Competence Standards

for Aotearoa New Zealand Pharmacists

pharmacycouncil

Te Pou Whakamana Kaimatū o Aotearoa

“Whakahaumaruhia katoatia te waka e te tangata”

Nā Dee Isaacs

The safety and integrity of the whole waka is maintained by the absolute integrity of everyone within the waka.

Although this whakatauāki was gifted to Te Pou Whakamana Kaimatū o Aotearoa as an organisation, the universality of the sentiment applies equally as well to the pharmacy profession as a whole.

Foreword

Te Pou Whakamana Kaimatū o Aotearoa | Pharmacy Council is pleased to publish updated competence standards for pharmacists. These replace the standards published in 2015 and are enforceable from 1 April 2024.

Setting professional standards is a key legal function of Council and are fully our responsibility. At the same time, we want them to be owned by the pharmacy profession and for the profession to aspire to achieve them. To this end we have engaged and consulted extensively since 2019 to develop current standards that can be reasonably expected from pharmacists’ practice.

Our vision

Through skilled and safe practice, pharmacists contribute to better health outcomes for New Zealanders. We aspire to have pharmacists operate at the top of their scope of practice and to not only be competent and professional in their roles but to continually work towards being the best pharmacist they can be.

Throughout this process the Council and the operational team have been challenged and continue to challenge ourselves to understand what it means for a professional regulator to honour the obligations of Te Tiriti o Waitangi in thought, word, and deed. For example, the Health and Disability System Review identifies that to improve health outcomes for Māori, Te Tiriti o Waitangi and mātauranga Māori needs to be embedded across the health system. Consequently, the main changes to the competence standards reflect the expectation on the profession to contribute towards better health outcomes through practice that is culturally safe as well as clinically sound.

For us as a regulator, we need to continue our own journey along the continuum of cultural development to becoming a culturally safe organisation and that includes developing our policies and standards while keeping Te Tiriti o Waitangi central to that process. Taking ownership of our own Māori values, learning about Te Ao Māori (Māori world view) and Te Reo Māori has formed the foundation, but this is just the start of a never-ending journey. The calamitous impact of post-treaty westernisation of Aotearoa on Māori resounds today and is evident in the palpably poor health outcomes (amongst so many other social indicators) for Māori. Cultural safety is a personal journey; it requires reflection on our own individual cultures, identifying our biases, and starting to understand how these impact on our interaction with other cultures.

Our whāriki tāpui

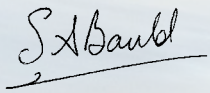
A whāriki tāpui is a woven floor mat reserved for formal discussions. We have placed that mat out and called to many voices in the development of standards. In our scenario, the mat is woven together from two different ideologies, Western and Te Ao Māori. The interlacing of these two distinct creeds is a deliberate act designed to combine the principles of both worlds into a stronger and more cohesive fabric that underpins the discussions needed to foster genuine engagement. The individual strands of each are still visible and distinct, but together they result in a uniquely different woven artefact. Woven ideas based on woven discussions.

“Mā pango, mā whero, ka oti ai te mahi”

We acknowledge the partnership role of Te Tiriti Advisory Group in guiding the development of these standards and the pharmacy sector at large for providing the substance. Anei te wero. Here is the challenge. The challenge is now for the profession to practice to these new standards. As we have experienced, change is not going to occur overnight, and will require active support. We are pleased that work is underway by professional organisations to develop educational material and practice standards to support professional practice. We encourage you to engage with the professional organisations to ensure you have the support needed to practice to the new standards.

Our mission

To ensure that all pharmacists in Aotearoa are competent and fit to practise in the multitude of roles they perform, in order to keep everyone’s whānau safe and healthy.



Arthur Bauld
Chair

Michael Pead
Chief Executive

Introduction

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 charged with administering the HPCAA 2003, Te Pou Whakamana Kaimatū o Aotearoa | Pharmacy Council of New Zealand (Council) is responsible for setting standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the pharmacy profession.[2]
3. In the context of this document, the term:
    - "Pharmacist" is used generically to denote all health practitioners registered into one or more of the following scopes of practice unless specifically indicated[3]:
        - Intern Pharmacist
        - Pharmacist
        - Pharmacist Prescriber
    - "Person" and "People" are used 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 whānau[4] – and so needs to be interpreted in accordance to the context and setting.
4. Competencies refer to the knowledge, skills, attitudes, and behaviours that an individual develops through education, training, and work experience.[5] Taken together, they form a competence framework which provides a blueprint for describing the competencies and behaviours of pharmacists in their daily practice. By their nature, competence frameworks must be sufficiently broad-based to allow for universal applicability across all practice settings, but also be sufficiently focused to allow the competencies specific to pharmacists to emerge.
5. Competence standards protect the health and safety of the Aotearoa New Zealand (NZ) public by specifying minimum core foundational knowledge, skills and attributes required of pharmacists upon registration into a scope of practice and the minimum requirements to safely and effectively carry out the range of health services that a pharmacist is authorised to provide.
6. This competence standards document specifies the competencies[6] required for entry into the intern pharmacist and pharmacist scope of practice.
    - Those already registered as a pharmacist must also meet pharmacist prescriber competence standards to register into the pharmacist prescriber scope of practice.
7. Pharmacists must only practice in areas where they are competent and can do so safely. Even if legally authorised, it is the professional responsibility of a pharmacist to not engage in activities beyond their level of competence.

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)
4 '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)
5 Epstein RM, Hundert EM. Defining and assessing professional competence. JAMA. 2002;287(2):226 -235
6 In addition to meeting competence standards, pharmacists must also meet relevant ethical conduct, and clinical and cultural safety and competence, legislative, and regulatory requirements

About this document

The competence standards are structured into:

- **7 Domains** which describe the broad area of responsibility or professional endeavour,
- **25 Competencies** which describes the activities or processes in relation to the overall expectation of the Domain,
- **121 Behaviours** which outlines the performance or observable behaviours expected in the workplace to meet the competency.

Competence Standard	Number of behaviours
Domain 1: Te Tiriti o Waitangi	Read more
1.1 Applies te Tiriti o Waitangi to pharmacist practice	7
1.2 Applies Māori perspectives of health and wellbeing	3
Domain 2: Professionalism in Pharmacy	Read more
2.1 Practises with personal and professional integrity	6
2.2 Complies with ethical and legal requirements	2
2.3 Applies culturally safe practice	6
2.4 Makes effective decisions	6
2.5 Contributes to quality improvement and knowledge advancement	4
2.6 Manages own health and well-being	4
2.7 Manages self and team	4
Domain 3: Communication and Collaboration	Read more
3.1 Communicates effectively	5
3.2 Establishes and maintains collaborative working relationships	2
3.3 Problem solves and manages conflict	2
Domain 4: Leadership	Read more
4.1 Provides leadership	7

Competence Standard	Number of behaviours
Domain 5: Person-centred Care and Medicines Management	Read more
5.1 Obtains information as part of shared decision making	7
5.2 Applies evidence-informed practice to assesses and evaluate information	6
5.3 Reviews medicine therapy and considers treatment options	8
5.4 Collaborates with people to use medicines optimally	4
5.5 Monitors for therapeutic efficacy and safety	4
5.6 Supports quality and safe medicines use	7
Domain 6: Supply and administration of medicines	Read more
6.1 Assesses prescriptions	5
6.2 Dispenses therapeutic products	6
6.3 Compounds extemporaneous therapeutic products safely and effectively	4
6.4 Administers therapeutic products safely and effectively	3
Domain 7: Public Healthcare	Read more
7.1 Contributes to community health	5
7.2 Promotes public health initiatives	4
Total	121

The *Commentary for Competence Standards for Pharmacist* provides guidance to the Competence Standards and should be read in conjunction to this document.

Competence standards for pharmacists

Domain 1: Te Tiriti o Waitangi

See Commentary

1.1 Applies te Tiriti o Waitangi[7] to pharmacist practice

1.1.1 Explains the relevance of te Tiriti o Waitangi to the provision of health care and how its implementation may help pharmacists contribute to equitable health outcomes for Māori

1.1.2 Explains the impacts of pre- and post te Tiriti o Waitangi events on the health of Aotearoa New Zealanders

1.1.3 Demonstrates critical awareness of health initiatives aiming to embed te Tiriti o Waitangi into healthcare practice

1.1.4 Explains the meaning of tino rangatiratanga and how it is relevant to the delivery of health services

1.1.5 Explains health inequities that Māori communities experience and how this influences own practice

1.1.6 Facilitates equitable and culturally respectful access to health care services for Māori, including by engaging with whānau, hapū, iwi and Māori-led organisations

1.1.7 Understands and can apply their knowledge of Domain 1 to Domains 2-7

1.2 Applies Māori perspectives of health and wellbeing

1.2.1 Shows awareness of Māori health knowledge and practices and understands their role in holistic health

1.2.2 Explains how basic tikanga, including tapu and noa, is applied in own practice

1.2.3 Pronounces Te Reo Māori correctly, in particular people's names, understands common relevant words and can use them when appropriate

7 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

Domain 2: Professionalism in Pharmacy

See Commentary

2.1 Practises with personal and professional integrity

2.1.1 Applies person-centred care[8] principles as the cornerstone of professional practice

2.1.2 Is aware of the position of trust in which the profession is held and practises in a manner that upholds that trust

2.1.3 Maintains awareness of own competence and scope of practice and practises within these limits

2.1.4 Treats individuals and groups with sensitivity, empathy, respect, and dignity

2.1.5 Commits to continuing professional development and lifelong learning

2.1.6 Accepts responsibility and accountability for own actions and performance and membership of the profession

2.2 Complies with ethical and legal requirements

2.2.1 Complies with relevant legal obligations

2.2.2 Behaves in a manner consistent with ethical principles and values that underpin the profession

2.3 Applies culturally safe practice

2.3.1 Regularly reflects on own cultural identity and values from a place of cultural humility[9]

2.3.2 Analyses how embedded biases may negatively influence health outcomes

2.3.3 Addresses biases within area of pharmacist practice

2.3.4 Recognises the effects of power within a healthcare relationship and articulates how this is addressed within own practice

8 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)

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

2.3.5	Understands cultural diversity and adapts practice according to the needs of people to contribute to equitable health outcomes
2.3.6	Elicits feedback from person(s) being cared for and/or whānau on cultural safety in practice
2.4	**Makes effective decisions**
2.4.1	Makes accurate, evidence-informed, and timely decisions which considers the risks and implications of the decision on others
2.4.2	When making decisions, one takes into consideration complexity, urgency, and consequences to optimise outcomes
2.4.3	Appropriately includes others in decision making, or refers decisions to others
2.4.4	Accesses the best information available and thinks critically to reach decisions
2.4.5	Listens when decisions are questioned, is open to further evidence, and re-evaluation
2.4.6	Communicates decisions comprehensively including the rationale behind the decision, in a manner appropriate to the situation and audience
2.5	**Contributes to quality improvement and knowledge advancement**
2.5.1	Applies the principles of continuous quality improvement
2.5.2	Measures, documents, analyses, and acts on information to monitor and improve quality of care
2.5.3	Supports and maintains a safe, just, and continuous quality improvement culture
2.5.4	Undertakes and applies appropriate research to advance personal practice, pharmacy practice, and/or healthcare
2.6	**Manages own health and well-being**
2.6.1	Monitors own mental, physical, and social health and well-being
2.6.2	Uses a range of strategies to manage fatigue, ill-health, stress, and impact of exposure to distressing and emergency situations
2.6.3	Seeks help or support where needed for own health and well-being
2.6.4	Engages in self-care practices that promote emotional resilience, health, and well-being

2.7	**Manages self and team**
2.7.1	Identifies and manages factors that affect personal wellness, professional performance, and ability to practise safely
2.7.2	Is aware of own role and responsibilities, and surroundings
2.7.3	Prioritises tasks effectively and completes them in a timely manner to a high standard
2.7.4	Learns from and shares knowledge with others to achieve team objectives and optimal healthcare

Domain 3: Communication and Collaboration

See Commentary

3.1	**Communicates effectively**
3.1.1	Communicates clearly and professionally in a way people understand and invites partnership
3.1.2	Listens effectively, using active and reflective listening techniques
3.1.3	Adapts communication to the goals, needs, urgency and sensitivity of the interaction
3.1.4	Communicates in an appropriate manner and setting which minimises interruptions and maintains confidentiality and privacy
3.1.5	Interprets and integrates information for provision to colleagues, other health professionals, person(s) being cared for and/or the public in a clear, cohesive, and objective manner
3.2	**Establishes and maintains collaborative working relationships**
3.2.1	Engages in opportunities to improve collaboration within and between teams
3.2.2	Actively provides pharmacist expertise in discussions and decisions
3.3	**Problem solves and manages conflict**
3.3.1	Acts promptly to prevent or manage potential, or real conflict
3.3.2	Considers others' perspectives when seeking compromise, consensus, or a decision

