate with a wide and diverse range of people effectively and in a culturally safe manner	Refer to Competence Standards for Pharmacist Prescribers
		3.2.2: Actively provides pharmacist expertise in discussions and decisions					
	3.3: Problem solves and manages conflict	3.3.1: Acts promptly to prevent or manage potential or real conflict	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.	Recognises the impact of conflict in the workplace and demonstrates skills and a “blame-free” and positive 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.	Refer to Competence Standards for Pharmacist Prescribers
		3.3.2: Considers others’ perspectives when seeking compromise, consensus, or a decision					
	3.4: Provides education and shares knowledge	3.3.3: Is willing to learn from and contribute to others’ knowledge and experience	Education as it relates to this domain is not limited to formal university education or study. From graduate level, pharmacists have a responsibility to assist with the education and training of peers and future generations of pharmacists. Participating as a teacher not only imparts knowledge to others, but it also offers an opportunity for pharmacists to gain new knowledge and to fine-tune existing skills with a view to achieving better health outcomes and consumer and whānau experiences. Pharmacists engaged in supervising the work of students, other pharmacists or that of support staff is expected to assist with and support the performance of supervised personnel. It is important to note that supervisors and their students have a particularly close relationship, which has special benefits, but which may also lead to unique problems. Appropriate mechanisms and systems in place to raise and manage difficulties in a fair and reasonable manner may be required.	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 and actively participates and shares	Refer to Competence Standards for Pharmacist Prescribers

Domain 4: Medicine Management and Consumer Care

This Domain specifies the foundational competencies required of pharmacists to provide medicines management and care for consumers and whānau in a safe and effective manner. Medicines management is a concept that describes the entirety of the cognitive and physical steps involved in medicines use, with a focus on the consumer and encompasses a range of person-centred services that improve medicines-related health outcomes.^{36,37} This Domain encompasses a pharmacist's role in providing healthcare and wellness advice to consumers and whānau in response to requests from or about them. It incorporates the holistic care of consumers 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 consumers 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.

Domain	Competency	Behaviours	Commentary	Continuum of proficiency outcomes and development			
				Intern	Pharmacist	Pharmacist prescriber	
				General	Advanced		
Domain 4: Consumer Care and Medicines Management	4.1: Obtains information as part of shared decision making	4.1.1: Applies a person-centred care and culturally safe approach to understand consumer and whānau needs holistically to facilitate required healthcare	<p>Person-centred care is a fundamental tenet of delivering quality and safe services. This requires pharmacists to consult with the consumer to obtain the necessary health information and understand consumers and whānau needs, values and preferences alongside other relevant health, medical and medication information such as laboratory, and diagnostic test results – which may come from different sources. In practice when working with consumers and whānau, pharmacists are expected to demonstrate:</p> <ul style="list-style-type: none"> • 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. <p>Paying attention to consumers and whānau preferences and needs for shared decision-making 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, pharmacists can make a unique contribution to the outcome of medication therapy and to your patients' quality of life.</p>	Demonstrates person-centred care principles and appropriately obtains relevant health, medical and medication information such as consumer and whānau information, laboratory, and diagnostic test results from multiple sources	Demonstrates person-centred care principles and appropriately obtains relevant health, medical and medication information such as consumer and whānau information, laboratory, and diagnostic test results from multiple sources	Demonstrates person-centred care principles and appropriately obtains and acts on relevant health, medical and medication information such as consumer and whānau information, laboratory, and diagnostic test results from multiple sources	Refer to Competence Standards for Pharmacist Prescribers
		4.1.2: 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					
		4.1.3: Establishes and facilitates the consumer's desire to involve or not involve whānau, carers, and support people in the consultation					
		4.1.4: Identifies, listens to, and respects consumer and whānau values, beliefs, concerns, and expectations in relation to their health					
		4.1.5: Establishes the person's current level of knowledge regarding their health and medicine use					
		4.1.6: Obtains appropriately relevant health, medical and medication information such as consumer and whānau information, laboratory, and diagnostic test results from multiple sources					
		4.1.7: Assesses the potential for inappropriate use, misuse or abuse of therapeutic products					
	4.2: Applies evidence-informed practice to assesses and evaluate information	4.2.1: Applies evidence-informed practice and epidemiological, medicines information and critical appraisal skills	<p>Evidence-informed practice is the integration of the best available evidence with the knowledge and considered judgments from stakeholders and experts to benefit consumers and whānau. It enables individuals and communities to receive the best possible care, improves quality and safety, and contributes to better health outcomes. Pharmacists routinely acquire and interpret high volumes of data, information, and evidence from consumers and whānau, caregivers, and other health workers, as well as from experts, journals, guidelines, government, websites, and media. This information varies in relevance, detail, and accuracy. In the health context, evidence is usually high-quality information gained from research, and is therefore more predictable and reliable. Whilst all evidence is information, not all information is evidence. To provide safe and effective care, service provision must be evidence informed.³⁸</p>	Demonstrates understanding of evidence informed practice to assess and evaluate information	Applies evidence informed practice to assess and evaluate information	Applies evidence informed practice to assess and evaluate information appropriately to the clinical context	Refer to Competence Standards for Pharmacist Prescribers
		4.2.3: Uses reliable and validated sources of information and literature to guide assessment					
		4.2.4: Critically analyses information for relevance, accuracy, currency and completeness in relation to the consumer's needs					

³⁶ Stowasser, Danielle A, Allinson, Yvonne M, Karen M, O'Leary, (2004), Understanding the Medicines Management Pathway, Journal of Pharmacy Practice and Research, 34, doi: 10.1002/jppr2004344293.

³⁷ National Prescribing Centre (2001/2002). Medicines management services - why are they so important? MeReC Bulletin 12(6): 21–3.

