

Pharmacy Council of New Zealand

# Competency Framework for the Pharmacy Profession

Scope of Practice – Pharmacist

# Competence Standard 1

## Practise Pharmacy in a Professional Manner

This competence standard describes the professional, legal and ethical responsibilities of the pharmacist. These responsibilities apply to all aspects of professional pharmacy practice.

**Range Statement:** Legislation referred to in this competence standard includes the following (refers to the latest editions and amendments)

Acts and Regulations and Codes of Practice that directly or indirectly impact on the professional practice of pharmacy include:

Advertising Standards Authority Inc. Code for Therapeutic Advertising 1999  
Consumer Guarantees Act 1993  
Dietary Supplement Regulations 1985  
Fair Trading Act  
Health Act 1956  
Health & Safety in Employment Act 1992  
Health Information Privacy Code 1994  
Health (Needles and Syringes) Regulations 1998  
Health (Retention of Health Information) Regulations 1996  
Hazardous Substances and New Organisms Act 1996  
Hazardous Substances and New Organisms Regulations  
Health Practitioners Competence Assurance Act 2003  
Medicines Act 1981  
Medicines (Designated Prescriber: Nurse Practitioner) Regulations 2005  
Medicines (Designated Prescriber: Optometrists) Regulations 2005

Medicines Amendment Act 2003  
Medicines (Standing Order) Regulations 2002  
Medicines Amendment Regulations 2006  
Medicines Regulations 1984  
Misuse of Drugs Act 1975  
Misuse of Drugs Regulations 1977  
Ministry of Health, Code of Practice for Child Resistant Packaging of Toxic Substances, 1998  
Ministry of Health, New Zealand Code of Good Manufacturing Practice for Manufacture and Distribution of Therapeutic Goods, 1993, Part 3: Compounding and Dispensing and Annex 1  
Pharmacy Council of New Zealand Code of Ethics 2004  
Quality Standards for Pharmacy in New Zealand 1996  
The Health and Disability Commissioner (Code of Health and Disability Consumers' Rights) Regulations 1996  
Toxic Substances Act and Regulations 1983

### Element 1.1 Work professionally in pharmacy practice

#### 1.1.1 Behaves in a professional manner

Examples of Evidence:

Maintains conduct becoming to a pharmacist towards other health professionals, patients & public  
e.g. behaviour, demeanour, conduct

#### 1.1.2 Maintains a consistent standard of work

Examples of Evidence:

Expects consistent standard of work from self & others  
Leads by example  
Explains quality systems & who is responsible in workplace

#### 1.1.3 Accepts responsibility for own work tasks and performance

Examples of Evidence:

Owens the results of her/his work  
Identifies tasks / aspects of practice for which she/he is personally responsible  
Identifies wider effect of his/her actions on individuals and the community

#### 1.1.4 Works within the limitations of own professional expertise

Examples of Evidence:

Identifies professional limitations  
Accesses information, advice & assistance for work tasks outside own professional expertise or experience

### **1.1.5 Works accurately**

#### Examples of Evidence:

Minimises mistakes  
Acts immediately to rectify harm arising from mistakes.  
Documents errors & steps taken to prevent their recurrence

### **1.1.6 Shares professional strengths with others**

#### Examples of Evidence

Trains other staff e.g. gives presentations relevant to pharmacy practice  
Discusses aspects of pharmacy practice with pharmacist colleagues

## **Element 1.2 Resolve problems and conflicts**

### **1.2.1 Solves own problems**

#### Examples of Evidence:

Differentiates between personal & professional problems  
Recognises indicators of impaired personal performance  
Ensures safe personal practice

### **1.2.2 Resolves conflicts**

#### Examples of Evidence:

Identifies conflicts in workplace  
Participates in conflict resolution processes

### **1.2.3 Works to resolve workplace and professional practice problems**

#### Examples of Evidence:

Identifies & explains potential workplace & professional practice problems  
Adopts questioning & analytical approach to problem solving  
Seeks solutions & opportunities to improve  
Works with others to resolve workplace or practice problems