Domain 4: Leadership

See Commentary

4.1 Provides leadership

4.1.1 Leads the practice of other team members and supports them to ensure high-quality healthcare

4.1.2 Serves as an effective role model, teacher, and mentor for colleagues and motivates individuals in the team

4.1.3 Fosters and supports a safe, just and continuous quality improvement culture

4.1.4 Contributes to effective clinical governance, quality, and risk management

4.1.5 Prioritises and learns from risk and incidents for mitigation, prevention, and system improvement

4.1.6 Monitors the professional landscape for emerging trends to help enable change

4.1.7 Facilitates team practice that reflects Te Tiriti o Waitangi

Domain 5: Person-centred Care and Medicines Management

See Commentary

5.1 Obtains information as part of shared decision making

5.1.1 Establishes and facilitates the person's desire to involve or not involve whānau, carers, and support people in the consultation

5.1.2 Identifies, listens to, and respects a person's values, beliefs, concerns, expectations, and lived experience in relation to their health

5.1.3 Recognises and supports the right of individuals to have health beliefs and practices different to one's own, including the use of traditional healing and treatments

5.1.4 Applies a person-centred care and culturally safe approach to understand a person's needs holistically to facilitate required healthcare

5.1.5 Establishes the person's current level of knowledge regarding their health and medicine use

5.1.6 Obtains appropriately relevant health, medical and medication information such as information from the person, laboratory, and diagnostic test results from multiple sources

5.1.7	Identifies and responds to potential inappropriate use, misuse or abuse of therapeutic products
5.2	**Applies evidence-informed practice to assesses and evaluate information**
5.2.1	Applies evidence-informed practice and epidemiological, medicines information and critical appraisal skills
5.2.2	Uses reliable and validated sources of information and literature to guide assessment
5.2.3	Critically analyses information for relevance, accuracy, currency and completeness in relation to the people's needs
5.2.4	Assesses and reconciles divergent or conflicting information to form a professional opinion, including where there is insufficient information
5.2.5	Appropriately interprets research findings and recommendations
5.3	**Reviews medicine therapy and considers treatment options**
5.3.1	Applies contemporary knowledge of presenting health conditions and therapeutic products used within own clinical area of practice
5.3.2	Forms a professional opinion of the person's clinical condition including the nature, severity, significance, and progression
5.3.3	Applies evidence-based guidelines or protocols to reconcile and review people's medicine therapy
5.3.4	Identifies, prioritises, and works to resolve medicines management issues
5.3.5	Exercises professional independence and professional judgement to determine whether changes to the medication treatment regimen are needed to improve safety, efficacy, or adherence
5.3.6	Liaises with and provides recommendations to the prescriber and/or other healthcare professionals to ensure optimal use of medicines
5.3.7	Facilitates referral to appropriate providers when a person's needs lie outside own area or level of competence, or workplace or legal authority
5.3.8	Synthesises information from the person, literature and own knowledge and experience to consider the range of evidence-informed treatment options and their associated risks and benefits

5.4	**Collaborates with people to use medicines optimally**
5.4.1	Presents the range of reasonable treatment options, the underpinning rationale, and the potential risks and benefits
5.4.2	Uses shared decision-making process to agree on treatment goals and approaches to achieve those goals
5.4.3	Accepts and supports the individual's right to make autonomous decisions
5.4.4	Provides people with sufficient information to ensure the safe and proper use of medicines, including effective use of devices
5.4.5	Confirms with the person (and whānau or appropriate representative where required) their understanding of the treatment plan
5.4.6	Supports people to self-monitor and recognise when and in what circumstances to speak up and seek further medical attention
5.4.7	Works co-operatively with the person, and other members of the healthcare team as appropriate, to empower the person to self-manage their health and medicines
5.5	**Monitors for therapeutic efficacy and safety**
5.5.1	Contributes to optimal medicines use by monitoring the person's progress towards achieving positive therapeutic and shared treatment goals
5.5.2	Recognises and manages adverse drug reactions
5.5.3	Initiates or recommends (to person or other care provider) appropriate action to improve use of medicines if results of monitoring indicate adverse effects or sub-optimal outcomes
5.5.4	Recognises and advises on any additional clinical monitoring required
5.6	**Supports quality and safe medicines use**
5.6.1	Advocates for, and ensures people can access and receive quality services and care commensurate with their health needs
5.6.2	Actively seeks to involve others (person(s) being cared for, carers, colleagues, other healthcare professionals) in planning for service delivery and learns from their experiences

5.6.3	Acts to optimise health outcomes by identifying and mitigating potential sources of error in service delivery
5.6.4	Collects and analyses safety and quality data and information that contributes to a risk management system reflecting continuous quality improvement principles
5.6.5	Participates in ongoing incident analysis (including 'near misses') and adopts recommendations for resolution or change that come from that analysis
5.6.6	Facilitates continuity of care by recording accurate, complete, and timely information, maintaining privacy and security of the information
5.6.7	Contributes to a national reporting system of pharmacovigilance, identifying, recording, and reporting suspected or confirmed adverse drug reactions, sensitivities, or allergies

Domain 6: Supply and administration of medicines

See Commentary

6.1	**Assesses prescriptions**
6.1.1	Assesses prescriptions to ensure they are authentic and meet all legal and ethical requirements
6.1.2	Uses a systematic approach to assess and review available medical history and medication record or notes
6.1.3	Applies knowledge in undertaking a clinical assessment of the prescription to ensure pharmaceutical and therapeutic appropriateness of the treatment and to determine whether any changes in prescribed medicines are warranted
6.1.4	Collaborates with person(s) being cared for and/or prescriber when clarification is required or to resolve issues related to safe supply of medicine
6.1.5	Initiates action, in consultation with person(s) being cared for/carer and/or prescriber to address identified issues
6.2	**Dispenses therapeutic products**
6.2.1	Follows a logical, safe, and methodical procedure to dispense therapeutic products
6.2.2	Monitors the dispensing process for potential errors and acts promptly to mitigate them

6.2.3	Identifies the interchangeability and bioequivalence of different proprietary products where applicable
6.2.4	Adapts labelling instructions to address person's needs
6.2.5	Accurately records details of medication incidents and actions taken, including clinical and professional interventions, to minimise their impact and prevent recurrence
6.2.6	Maintains the medicine supply chain to ensure the quality of medicines supplied and their safe disposal
6.3	**Compounds extemporaneous therapeutic products safely and effectively**
6.3.1	Sources or produces quality extemporaneous products if no proprietary product is available
6.3.2	Applies knowledge of pharmaceutics when compounding products, including purpose of active ingredients and excipients within formulations, product stability, and quality standard required
6.3.3	Confirms formulation or uses evidence-informed approach to develop appropriate formulation where no standard formulation exists
6.3.4	Follows professional practices, conventions, applicable legislation, and standards for product preparation, including for aseptic preparation where carried out
6.4	**Administers therapeutic products safely and effectively**
6.4.1	Undertakes appropriate clinical and administrative checks relating to the person and medicine prior to administration or self-administration of medicine
6.4.2	Obtains appropriate consent to administer the medicine
6.4.3	Uses national standards and professional guidelines when administering medicines or supervising medicine dosing

Domain 7: Public Healthcare

See Commentary

7.1 Contributes to community health

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

7.1.2 Maintains awareness of community needs considering the cultural and social setting of the community

7.1.3 Promotes an environment that enables public safety, wellness, health, and improves quality of life

7.1.4 Advocates to promote health and access to quality health care and public health services for population groups at community or national level

7.1.5 Maximises opportunities for providing advice, tools and support on maintaining and managing health through lifestyle choices and non-pharmacological interventions

7.2 Promotes public health initiatives

7.2.1 Identifies and supports national and local health priorities and initiatives, including health screening programmes, targeted at achieving health equity

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

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

7.2.4 Participates in implementation of public health initiatives to assist communities and individuals prepare for health emergencies and disasters, including disease outbreaks

Glossary

The following definitions are intended for use in the context of this document. Many of the descriptions used in this glossary are specific interpretations for this document and may 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 document.

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 competent performance by members of the profession.
Continuity (continuum) of care	Refers to the coordination and continuity of healthcare for an individual during a movement from one healthcare setting or provider to another as their condition and care needs change during a chronic or acute illness.

Term	Definition
Continuous quality improvement (CQI)	Quality Improvement (QI) is a continuous process that employs on-going cycles of improvement focused on 1) the structure, which represents the attributes of settings where care is delivered; 2) the process, or whether good practices are followed; and 3) the outcome, which is the impact of the care on health status. CQI a system that seeks to improve the provision of services with an emphasis on future results. Like total quality management, CQI has an emphasis is on maintaining quality in the future, not just controlling a process. It requires the participation of all members of an organisation in improving processes, products, services, and the culture in which they work. The process should empower employees to take responsibility for their own tasks in a way that encourages both continuous learning and personal responsibility. In a health care setting, this means a shift from an emphasis on tasks to an emphasis on outcomes of care.
Cultural safety	Cultural safety requires healthcare professionals and associated healthcare organisations to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. This requires individual healthcare professionals and healthcare organisations to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided. In doing so, cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the 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.
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.
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.

Term	Definition
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 well-being and not merely the absence of disease or infirmity.
Health promotion	The process of enabling people to increase control over their health and to improve their health outcomes. It embraces actions directed at strengthening the skills and capabilities of individuals, and is also directed towards changing social, environmental, and economic conditions to alleviate their impact on public and individual health.
Iwi	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.
Kanohi ki te kanohi	Face to face.
Kawa	Kawa refers to protocols of practice and customs, often associated with the marae. Kawa are the foundations that influence tikanga.
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.
Mentor	An experienced, skilled, and trustworthy person who is willing and able to provide guidance to less experienced colleagues. Mentors share their knowledge, expertise and experience on career, technical, professional, and cultural issues. Mentoring is therefore a complex, interactive process occurring between individuals of differing levels of experience and expertise which incorporates interpersonal or psychological development, career and/or educational development, and socialisation functions into the relationship.
Noa	Noa is the opposite of tapu and includes the concept of ‘ordinary’. Noa can also lift the rules and restrictions of tapu.

Term	Definition
Person	The terms “person”, “people” and “individual” are used 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 whānau – and so needs to be interpreted in accordance to 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.
Population health	Population health refers to consideration of the health outcomes or status of defined populations – groups, families, and communities – and the distribution of such outcomes within populations. Populations may be defined by locality, or by biological, social, or cultural criteria. A population health approach refers explicitly to taking account of all the influences on health (the determinants of health) and how they can be tackled to reduce inequalities and improve the overall health of the population.
Public health	The organised local and global efforts to prevent death, disease, and injury, and promote the health of populations. The key components of modern public health practice include: • a focus on whole populations, • an emphasis on prevention, • a concern for addressing the determinants of health, • a multi-disciplinary approach, • partnership with the populations served. Public health is about population groups rather than medical treatment of individuals and looks beyond health care services to the aspects of society, environment, culture, economy, and community that shape the health status of populations. Good public health is based on creating conditions that enable people to contribute and participate and requires the input of agencies beyond the health sector agencies.
Risk management	An approach to prevent or mitigate a potential risk through identification, analysis, mitigation, planning and tracking of root causes and their consequences.

Term	Definition
Role model	A person regarded by others generally as a good example to follow with regards to their professional or social behaviour that one can base his or her own behaviour on, including adopting similar attitudes. A role model need not be known personally to the individual.
Rongoā	Traditional Māori medicine and treatments.
Scope of practice (Individual)	Time sensitive, dynamic aspect of practice which indicates those professional activities that a pharmacist is educated, competent and authorised to perform and for which they are accountable.
Scope of practice (Profession)	Means any health service that forms part of a health profession and that is for the time being described; and in relation to a health practitioner of that profession, means one or more of such health services that the practitioner is, under an authorisation granted, permitted to perform, subject to any conditions for the time being imposed by the responsible authority i.e., breadth of health services and activities pharmacy profession is legally authorised to carry out.
Service user	A person who uses/receives a health or disability service.
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.
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.

Term	Definition
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.
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.
Whakapapa	Whakapapa refers to genealogy, lineage, and descent. It is central to Māori ways of being and doing.
Whakawhānaungatanga	The process of establishing relationships and relating well to others.
Whānaungatanga	Whanaungatanga as an intergenerational belonging; a connectedness of whānau, hapū and iwi with each other and the lands, mountains, rivers, and places that they occupy. While whanaungatanga is indisputably about relationships, it is multifaceted and intricate and should not be confused with Western concepts of connection. Though relational processes are at the heart of whanaungatanga, it is about whakapapa and your place within it; it is where you have developed a kinship through shared experiences and an approach that centres on collectively and reciprocity.