³⁸ Global Competency and Outcomes Framework for Universal Health Coverage. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO

Domain	Competency	Behaviours	Commentary	Continuum of proficiency outcomes and development			
				Intern	Pharmacist		Pharmacist prescriber
					General	Advanced	
		<p>4.2.5: Assesses and reconciles divergent or conflicting information to form a professional opinion, including where there is insufficient information</p> <p>4.2.6: Appropriately interprets research findings and recommendations</p>	<p>Pharmacists are expected to appropriately retrieve, evaluate, and apply epidemiological (e.g., number needed to treat, absolute risk, relative risk), medicines information and critical appraisal skills in their practice where relevant such as when answering medicine information queries or when reviewing a consumer's medicines therapy. The ways through which a pharmacist implements evidence-informed practice depends on their role and responsibility but may include, but not limited to:</p> <ul style="list-style-type: none"> • Application of the best available evidence from scientific or published research studies to practice. • Following evidence-based protocols and guidelines, • Using in-depth pharmaceutical knowledge and understanding such as pharmacology, pharmacokinetics, pharmacodynamics to provide advice and recommendations when there is no specific evidence, or there is a need to adapt evidence to the specific situation • Integrating evidence with experience and individuals' values according to the circumstances. • The appraisal and integration of data and information. • Role of the pharmacist in generating and using information and adapting it to guide quality of care, safety, and improvement efforts in the local context. 				
	4.3: Reviews medicine therapy and considers treatment options	<p>4.3.1: Applies contemporary knowledge of presenting health conditions and therapeutic products used within own clinical area of practice</p> <p>4.3.2: Forms a professional opinion of the consumer's clinical condition including the nature, severity, significance, and progression</p> <p>4.3.3: Applies evidence-based guidelines or protocols to reconcile and review a patient's medicine therapy</p> <p>4.3.4: Identifies, prioritises, and works to resolve medicines management issues</p> <p>4.3.5: Exercises professional independence and professional judgement to determine whether changes to the medication treatment regimen are needed to improve safety, efficacy, or adherence</p> <p>4.3.6: Liaises with and provides recommendations to the prescriber and/or other healthcare professionals to ensure optimal use of medicines by patients</p> <p>4.3.7: Facilitates referral to appropriate providers when consumer needs lie outside own area or level of competence, or workplace or legal authority</p> <p>4.3.8: Synthesises information from the consumer and whānau information, literature and own knowledge and experience to consider the range of evidence-informed treatment options and their associated risks and benefits</p>	<p>A review of medicine therapy should leverage the pharmacists existing knowledge, expertise, and professional judgement, be augmented with knowledge of contemporary practice guidelines and literature, and account for the consumers specific circumstances to optimise medicines-related health outcomes and achieving Quality Use of Medicines (QUM) – that is the judicious, appropriate, equitable, safe and effective use of medicines. This synthesis of information should result in potential treatment options for further consideration with the consumer. No treatment, self-treatment, non-pharmacological treatment, pharmacological treatment, and appropriate optimisation (include polypharmacy and dose reduction) should all be considered as potentially viable options.</p> <p>As part of evidence-informed practice, pharmacists must be able to select and appraise relevant scientific literature and understand the implications of the findings. Pharmacists will need to use their professional judgement to determine the clinical significance of the findings and the degree to which they can be applied. If pharmacists are using the findings to help optimise care for individual patients, they should also determine the patient's own preferences and develop an appropriate medicine management plan based on the combination of this information.</p> <p>Pharmacists should also take a multidisciplinary approach to the promotion of rational use of medicines where appropriate) and reducing over-, under- and misuse of medicines by providing proper information and recommendations such as those relating to adverse drug reactions, dosing schedules, unwanted effects of medicines. In coordination with the wider healthcare team, pharmacist can establish a common approach to the rational use of medicines, resulting in improved quality of life for the patient, and for the community in general.</p>	Demonstrates general pharmacotherapy knowledge to identify drug-related problems and consider recommendations to optimise therapy in an evidence-informed manner	Applying general pharmacotherapy knowledge to identify drug-related problems and make recommendations to optimise medicines therapy in an evidence-informed manner	Applying in-depth pharmacotherapy knowledge and understanding to proactively identify, manage, and optimise complex medicines therapy in an evidence-informed manner	Refer to Competence Standards for Pharmacist Prescribers
	4.4: Collaborates with consumers	4.4.1: Presents the range of reasonable treatment options, the underpinning rationale, and the potential risks and benefits	Optimal medicine use is a person-centred approach, best characterised as a process that is focussed on collaborating with consumers and whānau gain the most benefit from their	Demonstrates the skills and knowledge to	Collaborate with consumers and w	Partners with consumers and	Refer to Competence Standards for