## **Element 1.3 Undertake continuing professional development**

### **1.3.1 Reviews own professional practice**

#### Examples of Evidence:

Monitors performance against set standards e.g. ENHANCE - Reflection  
Identifies learning needs for Continuing Professional Development (CPD)

### **1.3.2 Undertakes professional development**

#### Examples of Evidence:

Discusses professional & practice issues with colleagues  
Reads pharmacy publications, e.g. *Pharmacy Today*, *Interactions*, professional journals. (as in ENHANCE – Planning/Action)  
Attends product /service seminars  
Completes courses, as necessary, to achieve identified learning goals  
Meets the Recertification requirements as set by the Pharmacy Council of NZ

## **Element 1.4 Practise pharmacy within a New Zealand cultural framework**

### **1.4.1 Demonstrates empathy and sensitivity to others' needs and values**

#### Examples of Evidence:

Is sensitive to different ethnic approaches to health  
Responds to New Zealand's cultural diversity

### **1.4.2 Complies with the intent of partnership, as set out in the Treaty of Waitangi**

#### Examples of Evidence:

Demonstrates awareness of New Zealand's bicultural society  
Ensures that Maori receive pharmacy services that meet their needs, as necessary  
If appropriate, liaises with Maori and Maori Health providers



## **Element 1.5 Comply with legal requirements and codes of ethics**

### **1.5.1 Understands and is able to explain the application of the legislation and codes relating to pharmacy practice**

Examples of Evidence:

Explains the application of the current legislation relating to pharmacy practice  
Accesses, explains the legal implications of negligence of & refers to the legislation

### **1.5.2 Complies with those parts of the legislation that apply to his/her pharmacy practice**

Examples of Evidence:

Fulfils legal requirements regulating pharmacy practice, e.g. if supplying poisons, complies with Toxic Substances Reg.  
Complies with the Code of Health & Disability Services Consumers' Rights

### **1.5.3 Complies with code of ethics for pharmacy practice**

Examples of Evidence:

Complies with the Pharmacy Council of NZ Code of Ethics  
Complies with workplace codes  
Discusses the application of Pharmacy Council of NZ Code of Ethics

## **Element 1.6 Communicate effectively**

### **1.6.1 Speaks clear English**

Examples of Evidence:

Speaks English equivalent to at least overall band 7.5 on the Academic Category of the International English Language Testing System (IELTS), with no less than 7 in each band.

### **1.6.2 Writes clear English**

Examples of Evidence:

Writes English of a standard expected of a professional practitioner, e.g. correct grammar & spelling  
Structures & presents written information in appropriate way for situation & meets needs of the receiver, e.g., faxes, emails, prescription annotations, letters, memos, referrals & appraisals

### **1.6.3 Communicates effectively with others**

Examples of Evidence:

Communicates effectively with others (pharmacy staff, colleagues, other health professionals, patients & other members of the public)  
Listens actively  
Asks questions that fit the situation  
Provides advice, information & recommendations

# Competence Standard 2

## Contribute to the Quality Use of Medicines

This competence standard covers the role of the pharmacist in promoting the quality use of medicines within an environment of professional pharmaceutical care. The Pharmacist's role includes selecting, recommending, monitoring and evaluating medicine therapy as part of a health care team. Rational medicine use refers to the evidence-based selection, monitoring and evaluation of medicine therapy in order to optimise health outcomes.

### Range Statement:

At this level the pharmacist's responsibilities are **reactive**, in that he/she carries out the tasks described in this standard in response to requests about individual patients. The pharmacist is responsible for making recommendations on and providing information about common medicines to other health professionals.

**Common medicines** are those listed in the latest edition of the *MIMS New Ethicals*

**Readily available references** are those available from within the pharmacy including current editions of *Martindale*, *MIMS New Ethicals*, *BNF*, *Pharmaceutical Schedule* and *Pharmacy Practice Handbook*.

### Element 2.1 Obtain individual patient history

#### 2.1.1 Accesses patient medicine records

Examples of Evidence:

Accesses records on pharmacy computer  
Obtains copies of records (computer/hard copy) from other health professionals.

