Competence Standards

for Aotearoa New Zealand
Pharmacist Prescribers

pharmacycouncil

Te Pou Whakamana Kaimatū o Aotearoa

Pharmacist Prescriber Competence Standards

Table 1: Pharmacist Prescriber Competence Standards Overview

Competence Standard	Number of behaviours
Domain 1: The Consultation	Read more
1. Assess the Person	13
2. Consider the Options	12
3. Reach a Shared Decision with the Person	5
4. Prescribe	14
5. Provide Information	5
6. Monitor and Review	3
Domain 2: Prescribing Governance	Read more
7. Prescribe Safely	4
8. Prescribe Professionally	8
9. Improve Prescribing Practice	4
10. Prescribe as Part of a Team	5
Total	**73**

The Consultation (Competencies 1 to 6)

This domain outlines the competencies that the pharmacist prescriber should demonstrate during the consultation.

1. Assess the Person

1.1 Practises whakawhānaungatanga to build and foster a therapeutic professional partnership with the person[1]

1.2 Takes a comprehensive medical[2], social, and medication[3] history

1.3 Considers the impact of pre- and post-Te Tiriti o Waitangi[4] events on the health of Aotearoa New Zealanders and the role of historical and contemporary determinants of health when assessing the person

1.4 Understands the role wairuatanga plays in the assessment, particularly in relation to familiarity and understanding of Māori models of health, tikanga and cultural humility

1.5 Accesses and interprets appropriate and relevant records[5] to ensure knowledge of the person's health and wellbeing management

1.6 Assesses the person's clinical condition including the nature, severity, significance, and progression of the clinical problem

1.7 Undertakes an appropriate clinical and/or physical assessment using relevant techniques and equipment

1.8 Elicits and listens to the person's ideas, concerns, and expectations in relation to their health

1.9 Assesses adherence to, effectiveness, and safety of current medicines

1.10 Understands the effects of power within a healthcare relationship and addresses this within their assessment

1.11 Appropriately requests and correctly interprets relevant investigations necessary to inform treatment options

1.12 Understands the condition(s) being treated, their aetiology, pathophysiology, natural progression, signs and symptoms; and how to assess their severity, deterioration, anticipated response to treatment and impact of co-morbidities

1.13 Assesses adherence to, effectiveness, and safety of current medicines

1.14 Works within defined prescribing area and seeks guidance from interprofessional team members or other relevant health professional(s) when necessary

1 The terms "person" and "people" are 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 on 1 May 2023) – and so needs to be interpreted in accordance to the relevant context and setting

2 This includes family medical history

3 This includes but is not limited to prescribed medicines, over-the-counter medicines, Rongoā, complementary and alternative therapies, vaccines and recreational drugs

4 With notable differences observed between the English and Te Reo Māori texts, it is important to note here that any references made to te Tiriti throughout this document refers solely to the Te Reo Māori text and the principles behind that text (refer to the glossary for a more comprehensive definition)

5 Depending on context and consent, it may be appropriate and necessary to access non-clinical records; for example, to develop an understanding of the person's social circumstances

2. Consider the Options

2.1 Maintains and applies knowledge of the pharmacodynamics and pharmacokinetics of medicines, how these mechanisms may be altered in the individual, and how this affects the choice of treatment and dosage regimen

2.2 Identifies the person's values, beliefs and needs (e.g., cultural, psychosocial, physical, whānau) and uses them to inform/formulate treatment options in a culturally safe way

2.3 Recognises health inequity and takes this into account when considering treatment options

2.4 Shows awareness of indigenous health knowledge and practices and understands why the use of these may be appropriate

2.5 Identifies all pharmacological treatment options

2.6 Identifies non-pharmacological options (including no treatment, and preventative/lifestyle measures)

2.7 Assesses the risks and benefits to the person of the treatment options identified/being considered

2.8 Assesses how co-morbidities, existing medication, allergies, contraindications, and quality of life affect management options

2.9 Selects the most appropriate medicine(s) or other treatment options using sound clinical reasoning skills and critical evaluation where necessary

2.10 Identifies, accesses, and uses reliable, validated, contemporary sources of information to guide prescribing decisions

2.11 Makes evidence-informed decisions that consider efficient use of resources, and the interests of both the individual person and the wider community/population

2.12 Makes sound clinical decisions and can provide rationale even where specific evidence is not available, or where the data or evidence is conflicting

2.13 Selects appropriate dosing regimen, route of administration, formulation, and duration of treatment options for the person

3. Reach a Shared Decision with the Person

3.1 Presents the range of treatment options (including no treatment), the underpinning rationale, and the risks and benefits, tailored to the person's ability to understand the information

3.2 Provides sufficient information about the treatment options to enable the person to make an informed choice, including the right to refuse treatment

3.3 Co-creates a prioritised treatment plan from the consultation that respects the person's preferences and that both the person and pharmacist prescriber agree

3.4 Considers and respects people's diversity and background, supporting the values of equity and inclusivity, and demonstrating cultural safety

3.5 Facilitates referral of the person to another healthcare practitioner, including Kaupapa Māori services, when the person's needs fall outside of own area of practice or level of competence

4. Prescribe

4.1 Applies the principles of Te Tiriti o Waitangi when prescribing

4.2 Only prescribes medicines with adequate, up-to-date knowledge of their actions, indications, efficacy, dose, established and emerging contraindications, interactions, cautions, and adverse effects

4.3 Maintains knowledge and uses up-to-date information about prescribed products (e.g., availability, pack sizes, storage conditions, subsidy status, costs)

4.4 Understands and can explain the potential for adverse effects (including adverse drug reactions and drug interactions), how to recognise and manage them, and takes steps to avoid/minimise them

4.5 Considers and can explain the impact that own beliefs, biases and values could have on prescribing

4.6 Prescribes medicines in accordance with accepted best practice and relevant local and national guidelines

4.7 Accurately completes and routinely checks calculations relevant to prescribing and practical dosing

4.8 Prescribes generic medicines where practical and safe for the person and knows when medicines should be prescribed by branded product

4.9 Makes prescribing decisions based on the identified clinical needs of the person

4.10 Identifies, manages, and takes steps to avoid prescribing that leads to situations of potential medicine misuse

4.11 Electronically generates or writes legible, clear, unambiguous, and complete prescriptions that meet legal and professional requirements

4.12 Effectively uses relevant health record systems, prescribing and information systems, and decision-support tools

4.13 Maintains accurate, clear, comprehensive, and timely records and clinical notes

4.14 Ensures continuity of care is maintained, by keeping relevant members of the interprofessional health care team informed in a timely manner

5. Provide Information

5.1 Provides the person with information about their condition, medicines, and/or medical devices in a culturally safe way that is clear and understandable to them

5.2 Guides people on how to identify reliable sources of information about their medicines and treatments

5.3 Provides the person with instructions on what to do if they have concerns about the management of their condition, if their condition deteriorates, or if significant improvement does not occur within a specified time frame

5.4 Empowers the person to take responsibility for their own health and self-manage their conditions, according to the person's capability

5.5 Checks the person's understanding of, and commitment to, their management and follow-up

6. Monitor and Review

6.1 Establishes a plan for monitoring and reviewing the person's treatment for effectiveness and potential unwanted effects

6.2 Makes changes to or continues the treatment plan in response to ongoing monitoring, and the person's condition and preferences

6.3 Records and reports adverse reactions to medicines, medication errors, and near misses; and reviews practice to prevent recurrences

Prescribing Governance (Competencies 7 to 10)

This domain focuses on the competencies that the pharmacist prescriber should demonstrate with respect to prescribing governance and overlies standards 1-6.