Domain	Competency	Behaviours	Commentary	Continuum of proficiency outcomes and development			
				Intern	Pharmacist		Pharmacist prescriber
					General	Advanced	
	and whānau to use medicines optimally	<p>4.4.2: Supports consumers to objectively appraise health information (including online) by giving advice on appropriate resources, and how to distinguish good information</p> <p>4.4.3: Uses shared decision-making process to agree on treatment goals and approaches to achieve those goals</p> <p>4.4.4: Accepts and supports the individual's right to make autonomous decisions</p> <p>4.4.5: Confirms with consumer (and whānau or appropriate representative where required) their understanding of the treatment plan</p> <p>4.4.6: Enables access to appropriate accurate, evidence-informed, and objective information, and advice to optimise medicines use in a way people understand</p> <p>4.4.7: Equips consumers to self-monitor and recognise when and in what circumstances to speak up and seek further medical attention</p> <p>4.4.8: Works co-operatively with the consumer and whānau, and other members of the healthcare team as appropriate, to empower the consumer to self-manage their health and medicines.</p>	<p>medicines. It is about partnering with and listening to consumers and whānau – who have lived experience and may know more about their condition and medications - so having honest discussions with them and truly making them part of the decision in relation to their medicines and use of their medicines.</p> <p>In collaboration with the consumers and whānau and other healthcare providers involved in their care, pharmacists should support the optimisation of medicines use and health outcomes. Such activities include, but not limited to:</p> <ul style="list-style-type: none"> • Educating and confirming understanding of consumer's understanding of their medicines and medical conditions • Advice about therapeutic product storage and use • Potential alarm symptoms and adverse effects of medicines and when to seek medical attention • Adherence aids • Monitor medication therapy • Lifestyle and behaviour modifications • Facilitate the continuity and coordination of care to link resources, avoid duplication and enable seamless movement among care settings or between service providers where necessary. <p>To support collaboration with consumers and whānau to optimally use medicines, it is helpful to whakawhanaungatanga and maintain an on-going professional relationship. 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. Pharmacists have a duty of care to protect patient privacy and confidentiality when recording patient information or when using the information.</p>	collaborate with consumers and whānau	whānau to use medicines optimally	whānau to use medicines optimally	Pharmacist Prescribers
	4.5: Monitors for therapeutic efficacy and safety	<p>4.5.1: Undertakes or facilitates required monitoring and or tests to assess progress in achieving therapeutic goals and to detect adverse effects</p> <p>4.5.2: Applies the results of monitoring to assess effectiveness and safety of treatment</p> <p>4.5.3: Initiates appropriate action and/or raises concerns if results if monitoring indicates adverse effects or sub-optimal outcomes</p> <p>4.5.4: Recognises and manages adverse drug reactions</p>	Pharmacists should, reasonably and practically, 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 is important to document the nature of interventions and changes and provide clear explanations to the consumers and whānau and collaborating health professionals.	Demonstrates the skills and knowledge to monitor for therapeutic efficacy and safety and documents appropriately where required	Monitors for therapeutic efficacy and safety and documents appropriately	Monitors for therapeutic efficacy and safety and takes action appropriately	Refer to Competence Standards for Pharmacist Prescribers
	4.6 Supports quality and safe medicines use	<p>4.6.1: Advocates for, and ensures patients access and receive quality services and care commensurate with their health needs</p> <p>4.6.2: Actively seeks to involve others (patients, carers, colleagues, other healthcare professionals) in planning for service delivery and learns from their experiences</p> <p>4.6.3: Acts to optimise health outcomes by identifying and mitigating potential sources of error in service delivery</p> <p>4.6.4: Collects and analyses safety and quality data and information that contributes to a risk management system reflecting continuous quality improvement principles</p> <p>4.6.5: Participates in ongoing incident analysis (including 'near misses') and adopts recommendations for resolution or change that come from that analysis</p>	<p>This competency addresses the role of pharmacists as medicines management experts, promoting and supporting achievement of Quality Use of Medicines (QUM) - that is the judicious, appropriate, safe, equitable and effective use of medicines - 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. This standard complements Competency Standard 2.5: Contributes to quality improvement and knowledge advancement but focuses more specifically on the quality use of medicines. In practice, this may include activities such as, but not limited to:</p> <ul style="list-style-type: none"> • Clinical, quality and medicines use audits • Medication safety measurement and improvement • Medication Error and Incident reporting, analysis and improvement • Pharmacovigilance 	Demonstrates supports for efforts to achieve quality use of medicines	Implements activity to support efforts to achieve quality use of medicines	Lead and design activity to monitor and achieve quality use of medicines	Refer to Competence Standards for Pharmacist Prescribers

Domain	Competency	Behaviours	Commentary	Continuum of proficiency outcomes and development			
				Intern	Pharmacist		Pharmacist prescriber
					General	Advanced	
		4.6.6: Facilitates continuity of care by recording accurate, complete, and timely patient information, maintaining privacy and security of the information 4.6.7: Contributes to a national reporting system of pharmacovigilance, identifying, recording, and reporting suspected or confirmed adverse drug reactions, sensitivities or allergies	<ul style="list-style-type: none">• Stewardship activity (e.g., antimicrobials, opioids, anticoagulants)• Pharmacoepidemiology• Pharmacoeconomic				

Domain 5: Supply and administration of medicines

The Domain specifies the foundational competencies required to supply and administer medicines in a safe and effective manner. 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 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.

It is important to note that Domain 6 complements Domain 5: Medicines Management and Consumer Care and should be read in parallel. The key difference between these two domains is that Domain 5 focuses on the generic and thought processes required in the medicines management cycle which complements Domain 6 which focuses more heavily on the procedural facets of the medicines management cycle. There is significant overlap and each compliments the other, and so both domains need to be considered concurrently.