Commentary for Competence Standards for Pharmacists

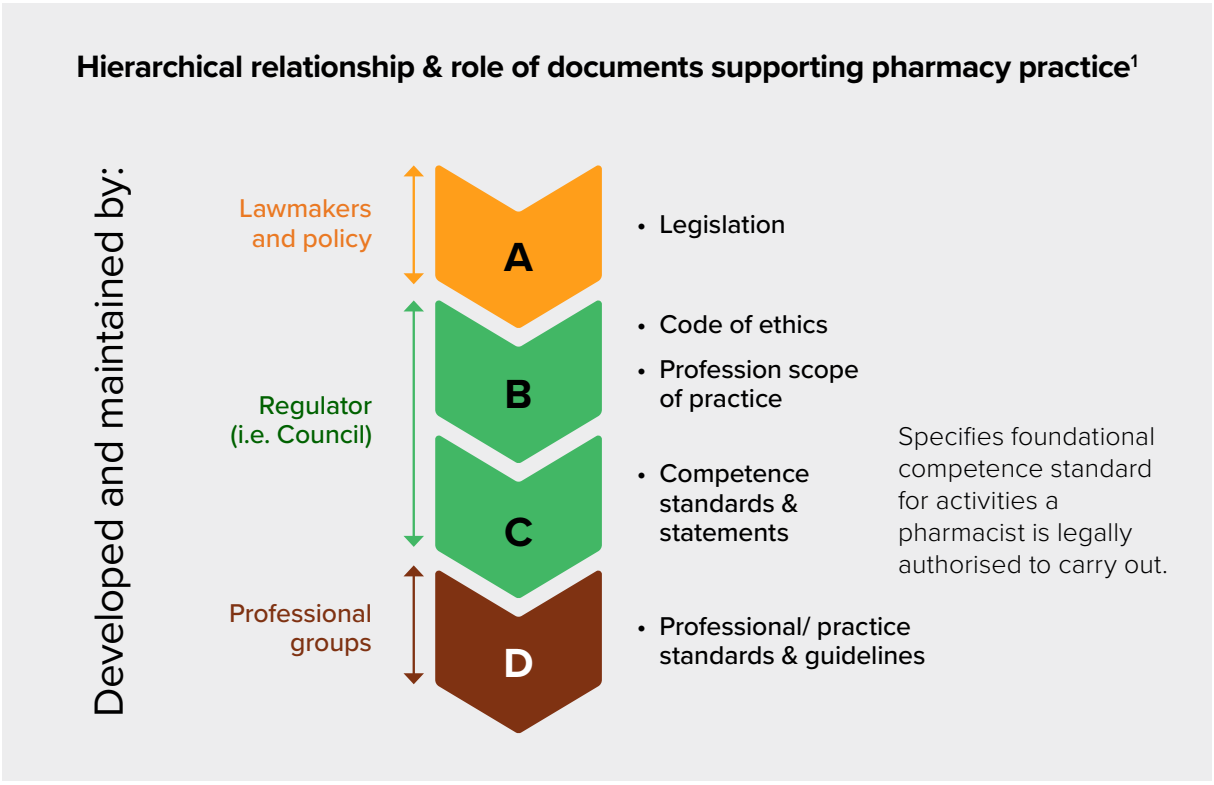
pharmacycouncil
Te Pou Whakamana Kaimatū o Aotearoa

Introduction

Competence standards and their place in pharmacist practice

1. Te Pou Whakamana Kaimatū o Aotearoa | Pharmacy Council of New Zealand's (Council) competence standards for pharmacists are set at a foundational level in accordance with the gazetted scope of practice. They align with the functions and purpose as set out in the Health Practitioners Competence Assurance Act (HPCAA) 2003 and complement legislation and professional practice standards and guidelines – see Figure 1. As such, it is important that this competence standards commentary be read in combination with Council's other regulatory tools (i.e., the scopes of practice, the Code of Ethics, the Competence Standards for Aotearoa New Zealand Pharmacists, and Council statements and guidance), relevant legislation, and professional practice standards and guidelines.
2. This document contains the domains, competence standards, and behaviours specified within *Competence Standards for Aotearoa New Zealand Pharmacists*. It also has associated commentary and performance standards which aim to provide additional context on the application and demonstration of each standard in day-to-day pharmacist practice.

Figure 1: Place of Council's competence standards in supporting pharmacist practice and the hierarchical relationship with other documents.



1 Modified from:
- National Competency Standards Framework for Pharmacists in Australia 2016
- Pharmaceutical Society of Australia (2018). Clinical Governance Principles for Pharmacy Services. ACT

Relevance of competence standards for stakeholders

3. The competence standards and guidance are relevant to a variety of stakeholders – see Figure 2. This document supports:

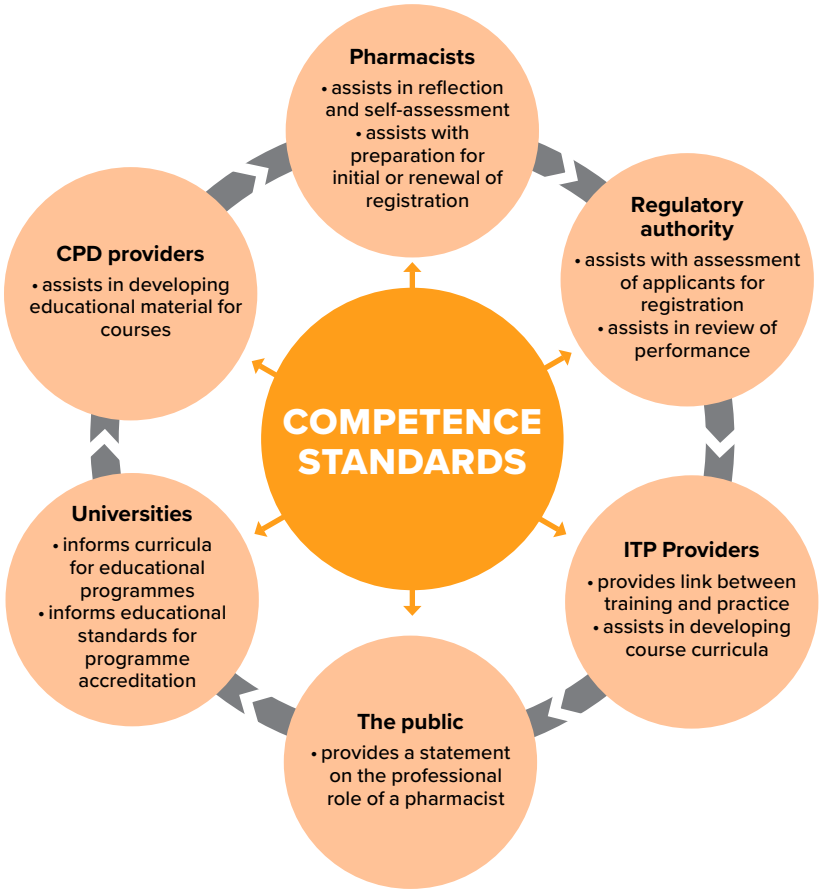
- **The public, person(s) and whānau being cared for and policymakers by:**
  - specifying key competencies associated with and expected of pharmacists when entering the professional scope of practice,
  - to understand what activities and services intern pharmacists, pharmacists and pharmacist prescribers are authorised to carry out,
  - providing a useful benchmark for other healthcare professionals, policymakers, members of the public and others of the key competencies associated with and expected of pharmacists.
- **Intern pharmacists, pharmacists, and pharmacist prescribers by:**
  - specifying the foundational competence standards, knowledge and behaviours required to register into their respective scopes of practice.
    - a health practitioner seeking to register into the intern pharmacist scope of practice (e.g., graduand of a Bachelor of Pharmacy degree) should be able to demonstrate the foundational knowledge and skills to be able to safely practice as an intern pharmacist under supervision – this are outlined in the performance outcomes under "Intern Pharmacist",
    - as part of the Intern Training Programme, intern pharmacists must provide evidence of competence across all standards prior to entering the pharmacist scope,
    - pharmacists who have been away from practice for more than three years and wish to return to practice may be required to provide an appraisal against the competence standards to demonstrate that they have retained or regained foundational competencies.
  - providing a checklist by which to reflect against their individual practice to identify and support continuing and life-long professional development relevant to their context and job role so safe care and pharmacist practice is provided. General notes:
    - after initial registration, pharmacists may choose to pursue roles with additional responsibilities. This may mean that certain domains become less or not relevant to a pharmacist's current practice. At the same time, other domains may become more relevant. Depending on the role, a pharmacist may need to practice at a level higher than described in these foundational standards to maintain safe practice,
    - each pharmacist should periodically complete a review of their practice against the competence standards as part of their reflection for continuing professional development. An additional review of practice should be undertaken when commencing a substantially different pharmacist role. A pharmacist should take the approach that standards apply unless no aspect of their practice can be linked to a domain,
    - for annual recertification, it is not necessary for pharmacists to specify which domains they are practising in, or to provide specific evidence to demonstrate competence. However, pharmacists must maintain 450 hours of practice within the scope over the

past three years, and complete continuing professional development requirements relating to their area of practice. There is little, if any, instances where the following domains do not apply to pharmacy practice regardless of a pharmacist's job role:

  - Domain 1: Te Tiriti o Waitangi,
  - Domain 2: Professionalism in Pharmacy,
  - Domain 3: Communication and Collaboration,
  - Domain 4: Leadership.
- peer input on the pharmacist's practice review as part of continuing professional development and life-long learning will ensure they are working safely and effectively in domains and competencies relevant to their area of practice,
- pharmacists must only practice in the area that they are competent to and can do so safely. Even if legally authorised, it is the professional responsibility of a pharmacist to not engage in activities beyond their level of competence.

- pharmacy education providers by:
  - assisting in developing education material for courses,
  - enabling curriculum development,
  - specifying educational standards required as part of accreditation.
- regulatory authorities by specifying the competence standards required for:
  - accrediting pharmacy education programmes,
  - review of performance and competence,
  - registration and recertification.

Figure 2: Purpose and functions for competence standards



About this document

1. This document provides commentary to support clarity of the Competence Standards for Aotearoa New Zealand Pharmacists which comprises seven domains (see Table 1) and should be read in conjunction.

Table 1: Pharmacist Competence Standards Overview

Domain 1: Te Tiriti o Waitangi
1.1: Applies te Tiriti o Waitangi to pharmacist practice
1.2: Applies Māori perspectives of health and wellbeing
Domain 2: Professionalism in Pharmacy
2.1: Practises with personal and professional integrity
2.2: Complies with ethical and legal requirements
2.3: Applies culturally safe practice
2.4: Makes effective decisions
2.5: Contributes to quality improvement and knowledge advancement
2.6: Manages own health and well-being
2.7: Manages self and team
Domain 3: Communication and Collaboration
3.1: Communicates effectively
3.2: Establishes and maintains collaborative working relationships
3.3: Problem solves and manages conflict
Domain 4: Leadership
4.1: Provides leadership
Domain 5: Person-centred Care and Medicines Management
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
5.6: Supports quality and safe medicines use

Domain 6: Supply and administration of medicines
6.1: Assesses prescriptions
6.2: Dispenses therapeutic products
6.3: Compounds extemporaneous therapeutic products safely and effectively
6.4: Administers therapeutic products safely and effectively
Domain 7: Public Healthcare
7.1: Contributes to community health
7.2: Promotes public health initiatives

2. An overview of how this document is structured is provided in Figure 3.

Figure 3: Competence standards framework structure

Domain title:
describes the broad area of responsibility or professional endeavour

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

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

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

Commentary:
provides general guidance on the competency standard and how the standard may apply in practice. For role-specific guidance please consult professional associations and/or your employer

Performance Outcome:
describes knowledge, skills and attributes a learner has demonstrated to practise safely and effectively as an:
- intern pharmacist under supervision
- pharmacist without supervision

Example of advanced pharmacist practice:
provides examples of performance outcomes that may be demonstrated by those practising at an advanced level relevant to this competence standard

Note: pharmacy professional associations are developing documents which specify performance outcomes for advanced pharmacist practice so only illustrative examples are provided in this document

Domain 7: Public Healthcare

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

Competency 7.1:	Contributes to community health
Behaviours	7.1.1: Provides consistent evidence-informed advice to individuals and the public about potential benefits of preventative health activities
	7.1.2: Maintains awareness of community needs considering the cultural and social setting of the community
	7.1.3: Promotes an environment that enables public safety, wellness, health, and improves quality of life
	7.1.4: Advocates to promote health and access to quality health care and public health services for population groups at community or national level
	7.1.5: Maximises opportunities for providing advice, tools and support on maintaining and managing health through lifestyle choices and non-pharmacological interventions

Commentary for competency: Pharmacist contributes to public health by providing advice that support healthier lifestyle and reduces the incidence of ill health. Population health focuses on:
- the population as a whole,
- the role of the community,
- health promotion and preventative care, and
- the need to involve a range of professionals.

However, a population health approach also considers all factors that determine a person's health and wellbeing.

Performance outcomes for Competency 7.1: Contributes to community health		Example of advanced pharmacist practice
An intern pharmacist:	A Pharmacist:	
Provides consistent messages relevant to national health campaigns or local initiatives.	Delivers evidence-based public health information with content and language that is appropriate to the audience.	Acts to increase capacity to support health promotion initiatives for the community or target groups.