#### 2.1.2 Interviews individual patients or their caregivers and/or other health professionals to obtain history of medicines and other therapies, if necessary

Examples of Evidence:

Obtains patient medicine history of prescription & non-prescription medicines, complementary therapies and compliance details

### Element 2.2 Interpret information about medicines

#### 2.2.1 Identifies common medicines by their approved generic, trade or common names

Examples of Evidence:

If given one form of a common medicine name, promptly identifies other forms from memory or a reference source

#### 2.2.2 Evaluates the available medicines, dose forms and methods of administration

Examples of Evidence:

Using readily available references, determines the advantages & disadvantages of different medicines, their dosages & dose forms for specific situations or patients

#### 2.2.3 Interprets generic equivalence of medicines from different manufacturers

Examples of Evidence

Determines brand equivalence from readily available reference sources.

## **Element 2.3 Review the medicine therapy of individual patients**

### **2.3.1 Interprets individual patient's medical history and medicine records**

Examples of Evidence:

Explains possible purposes of each medicine

### **2.3.2 For each medicine, checks the dosages and methods of administration are optimal**

Examples of Evidence:

Assesses efficacy & safety of medicine recognising pharmacokinetic factors, e.g. age, weight, pregnancy, other therapies

Assesses the suitability of dosage form with respect to efficacy, safety & compliance, e.g. tablets in a child, inhaler type for asthmatic

### **2.3.3 Assesses the effectiveness of the total medicine therapy**

Examples of Evidence:

Considers patient's history, indicators of efficacy & patient factors that may affect outcomes

Evaluates factors affecting availability & cost of medicine, e.g. unavailable brands, Pharmaceutical Schedule considerations

### **2.3.4 Identifies which adverse drug reactions (ADR's) should be reported to the Centre for Adverse Reactions Monitoring (CARM) and facilitates the reporting of these**

Examples of Evidence:

Identifies reportable ADR's and facilitates the reporting of these

Can explain how to report to CARM if the need arises

## **Element 2.4 Recommend necessary changes to medicine therapy of individual patients**

### **2.4.1 Identify necessary changes to medicine therapy**

Examples of Evidence:

Identifies potential medicine therapy problems e.g. overdoses, contraindications, interactions, incompatibilities, possible ADR's, possible effects with complementary therapies

### **2.4.2 Recommends the optimal medicine, dose form and method of administration for the patient**

Examples of Evidence:

If necessary, calculates optimal medicine dose for patient

For specific medicines, explains recommendations, including their dose forms, formulations, methods of administration

### **2.4.3 On request monitors the medicine therapy of individual patients**

Examples of Evidence:

Recognises patient symptoms that indicate medicine therapy should be monitored e.g. patient on warfarin is bruising easily; patient on NSAID develops GI problems

Liaises with methadone clinic re monitoring reducing doses in patients

Recommends blood tests for therapies that need monitoring e.g. lithium, TPN

Interprets patient indicators for therapy recommendations, e.g. blood tests for lipid lowering agents, clozapine, gentamicin dosing, warfarin dosing

## **Element 2.5 Maintain patient records**

### **2.5.1 Records patient information and updates patient records**

Examples of Evidence:

Complies with workplace procedures & regulations to maintain patient records

E.g. maintains prescription records for 10 years

### **2.5.2 Maintains privacy and security of patient information**

Examples of Evidence:

Complies with the Health Information Privacy Code and amendments & workplace procedures regarding security of patient information

### **2.5.3 Records clinical decisions and recommendations.**

Examples of Evidence:

Documents recommendations & outcomes of medicine therapy reviews

e.g. interventions book, annotations on prescriptions, written report to prescriber

## **Element 2.6 Communicate effectively**

### **2.6.1 Communicates verbal and written information fit for the receiver**

#### Examples of Evidence

Uses language fit for the receiver, e.g. avoids unnecessary technical jargon  
Uses questioning & listening skills effectively  
Explains clinical & medicine information clearly

### **2.6.2 Communicates effectively with prescribers and other health professionals**

#### Examples of Evidence:

Uses questioning & listening skills to elicit information  
Communicates clearly with individual health professionals  
Provides medicine information & recommendations in format fit for the situation: letters, faxes, emails & verbally by telephone or face-to-face

### **2.6.3 Communicates effectively with patients**

#### Examples of Evidence

Uses questioning & listening skills to elicit patient history information  
Explains clinical & medicine information clearly  
If necessary uses aids to ensure patients understand information, e.g. language cards, videos, large print labels and Braille cards.