Domain	Competency	Behaviours	Commentary	Continuum of proficiency outcomes and development			
				Intern	Pharmacist		Pharmacist Prescriber
					General	Advanced	
Domain 5: Supply and administration of medicines	5.1: Assesses prescriptions	5.1.1: Assesses prescriptions to ensure they are authentic and meet all legal and ethical requirements	This competence standard outlines the behaviours expected of pharmacists to safely and effectively assess prescriptions and compliments Domain 5 which outlined the generic key thought processes required of medicines management. Pharmacists 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, pharmacists have an obligation to intervene and communicate those concerns to the prescriber and other relevant health professionals as appropriate – see Domain 3 communication and collaboration. Some of these concerns may result from a clinical assessment of the prescription and although the prescriber is not obliged to accept the pharmacist's guidance, pharmacists must act in your belief of benefit to the patient. It is important to document such interventions and their outcomes as the pharmacist is responsible and accountable for their recommendations.	Demonstrates ability to assess prescriptions safely and effectively	Practices safe and effective assessment of prescriptions	Practices safe and effective assessment of prescriptions	Refer to Competence Standards for Pharmacist Prescribers
		5.1.2: Uses a systematic approach to assess and review available patient medical history and medication record or notes					
		5.1.3: 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					
		5.1.4: Collaborates with consumer and/or prescriber when clarification is required or to resolve issues related to safe supply of medicine					
		5.1.5: Initiates action, in consultation with patient/carer and/or prescriber to address identified issues					
	5.2: Dispenses therapeutic products safely and effectively	5.2.1: Follows a logical, safe, and methodical procedure to dispense therapeutic products	This competence standard is concerned with the supply of prescription medicines and with a pharmacist's 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 the organisation's (e.g., community pharmacy, hospital) Standard Operating Procedures (SOP). These SOPs will also outline the technical aspects of the dispensing process.	Demonstrates ability to dispense prescriptions safely and effectively	Practices safe and effective dispensing of prescriptions	Practices safe and effective dispensing of prescriptions	Refer to Competence Standards for Pharmacist Prescribers
		5.2.2: Monitors the dispensing process for potential errors and acts promptly to mitigate them					
		5.2.3: Identifies the interchangeability and bioequivalence of different proprietary products where applicable					
		5.2.4: Adapts labelling instructions to address patient needs					
		5.2.5: Accurately records details of medication incidents and actions taken, including clinical and professional interventions, to minimise their impact and prevent recurrence					
		5.2.6: Maintains the medicine supply chain to ensure the quality of medicines supplied and their safe disposal					
	5.3: Compounds extemporaneous therapeutic products safely and effectively	5.3.1: Sources or produces quality extemporaneous products if no proprietary product is available	Compounding or preparing pharmaceutical products has clearly defined procedures and requirements which are outlined in Health and Disability Services Pharmacy Services Standard NZS8134.7. Pharmacists should only compound a product when they have a clear idea of the standard the finished medicine must meet, and can ensure that there is appropriate equipment, materials and facilities available in which to produce such a product. If the preparation is required to be sterile, pharmacists should be familiar with the special requirements of aseptic compounding for sterile preparations and should have appropriate training. Pharmacists should also review the need for updated training or revalidation as necessary.	Demonstrates ability to compound extemporaneous therapeutic products safely and effectively	Compounds extemporaneous therapeutic products safely and effectively	Compounds extemporaneous therapeutic products safely and effectively	Refer to Competence Standards for Pharmacist Prescribers
		5.3.2: Applies knowledge of pharmaceuticals when compounding products, including purpose of active ingredients and excipients within formulations, product stability, and quality standard required					
		5.3.3: Confirms formulation or uses evidence-informed approach to develop appropriate formulation where no standard formulation exists					
		5.3.4: Follows professional practices, conventions, applicable legislation, and standards for product preparation, including for aseptic preparation where carried out					
			The complexity and variety of products will depend on the services provided. Pharmacists should carry out all compounding procedures 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				

Domain	Competency	Behaviours	Commentary	Continuum of proficiency outcomes and development			
				Intern	Pharmacist		Pharmacist Prescriber
					General	Advanced	
			assurance, good compounding and dispensing practice and quality control are interrelated. To achieve the quality objective reliably pharmacists should have a comprehensively designed and implemented system of quality assurance incorporating good dispensing, compounding, and batch preparation practice and quality control. Pharmacists should document this quality assurance system and regularly monitor its effectiveness.				
	5.4: Administers therapeutic products	5.4.1: Undertakes a clinical assessment of the appropriateness of the medicine for a specific consumer to administer it or to supervise the consumer self-administering	<p>Pharmacists increasingly want to and are asked to administer therapeutic products (e.g., vaccines, intramuscular injections, methadone). Sometimes it may also be the result of an emergency e.g., a patient needing an adrenaline auto-injector for anaphylaxis, or glucagon for hypoglycaemia. In exercising a pharmacists' professional accountability in the best interests of patients when administering any treatment or medicine pharmacists must:</p> <ul style="list-style-type: none"> Know the therapeutic uses of the therapeutic product 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. <p>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 pharmacists are offering immunisation services and administering injectable medicines, pharmacists should be familiar with, and abide by any national standards and/or professional guidelines where available.</p>	Demonstrates ability to administer therapeutic products safely and effectively	Administers therapeutic products safely and effectively	Administers therapeutic products safely and effectively	Refer to Competence Standards for Pharmacist Prescribers
		5.4.2: Undertakes appropriate checks relating to the consumer and medicine prior to administration					
		5.4.3: Obtains appropriate consent to administer the medicine					
		5.4.4: Uses national standards and professional guidelines when administering medicines or supervising medicine dosing					
		5.4.5: Ensures the principles of cultural safety are reflected when administering medicine					

Domain 6: Public Healthcare

The Domain specifies the foundational competencies required to undertake public healthcare safely and effectively. 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.