7. Prescribe Safely

7.1 Prescribes only within own prescribing area and role in organisation, and recognises the limits of own knowledge and skill

7.2 Implements measures to reduce, prevent, and detect medication errors

7.3 Identifies and minimises the potential risks associated with prescribing via remote methods (including but not limited to telehealth, email, or through a third party)

7.4 Minimises risks by using or developing processes that support safe prescribing particularly in areas of high risk[6]

8. Prescribe Professionally

8.1 Continuously assesses and maintains competence to prescribe, particularly when role or area of practice changes

8.2 Accepts accountability for own prescribing decisions; whether continuing, discontinuing, initiating, modifying, or refusing to prescribe a medicine

8.3 Understands and can explain ways to reduce health inequities and improve access for different population groups

8.4 Delivers healthcare advice and education in a manner which reflects the principles of Te Tiriti o Waitangi[7], and supports and enhances cultural awareness

8.5 Complies with legal and regulatory obligations relevant to prescribing practice

8.6 Explains which conflicts of interest (actual, potential, or perceived) could influence prescribing decisions and identifies mitigators to manage them

6 For example, care transitions, transfer of information about medicines, prescribing of repeat medicines

7 The principles of Te Tiriti o Waitangi referred to here are tino rangatiratanga, equity, active protection, options, and partnership. These principles were identified in the Waitangi Tribunal's 2019 Hauora report on stage one of the health services and outcomes inquiry

8.7 Explains public health issues related to medicines and their use, and prescribes responsibly to minimise these

8.8 Coordinates and collaborates with interprofessional team members to maximise the benefits of prescribed medicines for the person

9. Improve Prescribing Practice

9.1 Uses reflection on practice to adapt and improve own practice

9.2 Accesses a variety of tools to improve own prescribing practice (e.g., prescribing data analysis, audit)

9.3 Acknowledges own biases, privilege, and power, and take steps to address this in own practice

9.4 Takes responsibility for own learning and continuing professional development relevant to the prescribing role[8]

10. Prescribe as Part of a Team

10.1 Acts as a member of an interprofessional team to ensure continuity of care across care settings and care providers

10.2 Establishes relationships with interprofessional team members based on understanding, trust, and respect for each other's roles in relation to the person's care

10.3 Fosters relationships with whānau, hapū, iwi, and Kaupapa Māori organisations and identifies appropriate approaches to address health equity for Māori in own area of influence

10.4 Provides support and advice to interprofessional team members

10.5 Negotiates appropriate support and supervision for role as a pharmacist prescriber

8 By continually reviewing, reflecting, identifying gaps, planning, acting, and applying learning or competencies

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 person'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 person.
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.
Collaboration	An interprofessional process of communication and decision making that enables the separate and shared knowledge and skills of team members to enhance the ways services are provided or policies developed.
Competencies	Significant job-related knowledge, skills, abilities, attitudes and/or judgements required for performance by members of the profession.
Continuity 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.
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 person 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.

Term	Definition
Cultural humility	Cultural humility refers to the concept of maintaining openness to other people's cultures and self-identities. It involves setting aside biases and stereotypes to understand how another person's culture and background affects that person as an individual. It is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.
Equity	Equity is the absence of unfair, avoidable, or remediable differences among groups of people. Equity acknowledges that not only are differences in health status unfair and unjust, but they are also the result of differential access to the resources necessary for people to lead healthy lives.
Evidence-informed (practice)	The conscientious, explicit, and judicious use of current best evidence that considers the needs and circumstances of each individual person. 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 people's experiences.
Hapū	Hapū in this context refers to a community based on whakapapa. Traditionally a hapū was a section of a large kinship group that was the primary political unit in Māori society. It consists of a number of whānau who share a common ancestor.
Health	A state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity.
Interprofessional team	Refers to any person or organisation collaborating with the person to access care (healthcare or otherwise). This includes but is broader than the collaborative health team within which pharmacist prescribers are employed.
Iwi	An iwi is the largest collection of whānau and hapū. When iwi is discussed, it often refers to a large group of people descended from a common ancestor and associated with a distinct territory.
Kaupapa Māori	Kaupapa Māori refers to Māori approaches, customary practices, principles, and ideology. It is a philosophical tenet that incorporates the knowledge, skills, attitudes, and values of Māori society.

Term	Definition
Māori	Māori collectively describes the indigenous peoples of Aotearoa New Zealand. It is an introduced word and construct used to homogenise the traditional indigenous societal structures of whānau, hapū and iwi.
Manaakitanga	Manaaki means to express love and hospitality towards people, including expressing genuine concern for others and acting in their best interest. Manaakitanga builds on this and centres around the ethics of care and reciprocity and enhances mana on both sides of the relationship. Manaakitanga can be seen in gestures that are big and small, and it has an inherent connectedness with whanaungatanga and respect for both each other and ourselves.
Mātauranga Māori	Mātauranga Māori encompasses traditional concepts of knowledge and knowing that are closely aligned to the period of pre-European contact. Mātauranga Māori refers to knowledge, wisdom and understanding from te ao Māori, this also includes conceptual work such as research and other skills.
Person/people	"Person" and "people" are used in these competence standards in a general manner that may include but is not limited to, the public, the consumers of healthcare, at both an individual or population level, and their whānau – and so needs to be interpreted in accordance with the relevant context and setting.
Person-centred care	Person-centred care is care that is respectful of, and responsive to, people's preferences, needs, and values. This approach intentionally values individual, carer, family, and community perspectives as participants in, and beneficiaries of, trusted healthcare services that can respond to their needs and preferences in humane and holistic ways. Person-centred care also ensures that these values guide all clinical decisions.
Public health	The organised local and global efforts to prevent death, disease, and injury, and promote population health. The key components of modern public health practice include: • a focus on whole populations, • an emphasis on prevention, • a concern for addressing the determinants of health, • an inter-disciplinary approach, • partnership with the populations served. Public health is about population groups rather than medical treatment of individuals and looks beyond health care services to the aspects of society, environment, culture, economy, and community that shape the health status of populations. Good public health is based on creating conditions that enable people to contribute and participate and requires the input of agencies beyond the health sector agencies.

Term	Definition
Rongoā	Traditional Māori medicine and treatments.
Scope of practice[9]	The range of health services and activities an intern pharmacist, pharmacist, or pharmacist prescriber is legally authorised to carry out.
Te ao Māori	The Māori world.
Te Reo Māori	The Māori language.
Te Tiriti o Waitangi	Te Tiriti o Waitangi was negotiated between the British Crown and Indigenous Māori leaders in 1840 and is one of Aotearoa New Zealand's founding documents. Te Tiriti o Waitangi is the te reo Māori version of this agreement, and the Treaty of Waitangi is the English language version. With notable differences observed between the English and Te Reo Māori texts, it is important to note here that any references made to te Tiriti throughout this document refers solely to the Te Reo Māori text.
Tino rangatiratanga	Tino rangatiratanga can be defined as self-determination, sovereignty, autonomy, self-government, control, and power. Within te ao Māori, tino rangatiratanga is not an individual right but a collective political right and refers to Māori control over Māori lives, and the centrality of mātauranga Māori. As it is based in a te ao Māori worldview, there is no one English term that encapsulates its meaning.
Tikanga	Tikanga refers to the customary system of values and practices that have developed over time and are deeply embedded in the social context of te ao Māori. Tikanga has been defined as ethnical behaviour and correct procedure and was the first law of Aotearoa New Zealand.
Wairuatanga	Spirituality.
Whakapapa	Whakapapa refers to genealogy, lineage, and descent. It is central to Māori ways of being and doing.
Whānau	Whānau describes an extended family or a family group and is the primary economic unit of Māori society. In the modern context, whānau is sometimes also used to include friends who may not have kinship ties to other members.[10]
Whakawhānaungatanga	The process of establishing relationships and relating well to others.

9 For a full definition, refer to Health Practitioners Competence Assurance Act (HPCAA) 2003, **section 5** (accessed on 1 May 2023) definition of "scope of practice"

10 Moorfield, J. C. (2022). Whānau. Te Aka Māori Dictionary. **https://maoridictionary.co.nz/search?idiom=&phrase=&proverb=&loan=&histLoanWords=&keywords=whanau** (accessed on 1 May 2023)

Pharmacist Prescriber Competence Standards Guidance

pharmacycouncil

Te Pou Whakamana Kaimatū o Aotearoa

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.[1]
2. As a responsible authority (RA) 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 profession.[2]
3. Council's competence standards protect the health and safety of the Aotearoa New Zealand (NZ) public by specifying the necessary competence standard required of health practitioners for the following scopes of practice:[3]
   - Intern Pharmacist,
   - Pharmacist, and
   - Pharmacist Prescriber.
4. The Pharmacist Prescriber Competence Standards specify the foundational knowledge, skills and attributes required to practise safely and effectively as a pharmacist prescriber.
5. The Pharmacist Prescriber Competence Standards comprise the following sections:
   - The Consultation
     - Assess the Person,
     - Consider the Options,
     - Reach a Shared Decision with the Person,
     - Prescribe,
     - Provide Information,
     - Monitor and Review.
   - Prescribing Governance
     - Prescribe Safely,
     - Prescribe Professionally,
     - Improve Prescribing Practice,
     - Prescribe as Part of a Team.
6. Pharmacist Prescribers must meet Competence Standards for both the Pharmacist and the Pharmacist Prescriber scopes of practice and other ethical conduct, and clinical and cultural safety and competence documents as published by Council.
   - NB: Pharmacists are expected to meet all performance outcomes upon entry into the