3. The competence standards are principles-based and are set at a foundational level which specifies the minimum core knowledge, skills and attributes required of pharmacists upon registration into a scope of practice and the minimum requirements to safely and effectively carry out the range of health services that a pharmacist is authorised to provide. However, all pharmacists should look to build on these, as the behaviours expected of an experienced and advanced practitioner will exceed this level. To this end, examples of advanced pharmacist practice at the end of each competency section has been provided.[2]
4. Specific evidence examples and case studies are not provided in this document, but pharmacists are encouraged to contact their pharmacy professional associations and groups for pharmacy practice guidance relevant to their setting and context.
5. In the context of this document, the term:
   - "Pharmacist" is used generically to denote health practitioners registered into one or more of the following scopes of practice unless specifically indicated[3]:
     - Intern Pharmacist,
     - Pharmacist,
     - Pharmacist Prescriber.
   - "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 whānau[4]– and so needs to be interpreted in accordance to the context and setting.
6. The domains and standards complement each other, and they must not be read in isolation. Practice is the sum result of multiple competencies interwoven according to circumstances and people's needs. In particular, the following domains are viewed as central to professionalism, whether in a health context or not, and must be considered in conjunction with all other standards. For example, a pharmacist should not only consider Domain 1: Te Tiriti o Waitangi by itself, but also with respect to, say, Domain 5: Person-centred Care and Medicines Management and how they interact with people to support their effective medicines management.
   - Domain 1: Te Tiriti o Waitangi,
   - Domain 2: Professionalism in Pharmacy,
   - Domain 3: Communication and Collaboration,
   - Domain 4: Leadership.
7. In addition to the competence standards and behaviours, performance outcomes for the intern pharmacist and pharmacist scopes 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. These outcomes assist education providers to develop learning goals that adequately capture the intent of the standards and lead to meaningful results.
8. Performance outcomes are also useful for practitioners as a source of additional context. The outcomes provide a tangible descriptor to show how the standard may be integrated and demonstrated in day-to-day practice.

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2 At the time of this guidance document being printed, pharmacy professional associations and groups have committed to and are developing pharmacy professional practice specific documents. The continuum of proficiency statements are general and indicative only as they relate to the gazetted scopes of practice. They cannot detail the specific level of practice required for a specific role. When developed professional practice standards are likely to offer more specific guidance

3 Scopes of Practice: Pharmacist scopes of practice – Pharmacy Council NZ – **Public Site** (accessed on 1 May 2023)

4 '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)

COMMENTARY

Back to Domain 1

Domain 1: Te Tiriti o Waitangi

Scope: This domain specifies the foundational competencies required of pharmacists, in practical and reasonable terms, in giving effect to Te Tiriti o Waitangi.[5] Pharmacists in Aotearoa New Zealand (NZ) need to be aware of the role Te Tiriti o Waitangi can play in achieving health equity and proactively and authentically seek to give effect to it.

The introduction of Domain 1: Te Tiriti o Waitangi builds on the 2015 competence standards relating to Hauora Māori by further incorporating modern expectations of pharmacists regarding Te Tiriti o Waitangi. It requires pharmacists to critically reflect on the effectiveness of their professional interactions with Māori with a view to improve their practice and systems within their sphere of influence and/or control, whether the system in question is in community pharmacy, primary care and general practice, ward, department, hospital, pharmaceutical company and industry, professional associations and groups, academic, education and research institutions, policy, regulation, regional or national health systems and other systems and sector where pharmacists may practice. Behaviour 1.1.7: Understands and can apply their knowledge of Domain 1 to Domains 2-7, highlights how the standards must be considered holistically. Domain: Te Tiriti o Waitangi is fundamental to practice and while it can be considered in isolation, it must also be integrated with all other aspects of practice. This approach ensures practice that authentically integrates Te Tiriti o Waitangi competencies into practice, rather than considering these competencies as isolated.

Competency 1.1:	Applies te Tiriti o Waitangi to pharmacist practice
Behaviours	1.1.1 Explains the relevance of te Tiriti o Waitangi to the provision of health care and how its implementation may help pharmacists contribute to equitable health outcomes for Māori
	1.1.2 Explains the impacts of pre- and post te Tiriti o Waitangi events on the health of Aotearoa New Zealanders
	1.1.3 Demonstrates critical awareness of health initiatives aiming to embed te Tiriti o Waitangi into healthcare practice
	1.1.4 Explains the meaning of tino rangatiratanga and how it is relevant to the delivery of health services

5 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

1.1.5	Explains health inequities that Māori communities experience and how this influences own practice
1.1.6	Facilitates equitable and culturally respectful access to health care services for Māori, including by engaging with whānau, hapū, iwi and Māori-led organisations
1.1.7	Understands and can apply their knowledge of Domain 1 to Domains 2-7

Commentary for competency: This competency is designed to outline the need for pharmacists to understand and interpret both the Te Tiriti Principles and Articles in ways which are relevant to pharmacist practice, and meaningful to Māori. Learning about the impact of pre- and post-Te Tiriti o Waitangi events on the health of New Zealanders and developing working relationships with key Māori stakeholders e.g., Iwi / Hapū / Whānau / Māori organisations, kaumatua (elders), where appropriate, will provide background to help improve Māori health outcomes. This extends to understanding the contemporary application of Te Tiriti. Illustrative examples of how this standard may be demonstrated include[6]:

- being familiar with mana whenua (local hapū/iwi), mātāwaka (kinship group not mana whenua), hapū and iwi in your rohe (district) and their history,
- understanding the importance of kaumātua,
- being familiar with te Tiriti o Waitangi and He Whakaputanga o te Rangatiratanga o Nū Tīreni,
- advocating for giving effect to te Tiriti at all levels,
- understanding the intergenerational impact of historical trauma,
- being familiar with WAI 2575[7],
- understanding of the role of structural racism and colonisation and ongoing impacts on Māori, socioeconomic deprivation, restricted access to the determinants of health,
- being familiar with Māori health - leaders, history, and contemporary literature,
- being familiar with Māori aspirations in relation to health,
- developing authentic relationships with Māori organisations and health providers,
- having a positive collegial relationship with Māori colleagues in your profession/workplace,
- being proficient in building and maintaining mutually beneficial power-sharing relationships,
- tautoko (support) Māori leadership,
- prioritising Māori voices,
- trusting Māori intelligence,

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

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

- having a basic/intermediate understanding of kaupapa Māori (Māori philosophical) approaches,
- understanding the cultural lens that one may bring to their professional life,
- being primed to challenge racism and unconscious bias.

Performance outcomes for Competency 1.1: Applies Te Tiriti o Waitangi to pharmacist practice		**Example of advanced pharmacist practice**
An intern pharmacist:	**A pharmacist:**	
Recognises the importance of Te Tiriti in addressing health inequities, their causes, and impacts.	Recognises the importance of Te Tiriti in addressing health inequities, their causes and impacts and proactively advocates to give effect to Te Tiriti within their practice and sphere of influence.	Recognises the importance of Te Tiriti in addressing health inequities, their causes and impacts and proactively advocates to give effect to Te Tiriti within their practice and sphere of influence to resulting in demonstrable positive changes for Māori health outcomes and experiences.

Competency 1.2: Applies Māori perspectives of health and wellbeing

Behaviours

1.2.1: Shows awareness of Māori health knowledge and practices and understands their role in holistic health

1.2.2: Explains how basic tikanga, including tapu and noa, is applied in own practice

1.2.3: Pronounces Te Reo Māori correctly, in particular people's names, understands common relevant words and can use them when appropriate

Commentary for competency: This competency outlines, in practical and reasonable terms, the importance of understanding Māori perspectives of health and wellbeing. Māori have a range of world views and practices which have relevance to their current health status. When developing treatment plans with Māori, pharmacists should use and expand on their knowledge of Māori models of health and core Māori practices including tikanga and kawa to improve relationships and health outcomes. Article 2 of Te Tiriti o Waitangi protects access to and authority over taonga of which includes basic tikanga, Te Reo Māori and Māori health knowledge and practices such as wairua, rongoā and waiora. Illustrative examples of how this standard may be applied includes but is not limited to[8]:

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

- be clinically and culturally confident to work with Māori whānau,
- understand one's own whakapapa (genealogy and connections),
- have a basic/intermediate understanding of te reo Māori,
- have a basic/intermediate understanding of the tikanga and the application of tapu (sacred) and noa (made ordinary),
- be familiar with Māori health models and concepts such as Te Pae Mahutonga[9] and Te Ara Tika[10],
- have a basic/intermediate understanding of marae (community meeting house) protocol,
- be confident to perform waiata tautoko (support song),
- be proficient in whakawhānaungatanga (active relationship building),
- integrate tika (correct), pono (truth), aroha and manaakitanga into practice,
- be open-hearted,
- be proficient in strengths-based practice,
- be proficient with equity analysis,
- practice cultural humility,
- critically monitor the effectiveness of own practice with Māori.

Performance outcomes for Competency 1.2: Applies Māori perspectives of health and wellbeing		**Example of advanced pharmacist practice**
An intern pharmacist:	**A pharmacist**	
Demonstrates awareness and knowledge of Māori perspectives of health and wellbeing and how to engage with Māori in a culturally safe manner.	Demonstrates awareness and knowledge of Māori perspectives of health and wellbeing and engages with Māori in a culturally safe manner.	Demonstrates awareness and knowledge of Māori perspectives of health and wellbeing and engages with Māori in a culturally safe manner to create demonstrable and positive change to health outcomes and people's experiences.

9 Durie M. Te pae mahutonga: A model for Māori health promotion. Health Promotion Forum Newsletter. 1999;49:2-5
10 Hudson M, Milne M, Reynolds P, Russell K, Smith B. Te ara tika guidelines for Māori research ethics: A framework for researchers and ethics committee members. Wellington, New Zealand: Health Research Council; 2010. 29 p

COMMENTARY

Back to Domain 2

Domain 2: Professionalism in Pharmacy

Scope: Intern Pharmacists, Pharmacists and Pharmacist Prescribers are health professionals. This domain specifies the foundational competencies required to practise in a professional manner.

Professionalism is encompassed by a set of attitudes, knowledge and skills based on clinical competence, ethics, societal and legal requirements resulting in the application of a range of behaviours. Cultural safety[11] and competence, clinical competence and ethical conduct are integral to professional pharmacy practice and so pharmacists are to practise in a manner which partner safely with people[12], both in a clinical and cultural capacity and which appropriately meets clinical, professional, legal, and ethical frameworks and responsibilities. This includes recognising the role of Te Tiriti o Waitangi in healthcare and demonstrating knowledge and actions that give effect to it. The Domain includes indicative behaviours that may be demonstrated in maintaining and extending professional competence, and in understanding that professional development is a means of advancing their practice.

Competency 2.1: Practises with personal and professional integrity

Behaviours

2.1.1	Applies person-centred care[13] principles as the cornerstone of professional practice
2.1.2	Is aware of the position of trust in which the profession is held and practises in a manner that upholds that trust
2.1.3	Maintains awareness of own competence and scope of practice and practises within these limits
2.1.4	Treats individuals and groups with sensitivity, empathy, respect, and dignity
2.1.5	Commits to continuing professional development and lifelong learning
2.1.6	Accepts responsibility and accountability for own actions and performance and membership of the profession

11 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

12 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 whānau – and so needs to be interpreted in accordance with the relevant context and setting

13 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)

Commentary for competency: The way that pharmacists conduct themselves in their practice has implications for safety and quality in health care and fostering trust. Much of the behaviour expected of pharmacists comes from the privileged position they hold due to the confidence and trust placed in pharmacists by the public. Pharmacists must recognise this and understand that it deserves reciprocation through attitudes and behaviours that demonstrate professional integrity and respect for the dignity of others. This is integral to upholding the good standing and reputation of the profession. Professional integrity also means holding accountability for the responsibilities that come with holding the protected titles of 'intern pharmacist' and 'pharmacist' and upholding the trust and values established in the history of the profession.

Person-centred care is a fundamental tenet of delivering quality and safe services and practising with personal and professional integrity. All pharmacists have a role in the provision of health services that put people and communities, not diseases or otherwise, at the centre of healthcare and health systems and empower people to take charge of their own health rather than being passive recipients of health.[14] This requires pharmacists to consciously adopt an approach to their practice that incorporates the perspectives of people as participants in and beneficiaries of trusted health systems.[15] Pharmacists must adhere to the Health and Disability Code (HDC) of Consumers' Rights. Complementing these rights, pharmacists should keep in mind the key principles of person-centred care which have been defined as:[16]

- 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.

It is important to emphasise that professionalism is not just part of a job role but extends to all situations where a pharmacist's actions, demeanour and regard for others may be noted, which includes activity outside of work such as social media. Although pharmacists are free to take advantage of the many professional and personal benefits social media can offer, it is equally important to be aware of the potential risks involved.

Professional development should be viewed as a continuum based on post-registration learning. As pharmacists learn and gain experience, there will be progression along that continuum. All pharmacists should demonstrate curiosity about their learning and be able to reflect on and assess the limit of their skills, knowledge, and abilities at different stages of their career. Professionalism also includes a commitment by pharmacists to continually update their skills and knowledge. To be a professional and a medicines expert, pharmacists must continually improve their skills and maintain an awareness of contemporary pharmacy practice and medicines use through continuing professional development and life-long learning.