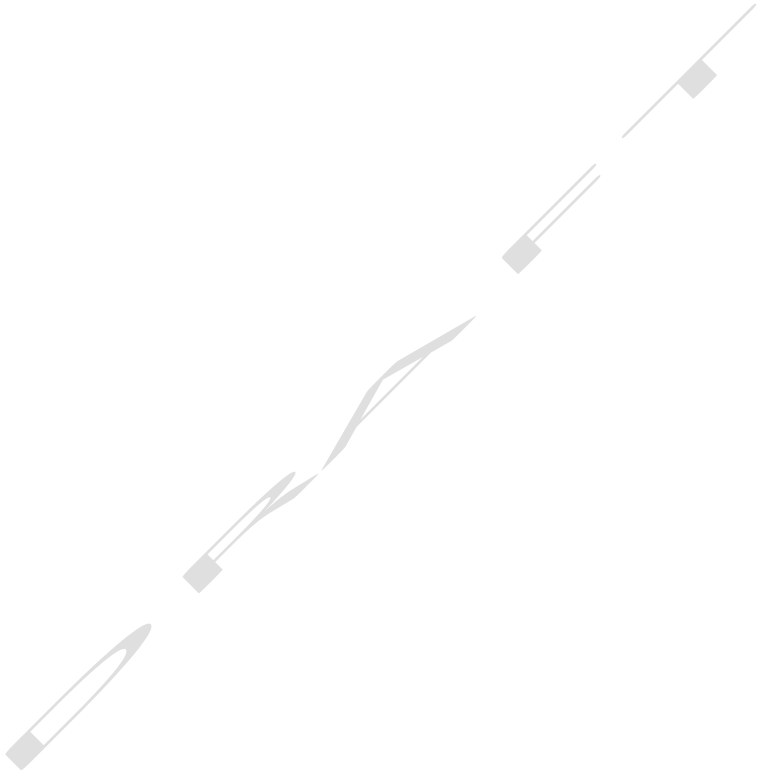
Domain	Competency	Behaviours	Commentary	Continuum of proficiency outcomes and development			
				Intern	Pharmacist		Pharmacist Prescriber
Domain 6: Public Healthcare	6.1: Contributes to community health	6.1.1: Provides consistent evidence-informed advice to individuals and the public about potential benefits of preventative health activities	<p>Pharmacist contributes to public health by providing advice that support healthier lifestyle and reduces the incidence of ill health. Population health focuses on:</p> <ul style="list-style-type: none"> the population as a whole the role of the community health promotion and preventative care, and the need to involve a range of professionals <p>However, a population health approach also considers all factors that determine a person's health and wellbeing.</p>	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	Refer to Competence Standards for Pharmacist Prescribers
		6.1.2: Maintains awareness of community needs considering the cultural and social setting of the community					
		6.1.3: Promotes an environment that enables public safety, wellness, health, and improves quality of life					
		6.1.4: Advocates to promote health and access to quality health care and public health services for population groups at community or national level					
		6.1.5: Maximises opportunities for providing advice, tools and support on maintaining and managing health through lifestyle choices and non-pharmacological interventions					
Domain 6: Public Healthcare	6.2: Promotes public health initiatives	6.2.1: Identifies and supports national and local health priorities and initiatives, including health screening programmes, targeted at reducing health inequities	<p>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.</p> <p>Pharmacists are a trusted source of information and advice on health and medicines; however, their 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. Pharmacists 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.</p>	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	Refer to Competence Standards for Pharmacist Prescribers
		6.2.2: Informs and advises individuals about relevant programmes relating to health and medicines					
		6.2.3: Employs appropriate tools to clarify and reinforce education and to facilitate behavioural change					
		6.2.4: Participates in implementation of public health initiatives to assist communities and individuals prepare for health emergencies and disasters, including disease outbreaks					

Domain 7: Leadership and management

The Domain specifies the foundational competencies required to lead and manage in relation to pharmacist practice. All intern pharmacists, pharmacists and pharmacist prescribers should undertake a leadership role (e.g., advocating for patient safety, modelling good behaviours, speaking up) irrespective of their level of seniority within their health setting or whether they hold formal or designated management or leadership roles. This Domain includes competencies that relate to the way pharmacists apply leadership, management, and organisational skills to ensure the effective and efficient delivery of services. Leadership and organisational management are complementary. 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. Note that pharmacists are also subject to health and safety, human resource and good management practice, legislation, and regulations – which should be adhered to in conjunction.

Domain	Competency	Behaviours	Commentary	Continuum of proficiency outcomes and development			
				Intern	Pharmacist		Pharmacist Prescriber
					General	Advanced	
Domain 7: Management and Leadership	7.1: Provides leadership	7.1.1: Leads the practice of other team members and supports them to ensure high-quality healthcare	<p>All pharmacists hold mana within their organisations and communities irrespective of whether they hold formal managerial positions or not. This also applies to intern pharmacists who, while not autonomous, do possess knowledge, experience, and perspectives to share. Pharmacists hold privileged positions within their workplace and communities and are, by virtue of their training, and position, viewed as leaders and role models. As such they can influence others in both a positive and negative manner. And so, it is important that all pharmacists recognise and use their influence to positively support safe and effective practice, continuous quality improvement, support colleagues, and lead improved health outcomes.</p> <p>Leadership is not just top-down; whatever practice environment pharmacists work in, they can demonstrate leadership by the way they approach their role, their attitudes, and the way that they interact with others, behave and act. Within pharmacy, leadership encompasses various skills which include identifying challenges and opportunities as they arise (e.g., patient safety, risks, hazards, health and safety, quality improvement), role modelling, mentoring and motivation or extending the team's value beyond traditional roles. Pharmacists 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. Pharmacists should also recognise the limits that available resources impose on service levels.</p>	Demonstrates understanding of and applies leadership and characteristics of a role model to team members	Effectively leads and role models positive, safe, and effective and continuously improving pharmacist behaviours	Effectively leads and role models positive, safe and effective and continuously improving pharmacist behaviours	Refer to Competence Standards for Pharmacist Prescribers
		7.1.2: Serves as an effective role model, teacher, and mentor for colleagues and motivates individuals in the team					
		7.1.3: Fosters and supports a safe, just and continuous quality improvement culture					
		7.1.4: Contributes to effective clinical governance, and quality and risk management					
		7.1.5: Prioritises and learns from risk and incidents for mitigation, prevention, and system improvement					
		7.1.6: Monitors the professional landscape and emerging trends to help enable change					
		7.1.7: Facilitates team practice that reflects the principles of Te Tiriti o Waitangi					
	7.2: Manages self and team	7.2.1: Identifies and manages factors that affect personal wellness, professional performance, and ability to practise safely	<p>All health professionals including intern pharmacists must be able to monitor their own wellbeing and professional performance. They must be capable of self-managing their day-to-day work and seek peer or managerial assistance when required. Pharmacists should develop the ability to manage resources (human, physical and financial) and information effectively which may include business planning.</p> <p>Mentoring and developing others is also a leadership and management responsibility. Pharmacists 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. Pharmacists should contribute to the learning and professional development of colleagues, encouraging a commitment to continuous improvement in professional capability.</p> <p>NB: For pharmacists who do hold formal managerial or senior leadership positions (e.g., includes charge pharmacist, pharmacy owners, managers), there are additional legal and regulatory obligations (e.g., health and safety, human resource, occupational safety, etc) which requires them to provide oversight of other team members for purpose of legal, ethical, and safe provision of services. 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 is part of the requirement. They may also be responsible for ensuring there are effective policies and procedures relating to workplace</p>	<p>Demonstrates ability to identify and resolve risk management issues using established policies/ procedures and supports to performance management processes</p> <p>Contributes to performance management processes in accordance with established policies/procedures</p>	Is accountable for identifying and resolving risk management issues using established policies/ procedures and performance management processes	Is accountable for identifying and resolving risk management issues using established policies/ procedures and performance management processes	Refer to Competence Standards for Pharmacist Prescribers
		7.2.2: Is aware of own role and responsibilities, surroundings					
		7.2.3: Prioritises tasks effectively and completes them in a timely manner to a high standard					
		7.2.4: Learns from and shares knowledge with others to achieve team objectives and optimal healthcare					