1 Health Practitioner Competence Assurance Act (HPCAA) 2003, **section 3** (accessed on 1 May 2023)
2 Health Practitioner Competence Assurance Act (HPCAA) 2003, **section 118(i)** (accessed on 1 May 2023)
3 Scopes of Practice: Pharmacist scopes of practice - Pharmacy Council NZ – **Public Site** (accessed on 1 May 2023)

pharmacist scope of practice. Pharmacist competence standards such as those relating to Te Tiriti o Waitangi, Professionalism in Pharmacy, Communication and Collaboration and Leadership must be met for all pharmacists regardless of job role or pharmacist practice as there are likely no reasonable situations where these do not apply. All pharmacists must demonstrate competence to a level appropriate to the context of their specific practice. It is expected that pharmacist prescribers possess strong competencies in care of people, medicines management, and competence standards[4] such as:

- Domain 2: Professionalism in Pharmacy, particularly:
  - 2.1: Practises with personal and professional integrity,
  - 2.2: Complies with ethical and legal requirements,
  - 2.4: Makes effective decisions,
  - 2.5: Contributes to quality improvement and knowledge advancement.
- Domain 3: Communication and Collaboration
- Domain 5: Person-centred Care and Medicines Management, particularly:
  - 5.1: Obtains information as part of shared decision making,
  - 5.2: Applies evidence-informed practice to assesses and evaluate information,
  - 5.3: Reviews medicine therapy and considers treatment options,
  - 5.4: Collaborates with people to use medicines optimally,
  - 5.5 Monitors for therapeutic efficacy and safety.

About this guidance

7. The purpose of this document is to:
   - augment the Pharmacist Prescriber competence standards to guide safe and effective prescribing,
   - support pharmacist prescribers to prescribe appropriately and effectively for settings where they practise,
   - guide pharmacist prescribers on how the standards apply to pharmacist prescriber practice in the Aotearoa New Zealand context.
8. Partnership with the person and the interprofessional team to optimise health outcomes underpins all the competence standards.
9. This guidance and the standards cannot cover every situation and pharmacist prescribers must use their professional judgement to apply standards and guidance to their specific practice circumstances.
10. In addition to the competence standards and behaviours, performance outcomes for the pharmacist prescriber scope of practice have been provided. While competence describes an ability to undertake a task, performance outcomes describe visible, demonstrable, and observable results of appropriate application of competence.

4 Pharmacy Council of New Zealand. (2022). Competence Standards for Aotearoa New Zealand Pharmacists. Wellington

11. Performance outcomes assist education providers to develop learning goals that adequately capture the intent of the standards.
12. Performance outcomes are also useful for practitioners as a source of additional context. The outcomes provide a broad descriptor of:
    - the level of performance required to enter the scope with respect to the competence standard (for those that wish to enter the scope), and
    - how the standard may be integrated and demonstrated in day-to-day practice (for those already registered in the scope).
13. The performance outcomes for the pharmacist prescriber standards are listed in Appendix 1: Performance outcomes for Pharmacist Prescriber Competence Standards.

Practising in Aotearoa New Zealand

14. Pharmacist prescribers must be aware of Te Tiriti o Waitangi[5] (Te Tiriti), statutory provisions, the Codes of the Privacy Commissioner, the Human Rights Commissioner and the Health and Disability Commissioner, and the requirements of the Council.
15. Pharmacist prescribers recognise the status of Māori as tangata whenua of Aotearoa New Zealand. Pharmacist prescribers have obligations and responsibilities under Te Tiriti to be informed and mindful of existing health disparities, so that in their prescribing practice they are actively working in partnership with Māori and their whānau to:
    - enable and facilitate equitable access to medicines and appropriate healthcare for Māori,
    - provide excellence in pharmacotherapy,
    - work to get the best possible health outcomes from medicines, and
    - reduce health disparities for Māori.

Te Tiriti o Waitangi

16. Te Tiriti is one of Aotearoa New Zealand's founding constitutional documents and plays a fundamental role in addressing the persistent Māori health inequities observed across the health and disability sector. These disparities in health outcomes can be seen in nearly all areas of health due to inequities in determinants of health, including access to quality healthcare (including medicines). These are not only avoidable but unfair and unjust.
17. The obligations and responsibilities as proposed by the Waitangi Tribunal in 2020 with respect to Hauora Māori[6] include:
    - recognition and protection of tino rangatiratanga. This means the recognition and protection of the right of Māori to organise in whatever way they choose to exercise autonomy and self-determination,

5 With notable differences observed between the English and Te Reo Māori texts, it is important to note here that any references made to te Tiriti throughout this document refers solely to the Te Reo Māori text and the principles behind that text (refer to the glossary for a more comprehensive definition)

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

- equity. The WHO definition of equity, approved by the Waitangi Tribunal 2020, is "...the absence of avoidable or remedial differences among groups of people, whether those groups are defined socially, economically, demographically or geographically. Health inequities therefore involve more than inequality with respect to health determinants, access to resources needed to improve and maintain health or health outcomes. They also entail a failure to avoid or overcome inequalities that infringe on fairness and human rights norms." Equity is not just about ensuring equal access to healthcare services, but about eliminating health disparities. Under Te Tiriti, this translates as pharmacist prescribers being committed to achieving equitable health outcomes for Māori,
- active protection. This principle is about action and leadership and doing what is necessary and acting in the fullest extent practicable to ensure the right to tino rangatiratanga and to achieve equitable health and social outcomes for Māori,
- partnership. This means recognising the authority of Māori to be self-determining and to involve Māori in all decision-making. It involves acting in good faith towards each other,
- options. This principle is about giving real and practical effect to the principles of tino rangatiratanga and equity. Māori should have the option of accessing Kaupapa Māori services where they exist, as well as culturally safe mainstream services, and should not be disadvantaged by their choice. Pharmacist prescribers need to make themselves aware of Kaupapa Māori services available in their practice setting or area if not providing this themselves, to ensure Māori have a choice.

Cultural safety

18. People receive safe and effective care when health professionals recognise and value diversity, respect cultural differences, and practise in a culturally safe[7] manner.
19. Core principles of culturally safe practice include, but are not limited to:
    - the need for healthcare practitioners to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery,
    - the commitment by individual healthcare practitioners to acknowledge and address any of their own biases, attitudes, assumptions, stereotypes, prejudices, structures and characteristics that may affect the quality of care provided, and
    - the awareness that cultural safety encompasses a critical consciousness where healthcare professionals and organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by people, whānau and their communities.
20. Evidence shows that a cultural competence-based approach alone will not deliver improvements in health equity for Māori. Pharmacist prescribers must be culturally safe health practitioners and support access to culturally safe care for all people and whānau in Aotearoa New Zealand.

7 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

21. Culturally safe practice results in health benefits for all people and communities across multiple cultural dimensions which may include indigenous states, age or generation, gender, sexual orientation, socioeconomic status, ethnicity, lived experience, religious or spiritual belief and disability.
22. Part of culturally safe practice is to consider the relationship between the healthcare practitioner and the person/ whānau and if a power imbalance affects the way the person receives care or has access to care. Cultural safety, therefore, focuses on the person/ whānau experience to define and improve the quality of care provided and provides the person and their whānau with the power to comment on practices, be involved with decision-making about their care, and contribute to the achievement of positive health outcomes and experiences.

Addressing health inequities

23. Equity recognises that different people with different levels of advantage require different approaches and resources to achieve equitable health outcomes, whereas equality or standardised "one-size-fits-all" care can perpetuate and increase health inequities.
24. Pharmacist prescribers need to ensure they are informed of and mindful of existing health disparities in Aotearoa New Zealand. In their prescribing practice they should be actively working in partnership with people and their whānau to ensure equitable and safe access to medicines and appropriate healthcare for Māori. Pharmacist prescribers must also acknowledge and understand the impact that historical and intergenerational trauma[8] has, and continues to have, on achieving equitable health outcomes.
25. Listening to the ideas, concerns, and expectations that people and whānau have is imperative. Pharmacist prescribers should take these into account and work in partnership with people to help them understand their medicines and medical conditions.
26. Key to achieving health equity is ensuring that pharmacist prescribers address and challenge racism. Pharmacist prescribers will see interpersonal, institutional, and structural racism across their career and will need to be prepared to confront this to ensure that their practice is helping achieve health equity.
27. By providing excellence in pharmacotherapy, ensuring culturally safe practice, and working in partnership with people to achieve the best possible health outcomes from medicines, pharmacist prescribers can help to achieve health equity for Māori.