14 Framework on integrated, people-centred health services: report by the Secretariat. Sixty-ninth World Health Assembly, agenda item 16.1. Geneva: World Health Organization; 2016 (**http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_39-en.pdf** (accessed on 1 May 2023)

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

16 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)

Performance outcomes for Competency 2.1: Practises with personal and professional integrity		Example of advanced pharmacist practice
An intern pharmacist:	**A pharmacist:**	
Recognises importance of and demonstrates what it means to be practising with personal and professional integrity which includes but is not limited to continuous self-reflection and improvement towards more person-centred and culturally safe practice.	Recognises importance of, demonstrates and advocates for what it means to be practising with personal and professional integrity which includes but is not limited to continuous self-reflection and improvement towards more person-centred and culturally safe practice.	Recognises importance of, demonstrates and advocates for what it means to be practising with personal and professional integrity which includes but is not limited to continuous self-reflection and improvement towards more person-centred and culturally safe practice resulting in demonstrable positive changes to health outcomes and experiences.

Competency 2.2: Complies with ethical and legal requirements

Behaviours

2.2.1: Complies with relevant legal obligations

2.2.2: Behaves in a manner consistent with ethical principles and values that underpin the profession

Commentary for competency: This standard sets the expectation that pharmacists will meet all their legal obligations. This includes specific pharmacy related legislation and any other relevant legislation; for example, Health and Safety at Work Act 2015, Employment Relations Act 2000, Privacy Act 2020. This standard also includes obligations of relevant regulators, such as those set by Pharmacy Council, Medsafe and Medicines Control. The ethical principles relevant to pharmacist practice are described in the Code of Ethics 2018. It also applies to policies, protocols and guidance set by the respective organisations in which the pharmacist is employed.

Performance outcomes for Competency 2.2: Complies with ethical and legal requirements		Example of advanced pharmacist practice
An intern pharmacist:	**A pharmacist:**	
Recognises and complies with relevant legal, ethical, professional, and organisational policies/ procedures and codes of ethics.	Complies, interprets, and explains relevant legal, ethical, professional, and organisational policies/procedures and codes of ethics.	Complies, interprets, explains, and contributes to relevant legal, ethical, professional, and organisational policies/procedures and codes of ethics.

Competency 2.3: Applies culturally safe practice

Behaviours

2.3.1: Regularly reflects on own cultural identity and values from a place of cultural humility[17]

2.3.2: Analyses how embedded biases may negatively influence health outcomes

2.3.3: Addresses biases within area of pharmacist practice

2.3.4: Recognises the effects of power within a healthcare relationship and articulates how this is addressed within own practice

2.3.5: Understands cultural diversity and adapts practice according to the needs of people to contribute to equitable health outcomes

2.3.6: Elicits feedback from person(s) being cared for and/or whānau on cultural safety in practice

Commentary for competency: Health inequities are a reality in Aotearoa NZ. A pharmacist should be aware of the nature and extent of health inequities and equity issues within their immediate and extended communities. They should advocate for more equitable outcomes which will contribute to improving the quality of healthcare services and outcomes – when people with the poorest health outcomes do better, everyone benefits. People's culture affects the way they understand health and illness, how they access healthcare services, and how they respond to healthcare interventions. The populations and communities that pharmacists work with are culturally diverse, and this will be reflected by the many ethnic groups within their community. Understanding the community in which pharmacists work and practising in a culturally safety manner contributes to better relationships with key groups within the community which help in working towards reducing health inequities.

Practising pharmacy in Aotearoa New Zealand's diverse cultural environment requires pharmacists to understand the impact of their own identity, including their cultural values, on practice. This requires pharmacists to practice in a manner which demonstrates cultural humility which involves humbly acknowledging oneself as a life-long learner when it comes to understanding another's experience. In practice, this requires a pharmacist to regularly undertake a process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.

Pharmacists should recognise that at times there may be unconscious bias and/or conflict between their professional and personal culture/values and the culture of others, but pharmacists need to be competent in dealing with those whose culture differs. Although culture is commonly conceptualised as ethnicity or race, it also includes, but is not limited to age, gender, sexual orientation, socioeconomic status (including occupation), religion, physical, mental, or other impairments and organisational culture.

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

Respecting others from a cultural perspective, whether individually or collectively, means avoiding stereotyping and being aware that general cultural information may not apply to specific individuals.

Pharmacists should understand and be able to explain different concepts of health and use this understanding in working towards achieving optimal health outcomes and experiences for all people. Many cultures, including Māori, incorporate the use of Rongoā, traditional healing and therapies in their treatment Pharmacists should recognise and acknowledge the right of individuals to have health beliefs and practices different to their own. For example, understanding and accommodating where possible the influences of a person's culture, such as fasting during Ramadan, may improve adherence to treatment and health outcomes. Other illustrative examples of potential considerations relevant to cultural safety may include, but not limited to:

- using inclusive language for the LGBTTAQI+ community, e.g., correct use of pronouns,
- ensuring clinical knowledge is sufficient for meeting the needs of the transgender community, e.g., gender affirming healthcare,
- advocating for justice to advance health equity for underrepresented groups, e.g., Pasifika, refugee, disability,
- facilitating a workspace that is safe for those with disabilities, e.g., seating for those waiting for prescriptions,
- creating a safe space for underrepresented groups to authentically be themselves free from judgement or stereotyping,
- if needed, utilising the consultation room to maintain privacy, e.g., providing advice in newly prescribed medicines.

Performance outcomes for Competency 2.3: Applies culturally safe practice		**Example of advanced pharmacist practice**
An intern pharmacist:	**A pharmacist:**	
Understands the impact that one's own identity, including cultural values, has on one's own practice as a pharmacist.	Focuses on the influence of a person's culture, in conjunction with their medical condition, to improve adherence to treatment and health outcomes.	Uses knowledge of own community profile to better understand the impact of health inequities in relation to that profile. Uses the community profile to align services with programmes targeted at reducing health inequities.

Competency 2.4: Makes effective decisions

Behaviours

2.4.1: Makes accurate, evidence-informed, and timely decisions which considers the risks and implications of the decision on others

2.4.2: When making decisions, one takes into consideration complexity, urgency, and consequences to optimise outcomes

2.4.3: Appropriately includes others in decision making, or refers decisions to others

2.4.4: Accesses the best information available and thinks critically to reach decisions

2.4.5: Listens when decisions are questioned, is open to further evidence, and re-evaluation

2.4.6: Communicates decisions comprehensively including the rationale behind the decision, in a manner appropriate to the situation and audience

Commentary for competency: All actions taken by a pharmacist during their practice involve decisions with consequences for the health of others, the use of resources, or others' experiences of health services. Clinical decision-making involves interpreting evidence in a context using judgement on relevance, timeliness, resource implications and others' needs and preferences, sometimes with incomplete information. The complexity of the decisions to be made, the implications of those decisions, and the level of judgement vary according to role and responsibility. However, to practice in a high-quality manner, all pharmacists require competencies to make effective and timely decisions in a range of circumstances, the ability to use decision-making tools and aids, and awareness of the decisions they can make alone or in consultation with others.[18] It is important to remember that pharmacists are accountable and responsible for decisions made and recommendations provided – even if it is for another healthcare provider to enact.

Performance outcomes for Competency 2.4: Makes effective decisions		**Example of advanced pharmacist practice**
An intern pharmacist:	**A pharmacist:**	
Recognises the importance of an adaptive, collaborative, and rigorous approach to decision-making which incorporates a systems approach to consider potential risks, implications and impact to self and others.	Recognises the importance of and applies an adaptive, collaborative, and rigorous approach to decision-making which incorporates a systems approach to consider potential risks, implications and impact to self and others.	Recognises the importance of, applies and coaches others to undertake an adaptive, collaborative, and rigorous approach to decision-making which incorporates a systems approach to consider potential risks, implications and impact to self and others.

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

Competency 2.5: Contributes to quality improvement and knowledge advancement

Behaviours	2.5.1: Applies the principles of continuous quality improvement
	2.5.2: Measures, documents, analyses, and acts on information to monitor and improve quality of care
	2.5.3: Supports and maintains a safe, just and continuous quality improvement culture
	2.5.4: Undertakes and applies appropriate research to advance personal practice, pharmacy practice and/or healthcare

Commentary for competency: High quality care, including pharmacist practice, is one that is People-centred, Equitable, Accessible, Safe, Effective and Efficient.[19]

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

Pharmacists have an obligation to continuously monitor and improve the quality of not just their own practice but also the organisational systems, processes, and culture in which they practise and that are within their sphere of control and influence whether at a personal, process, departmental, organisational, community, regional, national, or international level. By ensuring and improving the systems, process, and culture in which a pharmacist works, they can help ensure that high quality care is provided more frequently (e.g., Safety II) but also minimise and mitigate risks, errors and harms (e.g., Safety I).[20] For example in a pharmacist practice setting, dispensing is complex and at high risk for errors such as "look-a-like or sound-a-like" errors. Improving the systems, such as colour coding or tall man lettering, may, for example, help to reduce the potential for such medication errors to occur. Regular documentation and effective analysis of near miss and dispensing error data with a view to identify root causes of inefficiency or error for quality improvement can help to prevent recurrence and improve outcomes.

Pharmacists should be aware of and apply where appropriate relevant quality improvement and implementation science concepts, tools, and methods available to continuously assess and further improve the quality of clinical and/or professional services and to optimise outcomes and minimise risks to service users. Pharmacists should also understand and apply the principles of clinical governance. Clinical governance aims to '*create a culture where quality and safety is everybody's primary goal*' and includes[21]:

- person-centred care,
- open and transparent culture,
- all pharmacists actively participating (and partnering in clinical governance),
- continuous quality improvement focus.

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

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

21 HQSC; Clinical Governance: From Knowledge to action. **A framework for building quality guidance for Health and Disability Providers**; 2017 (accessed on 1 May 2023)

Pharmacists should be aware of common research tools and approaches (e.g., literature reviews, survey, critical appraisal, etc), and participate in and/or contribute to research either as part of quality improvement efforts and/or formal research activity. Where possible pharmacists should contribute to advancing new knowledge and disseminate this in an appropriate manner (e.g., journal articles, conferences, continuing education seminars, policy brief, newsletter, and others).

Performance outcomes for Competency 2.5: Contributes to quality improvement and knowledge advancement		**Example of advanced pharmacist practice**
An intern pharmacist:	**A pharmacist:**	
Recognises and demonstrates understanding of clinical governance and quality improvement concepts, culture, and tools.	Recognises, demonstrates understanding of and applies clinical governance and quality improvement concepts, culture, and tools to practice.	Recognises, demonstrates understanding of, applies, influences, and leads the design and promulgation of clinical governance and quality improvement concepts and tools to their practice.

Competency 2.6: Manages own health and well-being

Behaviours

2.6.1: Monitors own mental, physical, and social health and well-being

2.6.2: Uses a range of strategies to manage fatigue, ill-health, stress, and impact of exposure to distressing and emergency situations

2.6.3: Seeks help or support where needed for own health and well-being

2.6.4: Engages in self-care practices that promote emotional resilience, health, and well-being

Commentary for competency: The health and well-being of pharmacists has implications for safety and quality in healthcare and fostering trust. It is important for pharmacists to have the competencies to monitor and act when needed to ensure their own health and well-being, which in turns serves to benefit the individuals and communities they serve. Examples of mechanisms for pharmacists to monitor and maintain their health could include:

- undertaking and using Resilience and mindfulness training,
- using external staff counselling and employee assistance programmes,
- taking frequent and rest breaks and leave from work,
- recognising symptoms of burn out and how to manage this,
- using mental well-being check and support systems.

Performance outcomes for Competency 2.6: Manages own health and well-being		Example of advanced pharmacist practice
An intern pharmacist:	**A pharmacist:**	
Recognises and demonstrates understanding of strategies to monitor and manage own health and well-being.	Recognises, demonstrates understanding of and applies strategies to monitor and manage own health and well-being.	Recognises, demonstrates understanding of, applies strategies to monitor and manage own health and well-being and others.

Competency 2.7: Manages self and team

Behaviours

2.7.1: Identifies and manages factors that affect personal wellness, professional performance, and ability to practise safely

2.7.2: Is aware of own role and responsibilities, and surroundings

2.7.3: Prioritises tasks effectively and completes them in a timely manner to a high standard

2.7.4: Learns from and shares knowledge with others to achieve team objectives and optimal healthcare

Commentary for competency: Pharmacists must be able to monitor their own wellbeing and professional performance. They must be capable of self-managing their day-to-day work and seek peer or managerial assistance when required. Pharmacists should develop the ability to manage resources (human, physical and financial) and information effectively which may include business planning.

Mentoring and developing others is also a leadership and management responsibility. Pharmacists should have a sound knowledge of performance management processes, including for poor performance, and demonstrate leadership in supporting and developing the professional capabilities of personnel. This may, at times, include identifying and addressing work issues that contribute to workplace stress and providing practical support for impaired pharmacists. Pharmacists should contribute to the learning and professional development of colleagues, encouraging a commitment to continuous improvement in professional capability. Learning and sharing of knowledge may occur in formal university education or study; but equally from graduate level, pharmacists have a responsibility to assist with the education and training of peers and future generations of pharmacists. Participating as a teacher not only imparts knowledge to others, but it also offers an opportunity for pharmacists to gain new knowledge and to fine-tune existing skills with a view to achieving better health outcomes and experiences for people being cared for and their whānau. Pharmacists engaged in supervising the work of students, intern pharmacists, other pharmacists or that of support staff are expected to assist with and support the performance of supervised personnel. It is important to note that supervisors/preceptors and their students/intern pharmacists have a particularly close relationship, which has special benefits, but which may also lead to unique problems. Appropriate mechanisms and systems in place to raise and manage difficulties in a fair and reasonable manner may be required.