Domain	Competency	Behaviours	Commentary	Continuum of proficiency outcomes and development			
				Intern	Pharmacist		Pharmacist Prescriber
					General	Advanced	
			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.				



Glossary

The following definitions are intended for use in this publication. Many of the descriptions used in this glossary are specific interpretations for this guideline, and do not denote the fullness of meaning normally associated with the te reo Māori word or term. All efforts have been made to uphold the taonga of each te reo Māori kupu within the writing of this guideline.

Term	Definition
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.
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
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
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.
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
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
Competencies	Significant job-related knowledge, skills, abilities, attitudes and/or judgements required for competent performance by members of the profession.
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 a chronic or acute illness.
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 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. 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.
Cultural safety	Cultural safety requires healthcare professionals and associated healthcare organisations to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. This requires individual healthcare professionals and healthcare organisations to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided. In doing so, cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the patient and their communities, and as measured through progress towards achieving health equity. Cultural safety requires healthcare professionals and their associated healthcare organisations to influence healthcare to reduce bias and achieve equity within the workforce and working environment".
Evidence-informed (practice)	The conscientious, explicit, and judicious use of current best evidence that considers the needs and circumstances of each individual. Evidence-informed 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
Hapū	Sub-tribe or kin group that is linked by a common ancestor. Hapū is also a description for being pregnant
Hauora Māori	Māori health, vigour
Health	A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity
Health inequities	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.
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 to alleviate their impact on public and individual health.
Iwi	Tribe composed of descendants from a specific ancestor(s). A number of related Hapū constitute an iwi. (ko)iwi is also a description associated with bones, or human remains
Kanohi ki te kanohi	Face to face
Kawa	Protocol – customs of the marae and wharehau
Leadership	The art of influencing the behaviour of others towards a pre-determined goal.
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, Hapū and iwi

Term	Definition
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. 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.
Person-centred care	An approach to care that consciously adopts individuals', carers', families', and communities' perspectives as participants in, and beneficiaries of, trusted health systems that respond to their needs and preferences in humane and holistic ways. People-centred care also requires that people have the education and support they need to make decisions and participate in their own care. It is organized around the health needs and expectations of people rather than diseases.
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.
Public health	<p>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:</p> <ul style="list-style-type: none"> • 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. <p>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.</p>
Risk management	An approach to prevent or mitigate a potential risk through identification, analysis, mitigation, planning and tracking of root causes and their consequences.
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.
Rongoā	Traditional Māori healing. It includes herbal medicine made from plants, physical techniques like massage, and spiritual healing.
Scope of practice (Individual)	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.
Scope of practice (Profession)	Means any health service that forms part of a health profession and that is for the time being described; and in relation to a health practitioner of that profession, means 1 or more of such health services that the practitioner is, under an authorisation granted, permitted to perform, subject to any conditions for the time being imposed by the responsible authority. I.e., breadth of health services and activities pharmacy profession is legally authorised to carry out
Service user	A person who uses/ receives a health or disability service.
Te ao Māori	The Māori world
Te Tiriti o Waitangi	Te Tiriti o Waitangi is regarded as one of the founding documents of government in Aotearoa New Zealand. “Te Tiriti forms the foundation for government on the basis of protections and acknowledgement of Māori rights and interests within the context of a shared citizenry”
Tikanga	Correct procedure, custom
Whānau	Cluster of families and individuals who descend from a common ancestor. Whānau also means giving birth or to be born
Whakawhānaungatanga	The process of establishing relationships, relating well to others
Whānaungatanga	Relationship, kinship, sense of family connection, connectedness