Aotearoa New Zealand Health initiatives

28. Pharmacist prescribers should be aware of the determinants of health for Māori in Aotearoa New Zealand and any determinants or barriers to health equity that are particular to the communities and/or setting they practise in, whether that be primary or secondary care.
29. Pharmacist prescribers should actively support any initiatives to reduce health disparities that are relevant to their practice setting.

8 Historical trauma can be conceptualised as an event or set of events perpetrated on a group of people who share a specific group identity which led to cumulative emotional harm. Intergenerational trauma is related to the effects of trauma that are passed down between generations. Historical trauma and intergenerational trauma are related but different

Pharmacist prescribing

30. A pharmacist prescriber is a pharmacist who has completed the postgraduate education, training and registration requirements set by Council.
31. Pharmacist prescribers must work as part of a collaborative healthcare team. The pharmacist prescriber is integrated into the person's healthcare team, whether this is the primary healthcare provider in the community, the consultant-led medical team in hospital, or any other healthcare environment. They use their clinical skills and their expert knowledge of medicines to improve health outcomes related to the use of medicines, across the Aotearoa New Zealand health and disability sector.
32. In the collaborative healthcare team, the pharmacist prescriber is not the primary diagnostician, however they must be able to carry out clinical assessments and monitoring that are relevant for the conditions for which they prescribe, and they are responsible for the prescribing decisions they make.
33. The Pharmacist Prescriber scope of practice was first published in the New Zealand Gazette on 13 June 2013 (amended 16 October 2014).[9,10] The legislation authorising pharmacist prescribing is the Medicines (Designated Pharmacist Prescriber) Regulations 2013. These regulations sit within the wider Medicines Act 1981.
34. Pharmacist prescribers have specialised clinical, pharmacological, and pharmaceutical knowledge, skills and understanding relevant to their area of prescribing practice.
35. In the Aotearoa New Zealand context, pharmacist prescribers are first and foremost pharmacists and, as such, are required to follow the Competence Standards for the Pharmacy Profession, the Code of Ethics and all other relevant statements and guidelines issued by Council in the same manner as all other pharmacists. Therefore, the Competence Standards for Pharmacist Prescribers apply in addition to, rather than instead of, other requirements. To avoid duplication, this document aims to address topics, activities and standards where practice in the Pharmacist Prescriber scope of practice is substantially different from Pharmacist scope.
36. Pharmacist prescribers must recognise that prescribing is a complex task. It combines clinical expertise and the best available clinical evidence with people's preferences, priorities, values, experiences, culture, and beliefs. Pharmacist prescribers must prescribe within the limits of their professional expertise and competence (clinical, professional, and cultural), and their ethical codes of practice. They are responsible and accountable for the care they provide, and for ensuring their prescribing services are delivered in a clinically and culturally safe and effective manner that seeks to improve health equity.

9 New Zealand Government. " Pharmacy Council Scopes of Practice and Prescribed Qualifications Amendment Notice 2014." New Zealand Gazette. **https://gazette.govt.nz/notice/id/2014-gs6347** (accessed on 1 May 2023)
10 New Zealand Government. "Pharmacist Prescriber and Related Qualifications Prescribed by the Pharmacy Council of New Zealand." New Zealand Gazette. **https://gazette.govt.nz/notice/id/2013-gs3528** (accessed on 1 May 2023)

Practise within a collaborative team

37. In a collaborative healthcare team, pharmacist prescribers work directly alongside other interprofessional team members[11], sharing responsibility for problem-solving and making decisions to formulate and carry out plans to provide healthcare.[12]

38. A key feature of a collaborative health team is the shared access to information about the person they are caring for, such as diagnosis, medication history, treatment plans, test results and progress notes. This also includes ready access to the other team members in a timely manner. This ensures that the pharmacist prescriber has direct and up-to-date access to the necessary information about a person's medical history and medicines to enable the pharmacist prescriber to make informed decisions about the person's treatment and care. In a collaborative team, the pharmacist prescriber plays an active part in the decision-making process with respect to initiating or changing a person's medicine, and their decisions and recommendations directly affect the person's medicine therapy. The pharmacist prescriber communicates prescribing decisions to other interprofessional team members caring for the same person and updates the medical and medicine record in a timely manner.

39. Members of the interdisciplinary collaborative team have overlapping and complementary roles. In this team, the pharmacist prescriber adds value to the team and the quality of healthcare provided by individualising medication therapy with the aim that each person's medication is tailored to their specific combination of medical conditions, physiological functions, and indicators (e.g., kidney function), age, preferences, and wider social determinants. Pharmacist prescribers assess people, initiate, discontinue, and adjust medications and doses to ensure the medicines are providing the maximum benefit possible, while minimising actual and potential adverse effects. They monitor the effectiveness and safety of treatment, ensure the person has been empowered to understand and make decisions with respect to pharmacotherapy, and support medication adherence.

Pharmacist Prescriber Scope of Practice

40. Pharmacist Prescribers have specialised clinical, pharmacological, and pharmaceutical knowledge, skills and understanding relevant to their area of prescribing practice. This allows them to provide individualised medicines management[13] services, including the prescribing of medicines to patients across a range of healthcare settings and models. These may include general practice (GP) clinics, hospitals, community health teams, marae-based clinics, age-related residential care facilities, hospices, and other collaborative health team environment. Some examples of areas of practice for pharmacist prescribers include:

    - specific therapeutic areas such as: renal, paediatrics, care of the older person, oncology, mental health, vascular surgery, respiratory, diabetes, cardiology, stroke; or sub-specialising, e.g., heart failure,

11 Refers to any person or organisation collaborating with the person to access care (healthcare or otherwise). This includes but is broader than the collaborative health team within which pharmacist prescribers are employed

12 O'Daniel M, Rosenstein AH. Professional Communication and Team Collaboration. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 33. Available from: **https://www.ncbi.nlm.nih.gov/books/NBK2637/#** (accessed on 1 May 2023)

13 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

- primary care/ambulatory care in a GP clinic. These pharmacist prescribers may prescribe over a range of therapeutic areas; often these are long-term medical conditions such as diabetes, cardiovascular diseases, or respiratory conditions,
- other examples of pharmacist prescribers who prescribe over a range of therapeutic areas are Emergency Department pharmacist prescribers or age-related residential care facility pharmacist prescribers,
- pharmacist prescribers working to reduce medication errors in high-risk areas of the healthcare continuum, e.g., medicines reconciliation on admission, surgical pre-admission, or discharge from hospital,
- pharmacist prescribers working with a specific group of medicines or medical treatments, e.g., anticoagulation, parenteral nutrition, or antimicrobials.

41. As mentioned, Pharmacist Prescribers are not the primary diagnostician within their team; however, they may issue a prescription for a person in the team's care to initiate or modify therapy (including discontinuation or maintenance of therapy originally initiated by another prescriber). They may also provide a wide range of assessment and treatment interventions that includes, but is not limited to:
    - ordering and interpreting investigation (including laboratory and related tests),
    - assessing and monitoring a patient's response to therapy, and
    - providing education and advice to a person regarding their medicine therapy.
42. A pharmacist prescriber must prescribe within the limits of their professional expertise and competence (both clinical and cultural) and ethical codes of practice. They are responsible and accountable for the care they provide.

Prescribing in partnership

43. A person receives safe, effective, and person-centred care when they are treated as individuals with their own values, needs and concerns.[14]

Person-centred care and shared decision-making

44. Pharmacist prescribers must be open and honest with the person seeking care and the people for whom they prescribe. They must ensure they can communicate clearly with the person and, if necessary, arrange an interpreter, or other suitable assistance for effective communication. They should make sure people know they are prescribing as a pharmacist prescriber.
45. Pharmacist prescribers must have a person-centred approach. This is where the person is placed at the centre of the service and treated as a person first, rather than their condition first. Input should focus on supporting a person to achieve their goals and should be tailored to their unique needs and circumstances.

14 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 (accessed on 1 May 2023)

46. The principles of person-centred approach include:[15]
    - 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.
47. Pharmacist prescribers must take responsibility for person-centred, culturally safe practice for all people in their care. They must reflect on their practice to ensure person-centred care is not compromised by their own personal views and biases, values, morals, and beliefs. Council has provided guidance and expectations on culturally competent pharmacist practice.[16]
48. To provide person-centred care, pharmacist prescribers must communicate effectively with the person/whānau to:
    - understand their needs and any concerns they may have,
    - make sure there is a genuine clinical need for treatment,
    - assess whether the person has the capacity to make a decision about their care or consent to treatment,[17]
    - come to a shared decision about the care they provide,[18]
    - make sure the person is aware of any risks involved in their treatment and the risks of any reasonable alternative or different treatment option.
49. Pharmacist prescribers must make sure they maintain a person's confidentiality and privacy when carrying out consultations. This is a vital part of the relationship between a pharmacist prescriber and the person seeking care. See 'Prescribing safely' for further information.