NB: For pharmacists who do hold formal managerial or senior leadership positions (e.g., includes charge pharmacist, pharmacy owners, managers), there are additional legal and regulatory obligations (e.g., health and safety, human resource, occupational safety, etc) which requires them to provide oversight of other team members for purpose of legal, ethical, and safe provision of services. Prior to accepting a formal managerial or senior leadership role a pharmacist must ensure that they possess the required skills, knowledge, abilities to meet these additional responsibilities. Managing quality and safe services requires a staffing mix that reflects the community mix and is appropriate to the functions of the services you provide. Ensuring that sufficient staff and resources are available to provide safe service delivery is part of the requirement. They may also be responsible for ensuring there are effective policies and procedures relating to workplace safety that are consistent with recognised standards. A workplace safety framework should include, but is not limited to, management of risks that arise because of the nature of the substances that are found in a pharmacy environment, prevention strategies to minimise risks to staff and the public, and training programmes for staff.

Performance outcomes for Competency 2.7: Manages self and team		**Example of advanced pharmacist practice**
An intern pharmacist:	**A pharmacist:**	
Demonstrates ability to identify and resolve risk management issues using established policies/ procedures and supports to performance management processes. Contributes to performance management processes in accordance with established policies/ procedures.	Is accountable for identifying and resolving risk management issues using established policies/ procedures and performance management processes.	Is accountable for identifying and resolving risk management issues using established policies/ procedures and performance management processes.

COMMENTARY

Back to Domain 3

Domain 3: Communication and Collaboration

Scope: This domain specifies the foundational competencies required of pharmacists to communicate and collaborate effectively which includes creating, maintaining, and enhancing working relationships to provide a mutually supportive environment.

Communication is fundamental to how pharmacists guide, inform, support, and collaborate with person(s) being cared for, caregivers, and communities for whom they provide health services, as well as with other members of the health team. Effective communication is a process that requires pharmacists to manage their own verbal and non-verbal communication, respond to the verbal and non-verbal communications of others and complete documentation. Communication is also an obligation under Te Tiriti o Waitangi and depending on the needs and preferences of the recipient, effective communication may not be entirely achieved without tikanga or proficiency in whanaungatanga. Not all communication takes place face to face or in writing, and different situations may require pharmacists to communicate using augmentative and alternative communication tools and methods, telephones, interpreters, and digital technologies.

Competency 3.1: Communicates effectively

Behaviours	3.1.1: Communicates clearly and professionally in a way people understand and invites partnership
	3.1.2: Listens effectively, using active and reflective listening techniques
	3.1.3: Adapts communication to the goals, needs, urgency and sensitivity of the interaction
	3.1.4: Communicates in an appropriate manner and setting which minimises interruptions and maintains confidentiality and privacy
	3.1.5: Interprets and integrates information for provision to colleagues, other health professionals, person(s) being cared for and/or the public in a clear, cohesive, and objective manner

Commentary for competency: Pharmacists must be able to communicate effectively and respectfully, which includes verbal, non-verbal, electronic, and written communication. Effective communication enables effective care and shared decision- making with person(s) being cared for, caregivers, peers and with other healthcare professionals. Good communication is also essential for building trust, supporting, motivating, and influencing both professional colleagues and person(s) being cared for.

Effective communication, which is timely, accurate, complete, unambiguous, and understood by the recipient, reduces errors and results in improved safety. Illustrative examples of effective communication skills include but is not limited to:

- questioning and exploring,
- listening – active listening demonstrates genuine respect and concern for the individual. it involves both verbal and non-verbal aspects,
- feedback – to ensure that the message is understood. it can take the form of appropriate questions and asking the individual to demonstrate they understand what has been discussed,
- empathy and compassion,
- explaining,
- over-coming physical and emotional barriers to effective communication, for example speech difficulties, health literacy,
- negotiating,
- influencing.

Effective communication should consider the medium used. Written communication, such as via fax, e-mail, SMS, social media, instant messaging, letter, memo, referrals, appraisals, labels, and instructions should be professional, structured and presented in ways appropriate for each situation. Increasingly, communication occurs via electronic means. Pharmacists should maintain currency and proficiency of relevant electronic platforms to convey, document, and receive communications which are required for them to practise as a pharmacist effectively and safely. Examples of such data/digital platforms include but are not limited; online clinical information sharing services, video conferencing platforms for telehealth services, online resources for accessing clinical or practice guidance, and dispensing platforms for recording and documenting pharmacist interventions. Where communication uses data/digital technologies and/or health data recorded, consider and act in accordance to Māori Data Sovereignty principles.[22]

Communication styles must be adapted to work through situations arising in practice, for example when liaising with other health professionals to achieve better health outcomes for people. To optimise pharmacists' contribution, messages should be capable of clear and concise communication of relevant information, and of maintaining rapport with professional colleagues, person(s) being cared for, their whānau and family, and other service users. Pharmacists should learn the correct pronunciation of names as a sign of respect for all cultures and should understand and be able to describe ways to avoid communication styles (verbal and non-verbal) that might give offence.

Wherever possible, kanohi ki te kanohi (face to face) communication should be used with Māori. Tikanga and proficiency in whanaungatanga will support effective communication.

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

It is important to note that while the Health Practitioners Competence Assurance Act (HPCAA) 2003 requires health professionals to be competent to communicate in and comprehend English to a level sufficient to protect the health and safety of the public[23], it is important to recognise the need to communicate with people in a way they understand. This may include other languages such as Te Reo Māori and New Zealand Sign Language and/or ensuring there are mechanisms for the appropriate and reasonable use of effective interpreting services in a manner which is culturally safe and complies with privacy and confidentiality good practice and legislation.

22 Te Mana Raraunga: **Principles of Māori Data Sovereignty**; 2018 (accessed on 1 May 2023)
23 Health Practitioner Competence Assurance Act (HPCAA) 2003, **section 16** (accessed on 1 May 2023)

Performance outcomes for Competency 3.1: Communicates effectively		Example of advanced pharmacist practice
An intern pharmacist:	**A pharmacist:**	
Recognises and demonstrates appropriate and effective documentation and communication in a culturally safe and effective manner with a wide and diverse range of people.	Practises appropriate and effective documentation and communication in a culturally safe and effective manner with a wide and diverse range of people and groups.	Practises appropriate and effective documentation and communication in a culturally safe and effective manner with a wide and diverse range of people and groups.

Competency 3.2: Establishes and maintains collaborative working relationships

Behaviours

3.2.1: Engages in opportunities to improve collaboration within and between teams

3.2.2: Actively provides pharmacist expertise in discussions and decisions

Commentary for competency: The philosophy of teamwork underpins pharmacist practice which includes, but is not limited to, collaborating with other health practitioners, intersectoral collaboration, and collaboration with person(s) being cared for, caregivers, and populations. Some pharmacists will have responsibilities to lead teams and may take a more formal role to facilitate teams; but all pharmacists are part of multiple formal and informal teams in their practice. Effective communication enables collaboration and teamwork which is essential to ensure safe and high-quality care. Pharmacists should recognise the roles and skills of other health professionals and seek to establish co-operative working relationships with all colleagues based on an understanding of, and respect for each other's roles.

Performance outcomes for Competency 3.2: Establishes and maintains collaborative working relationships		Example of advanced pharmacist practice
An intern pharmacist:	**A pharmacist:**	
Recognises the importance of collaboration and demonstrates the skills and attitudes to collaborate with a wide and diverse range of people effectively and in a culturally safe manner.	Recognises the importance of advocates for collaboration and demonstrates the skills and attitudes to collaborate with a wide and diverse range of people effectively and in a culturally safe manner.	Recognises the importance of advocates for collaboration and demonstrates the skills and attitudes to collaborate with a wide and diverse range of people effectively and in a culturally safe manner.

Competency 3.3: Problem solves and manages conflict

Behaviours

3.3.1: Acts promptly to prevent or manage potential or real conflict

3.3.2: Considers others' perspectives when seeking compromise, consensus, or a decision

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

Performance outcomes for Competency 3.3: Problem solves and manages conflict		**Example of advanced pharmacist practice**
An intern pharmacist:	**A pharmacist:**	
Recognises the impact of conflict in the workplace and demonstrates skills and a "blame-free" and positive approach to resolving conflict.	Can describe a range of possible approaches/ strategies that are effective for resolving conflict in the workplace.	Resolves conflict effectively, including engagement with those involved in the assessment and follow-up process.

COMMENTARY

Back to Domain 4

Domain 4: Leadership

Scope: The Domain specifies the foundational competencies required to act as a leader in relation to pharmacist practice. All intern pharmacists, pharmacists and pharmacist prescribers undertake either formal or informal leadership roles.

In these roles they model good behaviours and acknowledge their role as a health professional to influence beneficial behaviours amongst their colleagues and community. This includes, but is not limited to, contemporary application of Te Tiriti, advocating for safety and health equity, striving for quality practice, speaking up, and maintaining reciprocal and sustainable relationships with other leaders (e.g., other health professionals, kaumātua, or community figures). This Domain includes competencies that relate to the way pharmacists apply leadership, risk management, and organisational skills to ensure the effective and efficient delivery of services. It applies to intern pharmacists, pharmacists, and pharmacist prescribers irrespective of their level of seniority within their health setting or whether they hold formal or designated management or leadership roles. Leadership and organisational management are complementary. The Domain also addresses the responsibility of pharmacists to provide an environment where risks to the safety and well-being of personnel and the public are managed and minimised. Note that pharmacists are also subject to health and safety, human resource and good management practice, legislation, and regulations – which should be adhered to in conjunction.

Competency 4.1: Provides leadership

Behaviours

4.1.1: Leads the practice of other team members and supports them to ensure high-quality healthcare

4.1.2: Serves as an effective role model, teacher, and mentor for colleagues and motivates individuals in the team

4.1.3: Fosters and supports a safe, just and continuous quality improvement culture

4.1.4: Contributes to effective clinical governance, and quality and risk management

4.1.5: Prioritises and learns from risk and incidents for mitigation, prevention, and system improvement

4.1.6: Monitors the professional landscape for emerging trends to help enable change

4.1.7: Facilitates team practice that reflects Te Tiriti o Waitangi

Commentary for competency: All pharmacists hold mana within their organisations and communities irrespective of whether they hold formal leadership positions or not. This also applies to intern pharmacists who, while not autonomous, do possess knowledge, experience, and perspectives to share. Pharmacists hold privileged positions within their workplace and communities and are, by virtue of their training and position, viewed as leaders and role models. As such, they can influence others in both a positive and negative manner. It is important that all pharmacists recognise and use their influence to positively support safe and effective practice, continuous quality improvement, support colleagues, and lead improved health outcomes.

Leadership is not just top-down; whatever practice environment pharmacists work in they can demonstrate leadership by their attitudes, and the way they interact with others, behave, and act, and approach their role. Within pharmacy, leadership encompasses various skills which include identifying challenges and opportunities as they arise (e.g., clinical safety issues, risks, hazards, health and safety, quality improvement), role modelling, mentoring and motivation or extending the team's value beyond traditional roles. Pharmacists should seek opportunities to contribute to the ongoing development of the profession, and to work with team members to establish achievable goals and strategies. This may include developing services and a service environment consistent with individual and community needs, emerging trends in professional practice and available resources. Pharmacists should also recognise the limits that available resources impose on service levels.

Performance outcomes for Competency 4.1: Provides leadership		**Example of advanced pharmacist practice**
An intern pharmacist:	**A pharmacist:**	
Demonstrates understanding of and applies leadership and characteristics of a role model to team members.	Effectively leads and role models positive, safe, and effective and continuously improving pharmacist behaviours.	Effectively leads and role models positive, safe and effective and continuously improving pharmacist behaviours.

COMMENTARY

Back to Domain 5

Domain 5: Person-centred Care and Medicines Management

Scope: This Domain specifies the foundational competencies required of pharmacists to provide medicines management and safe and effective care.

Medicines management is a cycle that describes the entirety of the cognitive and physical steps involved in medicines use, with a focus on the person.[24,25] It encompasses a range of person-centred services that improve medicines-related health outcomes. The distinguishing feature of pharmacist practice from other health professions is expertise in the use of medicines.