Appendix 2: Key themes from stakeholder feedback

Emergent theme	Brief description of theme of stakeholder feedback	Illustrative examples from stakeholder groups (SG)	Response to feedback
Proficiency level of competence standards	Significant and differing viewpoints on the proficiency level at which the competence standards were received from stakeholder groups. At one end of the spectrum, some stakeholder groups requested for standards to be set at aspirational and high levels than the 2015 ones due to concerns about standards relating to clinical care being set at too low of a level so if an inexperienced pharmacist worked in a role which requires significant experience. In contrast, some stakeholder groups suggested for standards to be set at “minimum entry level” requirements.	<p>SG 2: <i>Having just a pharmacist scope means that the scope is too broad. There is a vast difference between a newly registered pharmacist and an experienced pharmacist working to top of scope. Our competence standard should provide aspiration, not a bare minimum achievement that does not change from newly registered.</i></p> <p>SG4: <i>Competence Standards describe entry level criteria for the pharmacy profession in NZ... Other jurisdictions have leadership and management competencies in their standards, but these are set for entry into the profession, not for an experienced practitioner....Advanced level competencies, or competencies for practitioners who are not entry level better sit within professional practice guidelines</i></p> <p>SG3: <i>It would be relatively simple to include additional, optional competence standards and or behaviours throughout this current document that would be applicable to pharmacists who are working above entry level. The National Competency Standards Framework for Pharmacists in Australia (2016) is one example of this approach.</i></p>	<p>Competence standards have been set at foundational level which specifies the minimum requirements to safely and effectively carry out the breadth of health services that a pharmacist is authorised to provide.</p> <ul style="list-style-type: none"> NB: Significant feedback from stakeholder groups was received requesting the development of more specific professional practice standards which specify the competence and practice standards for more focussed and advanced performance levels and specific job roles. In parallel to this public consultation, Aotearoa NZ pharmacy professional associations and groups are discussing and exploring the feasibility for developing specific professional practice standards which articulate and define specific pharmacist job roles. <p>Suggestions to use the Australian competence standards was accepted and a continuum of proficiency and performance has been added to provide further clarity and differentiation for the various pharmacist scopes of practice (and between general and advanced levels).</p>
Generic nature of standards	Concerns about standards becoming too generic and not pharmacist specific enough. Request for the addition of standards which are specific and unique to pharmacists.	<p>SG2: <i>The competencies are becoming so generic that our core competency (pharmacotherapy knowledge and understanding), and the level at which we should be expected to contribute is lost in O1.2 [Reviews and optimises patient and whānau medicine therapy and their use] and O1.3 [Provides patient-centred advice and communications] core behaviours.</i></p> <p>SG2: <i>M1 [Te Tiriti o Waitangi] and M2 [Professionalism in Pharmacy] [and M3: Communication and Collaboration] are very generic. ... need to have some indication that there is a need to be registered as a pharmacist and relate to pharmaceutical, pharmacotherapeutic knowledge or understanding. These competencies as they stand could (and should) apply to all healthcare providers.</i></p>	Consistent with global trends in competence standard setting such as those set by the World Health Organisation – global competence standards for universal health coverage 2022, there is a move toward generic standards which are applicable to all health professionals. However, recognising feedback provided, changes have been made to customise standards and commentary to more clearly illustrate how they relate to pharmacist practice.
Performance outcomes	Stakeholders were unclear about what the desired outcome was for each standard or whether there were varying levels of expectation for the three scopes of practice to meet competence standards	<p>SG1: <i>Would this mandatory behaviour [M2.6.7: Serves as an effective role model, teacher, and mentor for colleagues and motivates individuals in the team] also apply to pharmacists in the intern scope of practice?</i></p> <p>SG4: <i>...what level is expected for an entry level pharmacist?</i></p>	Changes have been made with performance outcomes added to the commentary section of the competence standards.
Medicines management and	Suggestions to clarify and strengthen the domains, competence standards and	SG2: <i>The term Medicines Management and the accuracy / perception of this term should be reviewed...It does apply to some pharmacist roles, such as managing supply etc. but in other roles where there is clinical</i>	The term “medicines management” has been defined to encompass the complete medicines management cycle as described by Stowasser et al. (2004) ³⁹ . This cycle includes both thought and procedural processes necessary for safe

³⁹ Stowasser, Danielle A, Allinson, Yvonne M, Karen M, O'Leary, (2004), Understanding the Medicines Management Pathway, Journal of Pharmacy Practice and Research, 34, doi: 10.1002/jppr2004344293.

Emergent theme	Brief description of theme of stakeholder feedback	Illustrative examples from stakeholder groups (SG)	Response to feedback
pharmacotherapy domain	behaviours relating to medicines management and pharmacotherapy.	<p><i>decision making, responsibility and accountability, the pharmacist is not managing, but is a clinician working with the person.</i></p> <p>SG5: <i>The concept of medicine administration should be broadened to make it clearer that the administration of most medicines is within the scope of a pharmacist (including oral, topical, inhaled, subcutaneous, intramuscular and intravenous with competence).</i></p> <p>SG5: <i>The concept of supply or use of this word [supply] in the standards is limiting. The standards need to more proactively capture the concept of over-the-counter prescribing/prescribing without a prescription from a doctor! The whole acute demand management concept/triage and refer etc. need to come through stronger.</i></p>	and effective medicines use. Changes have been made to further clarify and strengthen the medicines related domains.
Specification of standards for specialty areas and job roles	Request for specific standards relating to specialty areas and service level specifications	SG3: <i>Do these standards fit with the new positions pharmacists find themselves in such as informatics, medicines utilisation and data analysis, quality and governance groups where serious event reviews are carried out, financial balance, privacy...?</i>	<p>Competence standards specifies the minimum requirements to safely and effectively carry out the breadth of health services that a pharmacist is authorised to provide which is broad in nature. Changes have been made to further clarify and distinguish between profession scope of practice and individual scope of practice which is context dependent and dynamic.</p> <ul style="list-style-type: none"> NB: Aotearoa NZ pharmacy professional associations and groups are discussing and exploring the feasibility for developing specific professional practice standards which articulate and define specific pharmacist job roles.
Te Tiriti related criterion	Request for Te Tiriti related standards to be compartmentalised within M1: Te Tiriti o Waitangi	SG2: <i>This is very important [M3.2 Establishes and maintains collaborative working relationships], but isn't it covered in M1 Te Tiriti o Waitangi?</i>	Changes have been made to consolidate and refine standards relating to Te Tiriti o Waitangi where appropriate.
English specification	Request that the standards more overtly require competence in English language. Section 16(b) of the HPCAA requires Council to assure English language competence	<p>SG3: <i>Was it a conscious decision to remove the phrase 'in english' from this standard?... If specifying English here, why not specify in 3.1.1 [Understands, writes, and communicates clearly in a manner and to a level expected of a professional]?</i></p> <p>SG4: <i>Section 16 (b) of the HPCA Act requires the responsible authority to be satisfied that anyone registered as a health professional can communicate in and comprehend English sufficiently to protect the health and safety of the public. This must be included in these standards, as they describe minimums for entry to practice.</i></p>	Changes have been made to highlight that while 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, it is important to also recognise the need to communicate with people in a way they understand which may include other languages such as Te Reo Māori and sign language and/or ensuring there are mechanisms for the appropriate and reasonable use of effective interpreting services in a manner which is culturally safe and complies with privacy and confidentiality good practice and legislation.
Reinstatement of standards/behaviours	Request that various standards and behaviours be more overtly retained from the 2015 competence standards	SG3: <i>I think these [M2.1.5 Accepts responsibility for own actions and performance and M2.1.6 Shares professional strengths with others] are important parts of being a professional and should be retained.</i>	Changes have been made to reconcile and add suggested competence standards and behaviours.