Working in partnership with interprofessional team members

50. Collaboration between interprofessional team members increases awareness within the team of each other's specific knowledge, skills, and abilities. It enables consultation and communication that improves decision-making and improved health outcomes for the people in their care.

---

15 Picker Institute: The Picker Principles of Person-Centred Care; https://picker.org/who-we-are/the-picker-principles-of-person-centred-care/ (accessed on 1 May 2023)

16 Pharmacy Council of New Zealand. Statement on Cultural Competence. Wellington: Pharmacy Council of New Zealand, 2011. https://pharmacycouncil.org.nz/wp-content/uploads/2021/03/Cultural-Competance-statement-2010-web.pdf (accessed on 1 May 2023)

17 There may be cases when the person may lack capacity, either physically (for example, because they are unconscious), or because they are unable to make decisions about their care. If the pharmacist prescriber is unsure about the person's capacity, they should consult with a colleague and document rationale

18 A pharmacist prescriber must do this by assessing all the relevant information from the person and giving the person relevant, clear information in a manner that is appropriate to their culture and encourages questions and discussion, so they can make an informed decision. Any prescribing decisions must be made in partnership and mutual agreement with the person

51. Pharmacist prescribers have a responsibility to work collaboratively with their teams to ensure continuity. Continuity of care is the process by which the person's interprofessional team work together to provide ongoing, safe, and effective care. Pharmacist prescribers must avoid fragmentation of care, as this is known to increase the risk of adverse medical events.
52. When there is shared responsibility with a colleague for a person's care, for example, when working as part of a multidisciplinary team in a hospital, pharmacist prescribers must make sure there are clear lines of accountability and that they are competent to share their part of the clinical responsibility. If they are responsible for the assessment of a person, they must obtain all the information they need to prescribe safely. Any decisions made about responsibility for follow-up and monitoring should be in the person's best interests, and clearly recorded and communicated to everyone involved in the person's care.
53. When a pharmacist prescriber continues the treatment prescribed by another prescriber, they are still professionally accountable and responsible for the prescribing decisions they make. They must make sure the medicine and the prescription are appropriate, meet the person's needs, and allow continuity of care for the person (see also Repeat prescribing).
54. Pharmacist prescribers also have an opportunity and responsibility within their collaborative environment to act on or provide leadership in areas of medicine use that relate to their expertise or area of practice, especially if any concerns are noted. An example of this could be identifying quality improvement initiatives regarding prescribing, new medicine use or medicine stewardship opportunities, or supporting colleagues to further develop pharmacotherapy knowledge and safe prescribing skills, thus improving equitable health outcomes.

Sharing health information

55. As members of the collaborative team, pharmacist prescribers have access to shared records for people under the care of the team, and specific permission to access information is not usually required for individual team members.
56. Consent to access a person's medical records is usually covered by the clinical governance arrangements of the interdisciplinary team environment within which the pharmacist prescriber works. The pharmacist prescriber must be aware of arrangements for sharing of medical information in their setting and must ask for consent to obtain any other health information that is external to their working arrangement. Exceptions may apply in emergency situations, in which case circumstances and decisions should be documented. Prescribing information should be documented in the shared care medical record as soon as possible (see 'Prescribing safely – Documentation').
57. Pharmacist prescribers should consider privacy and confidentiality legislation and good practice, and use their professional judgement when deciding what information to share. This is especially important when prescribing medicines that are liable to abuse, overuse or misuse, when there is a risk of addiction, or when ongoing monitoring is important.
58. Council supports the New Zealand Medical Association Code of Ethics statement that health practitioners "should keep in confidence information derived from a patient, or from a colleague regarding a patient, and divulge it only with the permission of the patient or in those unusual circumstances when it is clearly in the patient's best interests or there is an overriding public good, including the risk of serious harm to another person." If there is any doubt, seek guidance from a suitably qualified colleague.[19]
59. Each workplace should have policies covering consent, security, and sharing of information.

19 New Zealand Medical Association. Code of Ethics. Wellington: New Zealand Medical Association, 2020

Prescribing safely

60. Pharmacist prescribers are responsible and accountable for their decisions and actions.

61. The prescribing process is complex and involves much more than just issuing a prescription. Medication errors can cause harm, and pharmacist prescribers must ensure their practice minimises the risk of medication errors. Some medicines and situations are known to be associated with an increased risk of medication errors and extra care should be taken with these, for example, the transition between primary and secondary care.

62. Additional considerations include ensuring that pharmacist prescribers are prescribing in a culturally safe way, understand inequities in health outcomes, and how their role as a pharmacist prescriber affects this.

When prescribing, pharmacists should consider the following areas:

Having all the necessary information to prescribe safely

63. To prescribe safely, it is important to have all the information required to be able to do so. This includes information about the person's medical history, medications, relevant laboratory results, and relevant physical assessment. It should also include:

    - family and social history,
    - an understanding of the potential impact of the pharmacist prescriber's own culture on clinical interactions and healthcare service delivery,
    - any recent admissions to hospital,
    - recent use of other medicines, including regular medicines, acute medicines (for example, short-course antibiotics), over-the-counter medicines, herbal medicines, complementary medicines, recreational drugs, and medicines bought online,
    - other medicines and medical conditions which may or may not be on their record (for example, chemotherapy, medicines prescribed for mental health, recently diagnosed medical conditions),
    - any adverse reactions or allergies to medicines or other substances, and
    - relevant laboratory results.

64. This information should come from multiple sources with recognition that the person is the most important source. Therefore, it is imperative that the pharmacist prescriber creates an environment where the person feels safe to share accurate and complete information.

65. Pharmacist prescribers must work in a collaborative health team environment. This ensures access to the shared care records, so much of this information may be already available. If this information is limited or unavailable, pharmacist prescribers should assess whether they have sufficient information and knowledge of the person's health and medical history to prescribe safely. They must be able to demonstrate that they have assessed the risks when making a professional decision, for example, by keeping a record of their reasons to prescribe in these circumstances (for more information please see 'Documentation').

Assess the person

66. This is an important part of obtaining the information needed to prescribe safely. If the pharmacist prescriber does not personally assess the person, they should ensure that the information on record is accurate and sufficient to make a competent assessment.

67. Pharmacist prescribers should:

- fully assess the person via questioning and conducting an examination, when it is necessary, in an appropriate environment that ensures the person's privacy and confidentiality, and
- refer the person to an appropriate healthcare professional when further examination or assessment is required.

68. An assessment should provide a pharmacist prescriber with updated information on:

- the continued appropriateness of prescribed medications,
- whether the disease progression remains consistent with the working diagnosis,
- the person's knowledge of their health condition(s) and treatment(s),
- the person's adherence to prescribed treatment(s),
- whether the person would prefer access to Kaupapa Māori services, and
- an understanding of basic tikanga required for Māori.

69. The scope of practice and competence standards do not preclude pharmacist prescribers from assessing minor ailments and prescribing appropriate treatments. Minor ailments include only those that can be routinely assessed and successfully treated by pharmacists in a primary care setting. A pharmacist prescriber must consider whether a seemingly minor ailment is related to or a complication of an underlying health condition and, therefore, requires further consideration by members of the collaborative health team. This practice must have the support of the workplace. Workplace policies and protocols should provide guidance on how the collaborative team triages and manages assessment and treatment.

Prescribe appropriately

70. Pharmacist prescribers must prescribe only within the limits of their knowledge, skills, prescribing area and competence. Pharmacist prescribers must make sure their prescribing is informed by evidence and best practice, and is safe and appropriate. This includes, but is not limited to:

- prescribing in line with clinical, national and local best practice guidelines, informed by the evidence base, and document reasons if not,
- using their in-depth knowledge of the evidence base and applying it to the person's situation to make a clinical decision that would stand up to scrutiny by their peers, particularly when the person and/or clinical situation is outside best practice guidance,
- considering the impact of their prescribing on the person they are prescribing for,
- making prescribing decisions based on the needs of the person and not because of commercial interests or pressure from people, colleagues, employers, or pharmaceutical companies,
- explaining reasons for not prescribing, and any other options available to the person when they consider prescribing to be inappropriate,

- being able to show that all prescribing arrangements are transparent, and that there is no conflict of interest or undue influence such as:
  - prescription direction, i.e., directing a person to collect their prescription from a specific pharmacy,
  - restricting a person's choice, or
  - unduly influencing or misleading, deliberately or by mistake, people wanting prescribing services.
- prescribing responsibly when medicines have a known risk of misuse and actively monitor for signs of misuse that may be developing. See 'Prescribing medication with a risk of addiction or misuse' in the Medical Council of New Zealand statement on Good Prescribing Practice,[20]
- following principles of antimicrobial stewardship to reduce risk of antimicrobial overuse and resistance.