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

Competency 5.1: Obtains information as part of shared decision making

Behaviours

5.1.1: Establishes and facilitates the person's desire to involve or not involve whānau, carers, and support people in the consultation

5.1.2: Identifies, listens to, and respects a person's values, beliefs, concerns, and expectations in relation to their health

5.1.3: Recognises and supports the right of individuals to have health beliefs and practices different to one's own, including the use of traditional healing and treatments

5.1.4: Applies a person-centred care and culturally safe approach to understand a person's needs holistically to facilitate required healthcare

5.1.5: Establishes the person's current level of knowledge regarding their health and medicine use

5.1.6: Obtains appropriately relevant health, medical and medication information such as information from the person, laboratory, and diagnostic test results from multiple sources

5.1.7: Identifies and responds to potential inappropriate use, misuse, or abuse of therapeutic products

24 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

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

Commentary for competency: Person-centred care is a fundamental tenet of delivering quality and safe services. This requires pharmacists to consult with the person to obtain the necessary health information and understand their needs, values and preferences alongside other relevant health, medical and medication information such as laboratory, and diagnostic test results – which may come from different sources. In practice pharmacists are expected to demonstrate:

- compassion, integrity, and respect for others,
- responsiveness to people's needs that supersedes self-interest,
- respect for people's privacy and autonomy,
- accountability to person(s) being cared for, society, and the profession,
- commitment to excellence, and
- sensitivity and responsiveness to a diverse population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

Integrating people's preferences and needs for shared decision-making will lead to improved outcomes-focused care that optimises the safe and effective use of medicines. By taking direct responsibility for individual people's medication-related needs, pharmacists can make a unique contribution to the outcome of medication therapy and to the person's quality of life.

Performance outcomes for Competency 5.1: Obtains information as part of shared decision making		**Example of advanced pharmacist practice**
An intern pharmacist:	**A pharmacist:**	
Demonstrates person-centred care principles and appropriately obtains relevant health, medical and medication information such as information from the person, laboratory, and diagnostic test results from multiple sources.	Demonstrates person-centred care principles and appropriately obtains relevant health, medical and medication information such as information from the person, laboratory, and diagnostic test results from multiple sources.	Demonstrates person-centred care principles and appropriately obtains and acts on relevant health, medical and medication information such as information from the person, laboratory, and diagnostic test results from multiple sources.

Competency 5.2: Applies evidence-informed practice to assesses and evaluate information

Behaviours

5.2.1: Applies evidence-informed practice and epidemiological, medicines information and critical appraisal skills

5.2.2: Uses reliable and validated sources of information and literature to guide assessment

5.2.3: Critically analyses information for relevance, accuracy, currency and completeness in relation to the people's needs

5.2.4: Assesses and reconciles divergent or conflicting information to form a professional opinion, including where there is insufficient information

5.2.5: Appropriately interprets research findings and recommendations

Commentary for competency: Evidence-informed practice is the integration of the best available evidence with the knowledge and considered judgments from stakeholders and experts to benefit people. It enables individuals and communities to receive the best possible care, improves quality and safety, and contributes to better health outcomes. Pharmacists routinely acquire and interpret high volumes of data, information, and evidence from person(s) being cared for, caregivers, and other health workers, as well as from experts, journals, guidelines, government, websites, and media. This information varies in relevance, detail, and accuracy. In the health context, evidence is usually high-quality information gained from research, and is therefore more predictable and reliable. Whilst all evidence is information, not all information is evidence. To provide safe and effective care, service provision must be evidence informed.[26]

Performance outcomes for Competency 5.2: Applies evidence-informed practice to assesses and evaluate information		**Example of advanced pharmacist practice**
An intern pharmacist:	**A pharmacist:**	
Demonstrates understanding of evidence informed practice to assess and evaluate information.	Applies evidence informed practice to assess and evaluate information.	Applies evidence informed practice to assess and evaluate information appropriately to the clinical context.

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

Competency 5.3: Reviews medicine therapy and considers treatment options

Behaviours

5.3.1: Applies contemporary knowledge of presenting health conditions and therapeutic products used within own clinical area of practice

5.3.2: Forms a professional opinion of the person's clinical condition including the nature, severity, significance, and progression

5.3.3: Applies evidence-based guidelines or protocols to reconcile and review people's medicine therapy

5.3.4: Identifies, prioritises, and works to resolve medicines management issues

5.3.5: Exercises professional independence and professional judgement to determine whether changes to the medication treatment regimen are needed to improve safety, efficacy, or adherence

5.3.6: Liaises with and provides recommendations to the prescriber and/or other healthcare professionals to ensure optimal use of medicines

5.3.7: Facilitates referral to appropriate providers when a person's needs lie outside own area or level of competence, or workplace or legal authority

5.3.8: Synthesises information from the person, literature and own knowledge and experience to consider the range of evidence-informed treatment options and their associated risks and benefits

Commentary for competency: A review of medicine therapy should leverage the pharmacists existing knowledge, expertise, and professional judgement, be augmented with knowledge of contemporary practice guidelines and literature, and account for the person's specific circumstances to optimise medicines-related health outcomes and achieving Quality Use of Medicines (QUM) – that is the judicious, appropriate, equitable, safe and effective use of medicines. This synthesis of information should result in potential treatment options for further consideration with the person. No treatment, self-treatment, non-pharmacological treatment, pharmacological treatment, and appropriate optimisation (include polypharmacy and dose reduction) should all be considered as potentially viable options.

As part of evidence-informed practice, pharmacists must be able to select and appraise relevant scientific literature and understand the implications of the findings. Pharmacists will need to use their professional judgement to determine the clinical significance of the findings and the degree to which they can be applied. If pharmacists are using the findings to help optimise care for an individual person, they should also determine the person's own preferences and develop an appropriate medicine management plan based on the combination of this information.

Pharmacists should also take a multidisciplinary approach to the promotion of rational use of medicines where appropriate) and reducing over-, under- and misuse of medicines by providing proper information and recommendations such as those relating to adverse drug reactions, dosing schedules, unwanted effects of medicines. In coordination with the wider healthcare team, pharmacists can establish a common approach to the rational use of medicines, resulting in improved quality of life for the individual person, and for the community in general.

Performance outcomes for Competency 5.3: Reviews medicine therapy and considers treatment options		Example of advanced pharmacist practice
An intern pharmacist:	**A pharmacist:**	
Demonstrates general pharmacotherapy knowledge to identify drug-related problems and consider recommendations to optimise therapy in an evidence-informed manner.	Applying general pharmacotherapy knowledge to identify drug-related problems and make recommendations to optimise medicines therapy in an evidence-informed manner.	Applying in-depth pharmacotherapy knowledge and understanding to proactively identify, manage, and optimise complex medicines therapy in an evidence-informed manner.

Competency 5.4: Collaborates with people to use medicines optimally

Behaviours

5.4.1: Presents the range of reasonable treatment options, the underpinning rationale, and the potential risks and benefits

5.4.2: Uses shared decision-making process to agree on treatment goals and approaches to achieve those goals

5.4.3: Accepts and supports the individual's right to make autonomous decisions

5.4.4: Provides people with sufficient information to ensure the safe and proper use of medicines, including effective use of devices

5.4.5: Confirms with the person (and whānau or appropriate representative where required) their understanding of the treatment plan

5.4.6: Supports people to self-monitor and recognise when and in what circumstances to speak up and seek further medical attention

5.4.7: Works co-operatively with the person, and other members of the healthcare team as appropriate, to empower the person to self-manage their health and medicines.

Commentary for competency: Optimal medicine use is a person-centred approach, best characterised as a process that is focussed on collaborating with people to gain the most benefit from their medicines. It is about partnering with and listening to people (who have lived experience of their health and may know more about their condition and medications than the practitioner), having honest discussions with them, and truly making them part of the decision in relation to whether they use medicines and how they use medicines.

In collaboration with person(s) being cared for and other healthcare providers involved in their care, pharmacists should support the optimisation of medicines use and health outcomes. Such activities include, but not limited to:

- educating and confirming people's understanding of their medicines, medical devices, and medical conditions,
- advice about therapeutic product storage and use,
- potential alarm symptoms and adverse effects of medicines and when to seek medical attention,
- adherence aids,
- monitor medication therapy,
- lifestyle and behaviour modifications,
- facilitate the continuity and coordination of care to link resources, avoid duplication and enable seamless movement among care settings or between service providers where necessary.

To support collaboration with people to optimally use medicines, it is helpful to whakawhanaungatanga and maintain an on-going professional relationship. This is particularly true for people with chronic medical conditions (for example asthma or diabetes), those on complex or multiple medication regimens, or those being treated with medicines with a narrow therapeutic index. Pharmacists have a duty of care to protect privacy and confidentiality when recording health information or when using the information.

Performance outcomes for Competency 5.4: Collaborates with people to use medicines optimally		**Example of advanced pharmacist practice**
An intern pharmacist:	**A pharmacist:**	
Demonstrates the skills and knowledge to collaborate with people to use therapeutic products optimally.	Collaborates with people to use therapeutic products optimally.	Partners with people to use therapeutic products optimally.

Competency 5.5: Monitors for therapeutic efficacy and safety

Behaviours

5.5.1: Contributes to optimal medicines use by monitoring the person's progress towards achieving positive therapeutic and shared treatment goals

5.5.2: Recognises and manages adverse drug reactions

5.5.3: Initiates or recommends (to person or other care provider) appropriate action to improve use of medicines if results of monitoring indicate adverse effects or sub-optimal outcomes

5.5.4: Recognises and advises on any additional clinical monitoring required

Commentary for competency: Pharmacists should, reasonably and practically, monitor the effectiveness of the medication management strategy or plan in addressing the person's health care needs, assessing any adverse or unexpected outcomes, and intervening to improve medication management. It is important to document the nature of interventions and changes and provide clear explanations to the person(s) being cared for and collaborating health professionals.

Performance outcomes for Competency 5.5: Monitors for therapeutic efficacy and safety		**Example of advanced pharmacist practice**
An intern pharmacist:	**A pharmacist:**	
Demonstrates the skills and knowledge to monitor for therapeutic efficacy and safety and documents appropriately where required.	Monitors for therapeutic efficacy and safety and documents appropriately.	Monitors for therapeutic efficacy and safety and documents and takes action appropriately.

Competency 5.6 Supports quality and safe medicines use

Behaviours

5.6.1: Advocates for, and ensures people can access and receive quality services and care commensurate with their health needs

5.6.2: Actively seeks to involve others (person(s) being cared for, carers, colleagues, other healthcare professionals) in planning for service delivery and learns from their experiences

5.6.3: Acts to optimise health outcomes by identifying and mitigating potential sources of error in service delivery

5.6.4: Collects and analyses safety and quality data and information that contributes to a risk management system reflecting continuous quality improvement principles

5.6.5: Participates in ongoing incident analysis (including 'near misses') and adopts recommendations for resolution or change that come from that analysis

5.6.6: Facilitates continuity of care by recording accurate, complete, and timely information, maintaining privacy and security of the information

5.6.7: Contributes to a national reporting system of pharmacovigilance, identifying, recording, and reporting suspected or confirmed adverse drug reactions, sensitivities, or allergies

Commentary for competency: This competency addresses the role of pharmacists as medicines management experts, promoting and supporting achievement of Quality Use of Medicines (QUM) - that is the judicious, appropriate, safe, equitable and effective use of medicines - within organisations or the community through contributing to the development of evidence-based therapeutic guidance, reviewing trends in medicine use against best available evidence, and influencing identified trends through a range of intervention strategies. This standard complements Competency Standard 2.5: Contributes to quality improvement and knowledge advancement but focuses more specifically on the quality use of medicines. In practice, this may include activities such as, but not limited to:

- clinical, quality and medicines use audits,
- medication safety measurement and improvement,
- medication Error and Incident reporting, analysis and improvement,
- pharmacovigilance,
- stewardship activity (e.g., antimicrobials, opioids, anticoagulants),
- pharmacoepidemiology,
- pharmacoeconomic.

Performance outcomes for Competency 5.6 Supports quality and safe medicines use		Example of advanced pharmacist practice
An intern pharmacist:	**A pharmacist:**	
Demonstrates supports for efforts to achieve quality use of medicines.	Implements activity to support efforts to achieve quality use of medicines.	Lead and design activity to monitor and achieve quality use of medicines.

COMMENTARY

Back to Domain 6

Domain 6: Supply and administration of medicines

Scope: The Domain specifies the foundational competencies required to supply and administer medicines in a safe and effective manner. Pharmacists have an independent duty of care to use their professional judgement and apply their expertise to protect and promote the safety, health and well-being of individual people and the public more generally.

They do this by applying their professional skills and knowledge to optimise the results achieved from the use of medicines, when supplied following receipt of a prescription, medicine order or pharmacist recommendation. The provision of extemporaneously compounded pharmaceutical products is a professional service involving the use of medication related and/or clinical information and quality assurance processes. This Domain covers the preparation of single or multiple use pharmaceutical products in community and hospital pharmacies, intended for immediate use by a specific person. Products will be prepared in a range of settings where the available equipment and facilities may vary significantly; however, all products must be prepared in accordance with the Health and Disability Services Pharmacy Services Standards NZS 8134.7, relating to dispensing and compounding.