Emergent theme	Brief description of theme of stakeholder feedback	Illustrative examples from stakeholder groups (SG)	Response to feedback
		SG4: <i>ADD Needs a competency about patient counselling - this is a key role of the patient facing pharmacist</i>	
Personal health, resilience and wellbeing	Request that a new standard be added to address pharmacist self-care	SG4: <i>ADD Manage factors that affect personal wellness and professional performance including work-life balance, sleep deprivation and physical and emotional health.</i>	Changes have been made to add new competence standards and behaviour relating to personal wellness and resilience.
General editing and corrections to terminology	Request for review of terminology and/or definition via guidance or glossary	<p>SG2: <i>Care is needed with the team 'research'. Would not expect a newly registered pharmacist – or many pharmacists, to be participating in research, let alone conducting research.</i></p> <p>SG1: <i>...terminology through the document relating to "pharmacy practice" ... versus e.g. "pharmacist practice" and "the practice of pharmacy"</i></p> <p>SG3: <i>A general comment that the word 'understand' is not a useful verb to use with competence standards as it is very hard to measure</i></p> <p>SG2: <i>Care is required with the term 'co-design' (presumably in respect to developing a plan of care in this example?). Co-design relates to services and systems, and including all stakeholders in the design, which is not feasible, or desirable in all situations of individual care.</i></p> <p>SG4: <i>terms [wairua, rongoā and waiora] need definition</i></p> <p>SG5: <i>[the competence standards should include expectations relating to] Knowledge of and engagement with contemporary tools (e.g., ICT systems) required to enable collaborative practice.</i></p>	Changes have been made to the standards, guidance and terminology. Additionally, a glossary has been added.

Appendix 3: Comparison between 2015 and proposed 2022 standards

Competence Standards and Guidance for the Pharmacy Profession in Aotearoa New Zealand 2022	Competence Standards for the Pharmacy Profession 2015 ⁴⁰
Domain 1: Te Tiriti o Waitangi	
1.1: Applies te Tiriti o Waitangi to pharmacist practice	M1.5: Understand Hauora Māori
1.2: Applies Māori perspectives of health and wellbeing	
Domain 2: Professionalism in Pharmacy	M1: Professionalism in Pharmacy
2.1: Practises with personal and professional integrity	M1.1: Demonstrate personal and professional integrity
2.2: Complies with ethical and legal requirements	M1.2: Comply with ethical and legal requirements
2.3: Applies culturally safe practice	M1.4: Practise pharmacy within New Zealand's culturally diverse environment
2.4: Makes effective decisions	M1.6: Make effective decisions
2.5: Contributes to quality improvement and knowledge advancement	M1.3: Contribute to quality improvement O4.2: Manage quality improvement and safety
2.6: Manages own health and well-being	
Domain 3: Communication and Collaboration	M2: Communication and Collaboration
3.1: Communicates effectively	M2.1: Communicate effectively
3.2: Establishes and maintains collaborative working relationships	M2.2: Establish and maintain collaborative working relationships
3.3: Problem solves and manages conflict	M2.3: Resolve conflict
3.4: Provides education and shares knowledge	O4.3: Manage and develop personnel
Domain 4: Consumer Care and Medicines Management	O1: Health and Medicine Management
4.1: Obtaining information as part of shared decision making	O1.1: Consult with the patient
4.2: Applies evidence-informed practice to assesses and evaluate information	O1.5: Access, evaluate and provide medicines information
4.3: Review medicine therapy and considers treatment options	O1.3: Review and manage patient's medicine therapy
4.4: Collaborating with consumers and whānau to use medicines optimally	O1.2: Provide healthcare O3.5: Provide patient counselling
4.5: Monitors for therapeutic efficacy and safety	
4.6 Support quality and safe medicines use	O1.4: Deliver quality and safe services
Domain 5: Supply and administration of medicines	O3: Supply and Administration of medicines
5.1: Assess Prescriptions	O3.1: Assess prescriptions
5.2: Dispense Medicines	O3.2: Dispense medicines
5.3: Compounds extemporaneous therapeutic products	O3.3: Compound pharmaceutical products
5.4: Administers therapeutic products	O3.4: Administer medicines
Domain 6: Public Healthcare	O2: Public Healthcare
6.1: Contributes to community health	O2.1: Contribute to community health
6.2: Promotes public health initiatives	O2.2: Health promotion
Domain 7: Management and Leadership	O4: Leadership and Organisational Management
7.1: Provides leadership	O4.1: Provide leadership
7.2: Manages self and team	M2.4: Supervise and support colleagues M2.5: Facilitate education of colleagues
NB: proposal to remove as duplication – see paragraph 15(b) for explanatory note	O4.3: Manage and develop personnel O4.4: Provide safe working environment

⁴⁰ Pharmacy Council. Competence Standards for the Pharmacy Profession 2015. Wellington, 2015.