71. As designated prescribers (and therefore authorised prescribers), pharmacist prescribers may not prescribe unapproved medicines supplied from within Aotearoa New Zealand under section 29 of the Medicines Act 1981.[21] However, they may prescribe approved medicines for unapproved use(s) under section 25.[22] If considering the unapproved or 'off-label' use of a medicine, a pharmacist prescriber must make sure there is sufficient evidence and experience of its safety and effectiveness, and that the medicine and its use appropriately meet the needs of the person. This may be necessary to meet the person's needs, for example, when:
    - only an 'adult' formulation is licensed, but the person is a child,
    - the suitably licensed medicine is not available because of medicines shortages, or
    - it is a medicine that is routinely used outside the terms of its licence, for example, in paediatrics and palliative care.
72. Repeat prescribing is far from straightforward and requires a similar approach to initiating a medicine. The practitioner who prescribes the repeat medicine, even if another prescriber has initiated it, is fully responsible and accountable for their actions and decision-making when prescribing that medicine. In addition to the usual processes that should be followed when prescribing, the pharmacist prescriber should:
    - have enough information about the person's medical conditions, allergies, other medications and any other relevant factors (e.g., serum creatinine and electrolytes) to ensure the medicine(s) is/are appropriate for the person and still indicated,
    - check whether there have been any changes in the person's circumstances, such as a hospital stay, or changes to their medicines following a hospital or home visit,
    - satisfy themselves that the person does not need an assessment or examination before receiving their repeat prescription,
    - refer to another prescriber or health professional if there are concerns or issues that are outside the pharmacist prescriber's area of practice, and
    - follow the repeat prescribing policies and procedures established in the workplace.

20 Medical Council of New Zealand. Statement on Good Prescribing Practice. Wellington: Medical Council of New Zealand, 2020
21 Medicines Act 1981, **section 29** (accessed on 1 May 2023)
22 Medicines Act 1981, **section 25** (accessed on 1 May 2023)

73. If a pharmacist prescriber administers medicines, or delegates the administering of medicines to another person, they must make sure that they or the delegate have the necessary and appropriate training and skills to administer safely.

Documentation

74. When reviewing and prescribing a person's medicines, it is important to document any changes to the person's medical record as soon as possible, to ensure safety and continuity of care. In most cases the pharmacist prescriber can record their actions directly in the shared medical record because they are working within the person's collaborative team. In any other circumstances, the pharmacist prescriber should ensure the primary healthcare provider is informed in a timely manner. Documentation should include:
    - a record of discussions, especially when prescribing outside accepted best practice guidelines and evidence, or for the unapproved or 'off-label' use of a medicine,
    - the reasons for their prescribing decisions, including when not to prescribe, and
    - arrangements for follow-up and monitoring.

Follow-up including monitoring

75. Following up and monitoring are necessary to ensure safety and effectiveness of treatment and for continuity of care. The pharmacist prescriber should:
    - decide what monitoring is needed following the prescribing activity, and provide or facilitate access to this monitoring to ensure continuity of care. For example, this could be by providing a laboratory form or electronic order for relevant blood tests if this monitoring is indicated for the medicine prescribed. If the pharmacist prescriber orders a test or investigation, they are responsible for following it up and deciding what action(s) to take,
    - provide relevant information – including information leaflets – in a way the person can understand, and check they have understood this,
    - plan appropriate follow-up reviews that meet the needs of the person seeking care,
    - assess and monitor the outcome of the prescribing activity to make sure safe and effective care is provided,
    - take action when there is a need for urgent referral to another healthcare professional,
    - make sure the person seeking care knows who to contact if they have any questions or concerns,
    - tell the person what to do if their condition deteriorates, or is unresolved, or there are any new symptoms or changes in their condition, for example, to come back to the pharmacist prescriber to make sure no serious conditions are missed (this is called 'safety netting'), or how to access care if urgent,
    - use reporting mechanisms for suspected adverse drug reactions (ADRs), and make sure the person knows how to report suspected ADRs. The Centre for Adverse Reaction Monitoring (CARM) website has online ADR reporting for health professionals and the general public, as well as options to request or print a hard copy of and ADR reporting form. These can be found at the New Zealand Pharmacovigilance Monitoring Centre website (**nzphvc.otago.ac.nz/reporting/**),

- use reporting mechanisms for actual and suspected safety incidents, for example, the Health Quality and Safety Commission National Adverse Events reporting policy[23] and **reporting form**.

76. Pharmacist prescribers may prescribe in many different clinical and therapeutic areas. As these roles continue to develop and expand, pharmacist prescribers must maintain, develop, and use the professional knowledge and skills relevant to their role and prescribing area, to make sure they provide safe, appropriate and up-to-date care.

Keeping up-to-date and prescribing within your level of competence

77. Whatever the person's condition and the medicines available to manage their health care, pharmacist prescribers must prescribe only within the limits of their knowledge, skills, and clinical competence. They must:
    - maintain competencies specific to their role as a prescriber and their area of practice, and
    - undertake reflective practice to adapt and improve their practice.
78. When a person's condition or the medicines prescribed are outside a pharmacist prescriber's area of practice, they should refer the person to an appropriate prescriber.

Returning to practice, changing, or expanding prescribing area

79. When returning to prescribing practice after a break, or when prescribing in a different or expanded clinical area, pharmacist prescribers should identify and undertake any additional training and supervision they need. They should record the activities they have undertaken, for example, by keeping a portfolio with evidence of supervised practice and any training and assessments.
80. Pharmacist prescribers must make sure they are competent in their area of prescribing and demonstrate this. They should also check that they are covered by their professional indemnity insurer for any new or different prescribing roles they undertake and review their cover regularly to ensure this.
81. For more information on a portfolio of evidence when returning to practice, please see the Return to practice section of the Council website.[24]

Continuing Professional Development

82. Pharmacist prescribers should ensure that a portion of their continuing professional development recertification records directly address their role as a pharmacist prescriber. This includes keeping up to date with relevant changes in the law and the therapeutic areas in which they prescribe. Pharmacist prescribers should use Council's recertification guidance to plan and demonstrate that they stay up-to-date with current evidence and guidelines when prescribing.

23 Health Quality & Safety Commission. "National Adverse Events Reporting Policy." Health Quality & Safety Commission. Last modified December 16, 2021. https://www.hqsc.govt.nz/our-work/system-safety/adverse-events/national-adverse-events-reporting-policy/ (accessed on 1 May 2023)

24 Pharmacy Council of New Zealand. https://pharmacycouncil.org.nz/pharmacist/returning-to-practice/ (accessed on 1 May 2023)

Audit and peer support

83. Clinical audit and peer review are important components of professional development. To improve their prescribing skills and the care they provide, pharmacist prescribers must have arrangements in place to monitor and audit their prescribing practice.

84. Pharmacist prescribers must actively engage in a peer group to get support from, and give support to, their professional peers.

85. Pharmacist prescribers must make sure the care they provide meets the needs of the person and does not compromise the health, safety, and wellbeing of the person, their whānau, or the public. Pharmacist prescribers must also make sure incentives and targets do not compromise their professional judgement.

Ethical considerations

86. Pharmacist prescribers are subject to the ethical obligations as expressed in the Code of Ethics.[25]

Prescribing for self, family, and friends

87. Pharmacist prescribers must not prescribe for themselves and should not prescribe for anyone with whom they have a close personal relationship (such as family members, friends, or colleagues). If a family member, friend, or colleague comes under the care of the pharmacist prescriber's collaborative team, the pharmacist prescriber should follow the policies and procedures their workplace has for dealing with such situations. This puts appropriate safeguards in place (as pharmacist prescribers must work within a collaborative team environment), allows objectivity by the provider, and aligns with expectations in place for prescribers from other professional backgrounds, e.g., medical.[26]

Prescribing for people not under your collaborative team

88. If a pharmacist prescriber is asked to prescribe for a person who is not under the care of their collaborative team, they cannot legally or ethically provide this service. The best course of action is to refer the person to another prescriber, ideally the person's own GP, a walk-in medical centre or book them to see one of the GPs within the pharmacist prescriber's collaborative team. If the pharmacist prescriber is working in a secondary or hospital environment and is asked to prescribe for a person who is not under the care of the team the pharmacist prescriber is working with, then the person should be referred to a member of the medical team whose care they are under. People are encouraged to enrol with a General Practice for continuity of care and access to funding for consultations.