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

Competency 6.1: Assesses prescriptions

Behaviours	6.1.1:	Assesses prescriptions to ensure they are authentic and meet all legal and ethical requirements
	6.1.2:	Uses a systematic approach to assess and review available medical history and medication record or notes
	6.1.3:	Applies knowledge in undertaking a clinical assessment of the prescription to ensure pharmaceutical and therapeutic appropriateness of the treatment and to determine whether any changes in prescribed medicines are warranted
	6.1.4:	Collaborates with person(s) being cared for and/or prescriber when clarification is required or to resolve issues related to safe supply of medicine
	6.1.5:	Initiates action, in consultation with person(s) being cared for/carer and/or prescriber to address identified issues

Commentary for competency: This competence standard outlines the behaviours expected of pharmacists to safely and effectively assess prescriptions and complements Domain 5 which outlined the generic key thought processes required of medicines management. Pharmacists often liaise with prescribers to clarify a prescription, to discuss therapeutic management issues or to recommend changes to prescribed medicines. In the event of unclear or incorrect prescriptions, prescribing errors, clear contraindications or inappropriate prescribing, pharmacists have an obligation to intervene and communicate those concerns to the prescriber and other relevant health professionals as appropriate – see Domain 3 communication and collaboration. Some of these concerns may result from a clinical assessment of the prescription and although the prescriber is not obliged to accept the pharmacist's guidance, pharmacists must act in your belief of benefit to the person(s) being cared for. It is important to document such interventions and their outcomes as the pharmacist is responsible and accountable for their recommendations.

Performance outcomes for Competency 6.1: Assesses prescriptions		**Example of advanced pharmacist practice**
An intern pharmacist:	**A pharmacist:**	
Demonstrates ability to assess prescriptions safely and effectively.	Practices safe and effective assessment of prescriptions.	Practices safe and effective assessment of prescriptions.

Competency 6.2: Dispenses therapeutic products safely and effectively

Behaviours

6.2.1: Follows a logical, safe, and methodical procedure to dispense therapeutic products

6.2.2: Monitors the dispensing process for potential errors and acts promptly to mitigate them

6.2.3: Identifies the interchangeability and bioequivalence of different proprietary products where applicable

6.2.4: Adapts labelling instructions to address person's needs

6.2.5: Accurately records details of medication incidents and actions taken, including clinical and professional interventions, to minimise their impact and prevent recurrence

6.2.6: Maintains the medicine supply chain to ensure the quality of medicines supplied and their safe disposal

Commentary for competency: This competence standard is concerned with the supply of prescription medicines and with a pharmacist's obligations to comply with the prescriber's intention only in so far as it is consistent with legal requirements and safety. The legal requirements for the form of a prescription and processes to confirm prescription validity and person's eligibility will be outlined in the organisation's (e.g., community pharmacy, hospital) Standard Operating Procedures (SOP). These SOPs will also outline the technical aspects of the dispensing process.

Performance outcomes for Competency 6.2: Dispenses therapeutic products safely and effectively		Example of advanced pharmacist practice
An intern pharmacist:	**A pharmacist:**	
Demonstrates ability to dispense prescriptions safely and effectively.	Practices safe and effective dispensing of prescriptions.	Practices safe and effective dispensing of prescriptions.

Competency 6.3: Compounds extemporaneous therapeutic products safely and effectively

Behaviours

6.3.1: Sources or produces quality extemporaneous products if no proprietary product is available

6.3.2: Applies knowledge of pharmaceutics when compounding products, including purpose of active ingredients and excipients within formulations, product stability, and quality standard required

6.3.3: Confirms formulation or uses evidence-informed approach to develop appropriate formulation where no standard formulation exists

6.3.4: Follows professional practices, conventions, applicable legislation, and standards for product preparation, including for aseptic preparation where carried out

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

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

Performance outcomes for Competency 6.3: Compounds extemporaneous therapeutic products safely and effectively		Example of advanced pharmacist practice
An intern pharmacist:	**A pharmacist:**	
Demonstrates ability to compound extemporaneous therapeutic products safely and effectively.	Compounds extemporaneous therapeutic products safely and effectively.	Compounds extemporaneous therapeutic products safely and effectively.

Competency 6.4: Administers therapeutic products

Behaviours

6.4.1: Undertakes appropriate clinical and administrative checks relating to the person and medicine prior to administration or self-administration of medicine

6.4.2: Obtains appropriate consent to administer the medicine

6.4.3: Uses national standards and professional guidelines when administering medicines or supervising medicine dosing

Commentary for competency: Pharmacists increasingly want to and are asked to administer therapeutic products (e.g., vaccines, intramuscular injections, methadone). Sometimes it may also be the result of an emergency e.g., a person needing an adrenaline auto-injector for anaphylaxis, or glucagon for hypoglycaemia. In exercising a pharmacist's professional accountability in the best interests of people when administering any treatment or medicine pharmacists must:

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

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

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

Performance outcomes for Competency 6.4: Administers therapeutic products		**Example of advanced pharmacist practice**
An intern pharmacist:	**A pharmacist:**	
Demonstrates ability to administer therapeutic products safely and effectively.	Administers therapeutic products safely and effectively.	Administers therapeutic products safely and effectively.

COMMENTARY

Back to Domain 7

Domain 7: Public Healthcare

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

Competency	7.1: Contributes to community health
Behaviours	7.1.1: Provides consistent evidence-informed advice to individuals and the public about potential benefits of preventative health activities
	7.1.2: Maintains awareness of community needs considering the cultural and social setting of the community
	7.1.3: Promotes an environment that enables public safety, wellness, health, and improves quality of life
	7.1.4: Advocates to promote health and access to quality health care and public health services for population groups at community or national level
	7.1.5: Maximises opportunities for providing advice, tools and support on maintaining and managing health through lifestyle choices and non-pharmacological interventions

Commentary for competency: Pharmacist contributes to public health by providing advice that support healthier lifestyle and reduces the incidence of ill health. Population health focuses on:

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

However, a population health approach also considers all factors that determine a person's health and wellbeing.

Performance outcomes for Competency 7.1: Contributes to community health		Example of advanced pharmacist practice
An intern pharmacist:	**A Pharmacist:**	
Provides consistent messages relevant to national health campaigns or local initiatives.	Delivers evidence-based public health information with content and language that is appropriate to the audience.	Acts to increase capacity to support health promotion initiatives for the community or target groups.

Competency 7.2: Promotes public health initiatives

Behaviours

7.2.1: Identifies and supports national and local health priorities and initiatives, including health screening programmes, targeted at achieving health equity

7.2.2: Informs and advises individuals about relevant programmes relating to health and medicines

7.2.3: Employs appropriate tools to clarify and reinforce education and to facilitate behavioural change

7.2.4: Participates in implementation of public health initiatives to assist communities and individuals prepare for health emergencies and disasters, including disease outbreaks

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

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

Performance outcomes for Competency 7.2: Promotes public health initiatives		Example of advanced pharmacist practice
An intern pharmacist:	**A pharmacist:**	
Explains options for enhancing access to reliable resources and information for maintaining health and wellness.	Effectively motivates individuals to undertake and/or continue with preventative health activities/lifestyle choices.	Initiates or collaborates in the planning and implementation of health promotion strategies.

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.
Aroha	Aroha refers to being loving, affectionate, caring, compassionate, kindly, sympathetic, and empathetic.
Carer	Any person responsible for assisting another person, including friends and family members who need help with everyday living because of ill health, disability or old age.
Clinical governance	A framework through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.
Collaboration	An interprofessional process of communication and decision making that enables the separate and shared knowledge and skills of team members to synergistically influence the ways services are provided or policies developed.
Colleague	A fellow pharmacist or health professional or fellow worker, which includes all persons who work within or are associated with a pharmacist's practice environment.
Competencies	Significant job-related knowledge, skills, abilities, attitudes and/or judgements required for competent performance by members of the profession.
Continuity (continuum) of care	Refers to the coordination and continuity of healthcare for an individual during a movement from one healthcare setting or provider to another as their condition and care needs change during a chronic or acute illness.

Term	Definition
Continuous quality improvement (CQI)	Quality Improvement (QI) is a continuous process that employs on-going cycles of improvement focused on 1) the structure, which represents the attributes of settings where care is delivered; 2) the process, or whether good practices are followed; and 3) the outcome, which is the impact of the care on health status. CQI a system that seeks to improve the provision of services with an emphasis on future results. Like total quality management, CQI has an emphasis is on maintaining quality in the future, not just controlling a process. It requires the participation of all members of an organisation in improving processes, products, services, and the culture in which they work. The process should empower employees to take responsibility for their own tasks in a way that encourages both continuous learning and personal responsibility. In a health care setting, this means a shift from an emphasis on tasks to an emphasis on outcomes of care.
Cultural safety	Cultural safety requires healthcare professionals and associated healthcare organisations to examine themselves and the potential impact of their own culture on clinical interactions and healthcare service delivery. This requires individual healthcare professionals and healthcare organisations to acknowledge and address their own biases, attitudes, assumptions, stereotypes, prejudices, structures, and characteristics that may affect the quality of care provided. In doing so, cultural safety encompasses a critical consciousness where healthcare professionals and healthcare organisations engage in ongoing self-reflection and self-awareness and hold themselves accountable for providing culturally safe care, as defined by the 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.

Term	Definition
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.
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.
Health promotion	The process of enabling people to increase control over their health and to improve their health outcomes. It embraces actions directed at strengthening the skills and capabilities of individuals, and is also directed towards changing social, environmental, and economic conditions to alleviate their impact on public and individual health.

Term	Definition
He Whakaputanga o te Rangatiratanga o Nū Tīreni	He Whakaputanga o te Rangatiratanga o Nū Tīreni is the Declaration of Independence signed in 1835 between the British Crown and leading Rangatira in the north of Aotearoa New Zealand. There were several purposes driving the signing of the declaration, these included trying to address the lawlessness of Pākehā in Kororareka, establishing the sovereignty of the hapū involved and creating stronger trade agreements between the British Crown and those hapū.
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.
Kanohi ki te kanohi	Face to face.
Kawa	Kawa refers to protocols of practice and customs, often associated with the marae. Kawa are the foundations that influence tikanga.
Kaumātua	An elder and person of status within the whānau, whose guidance is often sought on all manner of topics.
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.
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.
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 is centred 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 that it has an inherent connectedness with whanaungatanga and respect for both each other and ourselves.

Term	Definition
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.
Mentor	An experienced, skilled, and trustworthy person who is willing and able to provide guidance to less experienced colleagues. Mentors share their knowledge, expertise and experience on career, technical, professional, and cultural issues. Mentoring is therefore a complex, interactive process occurring between individuals of differing levels of experience and expertise which incorporates interpersonal or psychological development, career and/or educational development, and socialisation functions into the relationship.
Noa	Noa is the opposite of tapu and includes the concept of 'ordinary'. Noa can also lift the rules and restrictions of tapu.
Person	The terms "person", "people" and "individual" 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 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.
Pono	Pono means to be true, valid, honest, genuine, and sincere.
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, • a multi-disciplinary approach, • partnership with the populations served. Public health is about population groups rather than medical treatment of individuals and looks beyond health care services to the aspects of society, environment, culture, economy, and community that shape the health status of populations. Good public health is based on creating conditions that enable people to contribute and participate and requires the input of agencies beyond the health sector agencies.
Risk management	An approach to prevent or mitigate a potential risk through identification, analysis, mitigation, planning and tracking of root causes and their consequences.
Role model	A person regarded by others generally as a good example to follow with regards to their professional or social behaviour that one can base his or her own behaviour on, including adopting similar attitudes. A role model need not be known personally to the individual.
Rongoā	Traditional Māori medicine and treatments.
Scope of practice	Means any health service that forms part of a health profession and that is for the time being described; and in relation to a health practitioner of that profession, means 1 or more of such health services that the practitioner is, under an authorisation granted, permitted to perform, subject to any conditions for the time being imposed by the responsible authority; i.e., the range of health services and activities an intern pharmacist, pharmacist, or pharmacist prescriber is legally authorised to carry out.
Service user	A person who uses/ receives a health or disability service.
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.

Term	Definition
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.
Tautoko	To support, advocate for and verify.
Te ao Māori	The Māori world.
Te Ara Tika	Te Ara Tika are guidelines that outline a framework for addressing Māori ethical issues within the context of decision-making by ethics committee members.
Te Reo Māori	The Māori language.
Te Pae Mahutonga	Te Pae Mahutonga refers to the constellation of stars known as the Southern Cross. In this context it relates to Mason Durie's model for brining together the significant components of health promotion as they apply to Māori health (as well as others), which uses the Southern Cross as a model.
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.
Tika	Tika refers to being correct, true, right, accurate, fair, and just.
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.

Term	Definition
Waiata tautoko	A waiata tautoko is a support song often sung during the pōwhiri process. The purpose of the waiata tautoko is to show that the people support the speaker and what has been said.
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.
Whakawhānaungatanga	The process of establishing relationships and relating well to others.
Whānaungatanga	Whanaungatanga as an intergenerational belonging; a connectedness of whānau, hapū and iwi with each other and the lands, mountains, rivers, and places that they occupy. While whanaungatanga is indisputably about relationships, it is multifaceted and intricate and should not be confused with Western concepts of connection. Though relational processes are at the heart of whanaungatanga, it is about whakapapa and your place within it; it is where you have developed a kinship through shared experiences and an approach that centres on collectively and reciprocity.