25 Pharmacy Council of New Zealand. Code of Ethics 2018. Wellington: Pharmacy Council of New Zealand, 2018. **https://pharmacycouncil.org.nz/wp-content/uploads/2021/03/Code-of-Ethics-2018-FINAL.pdf** (accessed on 1 May 2023)

26 Medical Council of New Zealand. Statement on providing care to yourself and those close to you. Wellington: Medical Council of New Zealand, 2022. **https://www.mcnz.org.nz/assets/standards/e1c49d573d/Statement-on-providing-care-to-yourself-and-those-close-to-you.pdf** (accessed on 1 May 2023)

Conscientious objection

89. If a pharmacist prescriber's values or beliefs conflict with them providing treatment for a person, they must refer the person to another prescriber or relevant health practitioner. They should facilitate the process to avoid creating barriers to accessing healthcare. The Code of Ethics 2018 states that "A pharmacist recognises and respects patients' diversity, cultural knowledge and skills, gender, beliefs, values, characteristics and lived experience, and does not discriminate on any grounds".

Prescribing and supplying

90. Pharmacist prescribers should not be involved in any part of the dispensing process for prescriptions they have written.
91. Section 42C of the Medicines Act 1981 has guidance relating to prescribers having a pecuniary interest in dispensing or provision of medicines, and this applies to pharmacist prescribers who hold a financial interest in a pharmacy or a group of pharmacies, or who may work in a dispensing role.[27]
92. The Medicines Control Licensing Authority has sole authority to consent or not consent prescriber interest in a pharmacy. They will consider each situation individually and determine whether conditions will be applied to the pharmacy licence. For example, they may impose conditions which prevent the pharmacy from dispensing prescriptions issued by a prescriber holding an interest in the pharmacy.
93. This legislation does not apply to a hospital pharmacy, however if a hospital pharmacy employs one or more pharmacist prescribers, they must not be involved in any part of the dispensing process for any medicines they have prescribed.

Telehealth

94. Telehealth is an evolving aspect of healthcare delivery. Council has published a statement regarding Telehealth and supply of Pharmacy Services over the internet, however this primarily relates to medicine supply.[28] Some of the general principles about telehealth in the Council statement can be applied to a setting where a pharmacist prescriber is consulting via telehealth, for example:
    - it is expected a pharmacist delivers care of an equitable standard via the use of technology or devices that the person would receive if they were face-to-face with the pharmacist,
    - pharmacists are expected to identify appropriate situations where telehealth may be used and, if any potential limitations are present, suggest alternative methods for care or communication, such as in person, and
    - pharmacists are expected to be aware of other relevant legislation that may apply.

27 Medicines Act 1981, **section 42C** (accessed on 1 May 2023)
28 Pharmacy Council of New Zealand. "Statement on Telehealth and Supply of Pharmacy Services over the Internet." Pharmacy Council of New Zealand. Last modified November 2020. **https://pharmacycouncil.org.nz/wp-content/uploads/2021/03/Telehealth-supply-of-pharmacy-services-over-the-internet-1.pdf** (accessed on 1 May 2023)

95. Some considerations specific to pharmacist prescribers:
    - the person receiving care via telehealth must be under the care of the pharmacist prescriber's collaborative team,
    - if possible, you should have an in-person consultation with someone before prescribing any medicine for them for the first time,
    - only prescribe when:
        - you have adequate knowledge of the person's health obtained by gathering and considering their relevant medical history and all other relevant clinical information (preferably including their full clinical record),
        - you are satisfied that the medicines or treatment are in the person's best interests,
        - you can update the person's clinical records, and
        - electronic prescribing systems comply with relevant standards.
    - the Medical Council of NZ has published a statement outlining their expectation of doctors who practise telehealth in Aotearoa New Zealand and overseas, and much of this is applicable to pharmacist prescribers.[29]

Information for employers of pharmacist prescribers

96. Employers of pharmacist prescribers, in whatever setting and context, must have governance arrangements in place to protect public safety.
97. All organisations and employers of pharmacist prescribers must have procedures in place to identify and manage the risks involved in providing and managing services delivered by pharmacist prescribers.
98. People and organisations who employ pharmacist prescribers should make sure:
    - appropriate governance arrangements are in place to make sure pharmacist prescribers meet local and nationally agreed prescribing policies and standards,
    - pharmacist prescribers can meet their own professional and legal obligations, and are able to use their professional judgement in the interests of the public,
    - pharmacist prescribers maintain their competencies in the area in which they prescribe, and
    - where pharmacist prescribers conduct assessments and provide diagnostic testing to assess a person's condition, the equipment and facilities are safe to use and appropriately maintained.
99. When pharmacist prescribers are contractors, the contract holder should have the above requirements in place.
100. Pharmacist prescribers are responsible for understanding the clinical governance arrangements they work under to make sure they are competent to practise.

29 Medical Council of New Zealand. "Statement on Telehealth." Medical Council of New Zealand. Last modified March 2020. **https://www.telehealth.org.nz/assets/standards/200327-Medical-Council-Statement-on-Telehealth-2020.pdf** (accessed on 1 May 2023)

101. Council has published a position statement for pharmacists working in General Practice that is also relevant for pharmacist prescribers, regardless of the environment or setting where they are working.[30] The statement includes sections on competence and clinical peer support. It also includes further links to documents prepared by the Pharmaceutical Society of New Zealand and a suite of resources collated and maintained by the Clinical Advisory Pharmacists Association. These resources provide comprehensive information for developing Pharmacist Prescriber roles and considerations when defining these roles.

Raising concerns

All pharmacists, including pharmacist prescribers, must speak up when they have concerns or when things go wrong.

102. Pharmacist prescribers must be honest with the person concerned and with colleagues and employers when things go wrong.

Concerns regarding colleagues

103. If any pharmacist, including a pharmacist prescriber, considers that the prescribing of a colleague is unsafe for a person, they should question the decision or action, and raise concerns if the health and wellbeing of the person being treated may be at risk. When pharmacist prescribers pick up concerns about prescribing data, they must also raise these with the relevant person or regulator.

104. A pharmacist's failure to act on their concerns could constitute a breach of Council's Code of Ethics.

105. The quality of care people receive is improved when pharmacist prescribers learn from feedback (which may include complaints) and incidents, and when poor practice and behaviour is challenged.

106. It is important that pharmacist prescribers record, report and learn from errors and 'near misses', to manage the risk of making and repeating mistakes.

Receiving and acting on feedback on practice

107. Pharmacist prescribers must reflect on feedback or concerns about their own practice raised by the person(s) under the care of the collaborative team, colleagues, carers or other people and act when appropriate to prevent the same thing happening again.

108. Clinical peer support is an important part of this process, and it is important for Pharmacist Prescribers to engage in regular professional and clinical case discussions with peers as part of ongoing professional development and reflection on their own practice.

30 Pharmacy Council of New Zealand. "Position Statement Council expectations for Pharmacists Practising in Clinical Roles in General Practice." Pharmacy Council of New Zealand. Last modified July 2019. **https://pharmacycouncil.org.nz/wp-content/uploads/2021/03/Pharmacists-practising-in-clinical-roles-in-GP-position-statement-1.pdf** (accessed on 1 May 2023)

Questions to ask yourself

109. Below are some key questions that pharmacist prescribers should ask themselves when thinking about how they can make sure, and demonstrate, that they are providing person-centred, culturally safe care:

- Do I have all the information I need to prescribe safely?
- Am I prescribing in line with clinical and national guidelines?
- Am I able to justify my decision to prescribe outside clinical, local or national guidelines and best practice?
- Do I have any concerns about the medicines being requested? (type, quantities, frequency?)
- Am I competent to prescribe these medicines?
- Am I prescribing within my area of practice?
- Do I have procedures in place for monitoring this person?
- Have I made the care of the person my priority?
- Have I considered what extra safeguards are needed for the medicines being prescribed?
- Have I considered how my worldview may have affected the care that I am providing and the assumptions I have made?
- Have I facilitated equitable access to health care services for Māori?
- Which indigenous health knowledge and practices may be appropriate for my practice?
- Which Māori models of health should be reflected here?
- How am I representing tino rangatiratanga within my practice?
- Have I acknowledged the importance of wairua, rongoā and waiora in my practice?
- Do I know the correct tikanga to use in this situation, and how should I apply tapu and noa within this?
- Have I pronounced proper nouns correctly?
- Have I used the correct pronouns?

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 person'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 person.
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 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.

Term	Definition
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 person 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.
Cultural humility	Cultural humility refers to the concept of maintaining openness to other people's cultures and self-identities. It involves setting aside biases and stereotypes to understand how another person's culture and background affects that person as an individual. It is a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.
Equity	Equity is the absence of unfair, avoidable, or remediable differences among groups of people. Equity acknowledges that not only are differences in health status unfair and unjust, but they are also the result of differential access to the resources necessary for people to lead healthy lives.
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 people's experiences.
Hapū	Hapū in this context refers to a community based on whakapapa. Traditionally a hapū was a section of a large kinship group that was the primary political unit in Māori society. It consists of a number of whānau who share a common ancestor.

Term	Definition
Hauora Māori	A te ao Māori based holistic view of health and wellbeing. Hauora Māori is comprised of taha tinana (physical wellbeing), taha hinengaro (mental and emotional wellbeing), taha whanau (social wellbeing), and taha wairua (spiritual wellbeing). Each of these four dimensions of hauora are connected, influencing, and supporting one another.
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.
In-person	Where the pharmacist prescriber and the person are physically present in the same consultation space.
Interprofessional team	Refers to any person or organisation collaborating with the person to access care (healthcare or otherwise). This includes but is broader than the collaborative health team within which pharmacist prescribers are employed.
Iwi	An iwi is the largest collection of whānau and hapū. When iwi is discussed, it often refers to a large group of people descended from a common ancestor and associated with a distinct territory.
Kaupapa Māori	Kaupapa Māori refers to Māori approaches, customary practices, principles, and ideology. It is a philosophical tenet that incorporates the knowledge, skills, attitudes, and values of Māori society.
Leadership	The art of influencing the behaviour of others towards a pre-determined goal.
Māori	Māori collectively describes the indigenous peoples of Aotearoa New Zealand. It is an introduced word and construct used to homogenise the traditional indigenous societal structures of whānau, hapū and iwi.

Term	Definition
Mana whenua	Mana whenua refers to the local hapū and/or iwi of an area. Mana whenua are the iwi and/or hapū with territorial rights and authority of that area.
Mātauranga Māori	Mātauranga Māori encompasses traditional concepts of knowledge and knowing that are closely aligned to the period of pre-European contact. Mātauranga Māori refers to knowledge, wisdom and understanding from te ao Māori, this also includes conceptual work such as research and other skills.
Mātāwaka	Mātāwaka refers to a kinship group, race, or ethnic group. It can also refer to Māori who are living in an area of Aotearoa New Zealand where they are not mana whenua.
Noa	Noa is the opposite of tapu and includes the concept of 'ordinary'. Noa can also lift the rules and restrictions of tapu.
Person/people	"Person" and "people" are used in these competence standards in a general manner that may include but is not limited to, the public, the consumers of healthcare, at both an individual or population level, and their whānau - and so needs to be interpreted in accordance with the relevant context and setting.
Person-centred care	Person-centred care seeks to provide care that is respectful of, and responsive to, the patient's preferences, needs, and values. It is an approach to care that intentionally 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. Person-centred care also ensures that the patient's values are guiding all clinical decisions.
Physical examination	The process of evaluating objective anatomic findings through the use of observation, palpation, percussion, and auscultation.
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.

Term	Definition
Public health	The organised local and global efforts to prevent death, disease, and injury, and promote the health of populations. The key components of modern public health practice include: • a focus on whole populations, • an emphasis on prevention, • a concern for addressing the determinants of health, • an inter-disciplinary approach, • partnership with the populations served. Public health is about population groups rather than medical treatment of individuals and looks beyond health care services to the aspects of society, environment, culture, economy, and community that shape the health status of populations. Good public health is based on creating conditions that enable people to contribute and participate and requires the input of agencies beyond the health sector agencies.
Rongoā	Traditional Māori medicine and treatments.
Scope of practice[31]	The range of health services and activities an intern pharmacist, pharmacist, or pharmacist prescriber is legally authorised to carry out.
Tangata whenua	The indigenous people of Aotearoa New Zealand, who have territorial rights and authority.
Taonga	Taonga refers to treasure, anything that is prized. These are both tangible and intangible including socially or culturally valuable objects, resources, ideas, language etc.
Tapu	Tapu has many meanings but can be interpreted as sacred, prohibited, and restricted. Traditionally, tapu was used as a way to control how people behaved towards each other and the environment, placing restrictions upon society to ensure that society flourished. Tapu is closely associated with noa.
Te ao Māori	The Māori world.
Te Reo Māori	The Māori language.

31 For a full definition, refer to Health Practitioners Competence Assurance Act (HPCAA) 2003, section 5 definition of "scope of practice"

Term	Definition
Te Tiriti o Waitangi	Te Tiriti o Waitangi was negotiated between the British Crown and Indigenous Māori leaders in 1840 and is one of Aotearoa New Zealand's founding documents. Te Tiriti o Waitangi is the te reo Māori version of this agreement, and the Treaty of Waitangi is the English language version. With notable differences observed between the English and Te Reo Māori texts, it is important to note here that any references made to te Tiriti throughout this document refers solely to the Te Reo Māori text.
Tino rangatiratanga	Within te ao Māori, tino rangatiratanga is not an individual right but a collective political right and refers to Māori control over Māori lives, and the centrality of mātauranga Māori. Tino rangatiratanga can be defined as self-determination, sovereignty, autonomy, self-government, control, and power. However, as it is based in a te ao Māori worldview, there is no one English term that encapsulates its meaning.
Tikanga	Tikanga refers to the customary system of values and practices that have developed over time and are deeply embedded in the social context of te ao Māori. Tikanga has been defined as ethnical behaviour and correct procedure and was the first law of Aotearoa New Zealand.
Waiora	Health.
Wairua	Wairua refers to the spirit of a person. It is the non-physical spirit, distinct from the body which exists beyond death. To some, the wairua resides in the heart or mind of someone, while others believe it is part of the whole person and is not located at any particular part of the body. The wairua begins its existence when the eyes form in the foetus and is immortal. For Māori, wairua is acknowledged as a necessity of their health and wellbeing.
Whakapapa	Whakapapa refers to genealogy, lineage, and descent. It is central to Māori ways of being and doing.
Whānau	Whānau describes an extended family or a family group and is the primary economic unit of Māori society. In the modern context, whānau is sometimes also used to include friends who may not have kinship ties to other members.

Appendix 1: Performance outcomes for Pharmacist Prescriber Competence Standards

Table 1: Pharmacist Prescriber Performance Outcomes

These performance outcomes are underpinned by specific knowledge, skills, behaviours, and a person-centred and culturally safe approach that gives effect to Te Tiriti o Waitangi.

Competence Standard	Performance Outcome
Domain 1: The Consultation	
Assess the Person	Makes an assessment using information gathered from the consultation, medical records, investigations, and clinical/physical examination.
Consider the Options	Synthesises assessment and information gathered to formulate a comprehensive range of therapeutic options (pharmacological and non-pharmacological).
Reach a Shared Decision with the Person	Discusses the treatment options with the person in a way that supports them to make an informed choice.
Prescribe	Uses prescribing and health information systems to prescribe medicine(s) and make clinical notes.
Provide Information	Provides information to the person about their medicines and medical conditions, empowers them to self-manage their conditions, and ensures they know what to do if their condition deteriorates or does not improve.
Monitor and Review	Monitors medical condition and treatment, and adjusts according to progress.

Competence Standard	Performance Outcome
Domain 2: Prescribing Governance	
Prescribe Safely	Understands and manages risks associated with prescribing to minimise errors or harm e.g., medication errors, near misses, remote prescribing, care transitions, medicines misuse, conflicts of interest, recognising professional limits and boundaries.
Prescribe Professionally	Complies with legal, ethical and regulatory obligations relevant to prescribing practice, accepts accountability for own prescribing decisions, and prescribes responsibly to manage public health and equity issues related to medicines and their use.
Improve Prescribing Practice	Takes responsibility for own learning and continuing professional development, and uses tools and methods such as reflection, clinical audit and data analysis to improve own prescribing practice.
Prescribe as Part of a Team	Participates in the interprofessional team, supporting and communicating effectively with other interprofessional team members to maximise the benefit of medicines and medical treatments, maintain continuity of care and provide culturally safe, person-centred healthcare.