# Competence Standard 3

## Provide Primary Health Care

This competence standard concerns the role of the pharmacist in encouraging and assisting people to take responsibility for their own health. Primary health incorporates holistic care of patients including attention to lifestyle, diet, health promotion, illness prevention, referral and the supply of non-prescription medicines, therapies, diagnostic and therapeutic aids. This involves the pharmacist in treatment, referral and education.

### Range Statement:

At this level the pharmacist's responsibilities are **reactive** in that he/she provides primary health care advice and treatment to individual patients in response to requests. The pharmacist provides assessment, treatment and advice for common minor conditions. The pharmacist's treatment options include all over-the-counter medicines (including Pharmacist Only medicines) and therapies, common diagnostic and therapeutic aids, advice and counselling and referral to other health professionals. Therapies include complementary medicines, herbal remedies and other healthcare products not provided by another healthcare provider.

### Element 3.1 Elicit a patient history

#### 3.1.1 Elicits relevant patient history information

Examples of Evidence:

Ascertains current signs & symptoms, other medical conditions, current & previously tried medicines, allergies & sensitivities  
Observes patient, e.g. approximate age, visible symptoms  
Ensures patient privacy & confidentiality of patient information

#### 3.1.2 Identifies the immediate problem with which the patient presents

Examples of Evidence:

Makes an assessment of patient's condition on basis of history

#### 3.1.3 Interprets patient medicine records

Examples of Evidence:

If appropriate, looks in records for contraindications, interactions & factors contributing to presenting problem

### Element 3.2 Determine the best treatment options for patients

#### 3.2.1 Evaluates patients' situations to determine whether to treat or refer

Examples of Evidence:

Evaluates signs, symptoms & history to determine what can be managed by pharmacist  
Identifies situations that cannot be managed by pharmacist

#### 3.2.2 Refers patients and complies with professional, ethical and workplace conventions and legal requirements when referring patients

Examples of Evidence:

Explains to patient the need to see another health professional  
Refers patients to prescriber if patients' medicine fails in its purpose or causes an untoward effect  
Offers to assist with accessing other health professionals  
Seeks informed consent, maintains confidentiality & fulfils requirements of the Privacy Act when contacting another health professional on behalf of patient

### **Element 3.3 Facilitates the supply of non-prescription medicines or therapies**

#### **3.3.1 Selects non-prescription medicines to meet patient's acute needs**

Examples of Evidence:

Checks ingredients to ensure product is indicated for patient's situation  
Checks that product is safe for patient,  
e.g. considers interactions, contraindications & patient factors (e.g. pregnancy & age).  
Checks appropriate dose form e.g. liquid for child

#### **3.3.2 Counsels patients about the use of non-prescription medicines**

Examples of Evidence:

Informs patients on correct & safe use, side effects, storage, precautions & contraindications

#### **3.3.3 Complies with legal requirements and professional and ethical conventions regarding the supply of non-prescription medicines**

Examples of Evidence:

Records sales of Pharmacist Only Medicines  
If an accredited Emergency Contraceptive Pill (ECP) pharmacist, supplies ECP in accordance with Pharmacy Council of NZ ECP standards and best practice guidelines  
Identifies requests that indicate potential for misuse  
Complies with Pharmacy Council of NZ Code of Ethics and professional guidelines regarding potential misuse of non-prescription medicines

### **Element 3.4 Advise on diagnostic aids**

#### **3.4.1 Explains the use and purpose of diagnostic products**

Examples of Evidence:

e.g. blood glucose test kits, pregnancy tests, blood pressure meters

#### **3.4.2 Advises and counsels patients about the use of diagnostic aids**

Examples of Evidence:

Advises on correct use & care of diagnostic aids  
Demonstrates & explains the correct way to use products, e.g. safety & hygiene  
Checks for patient understanding, e.g. asks patient to repeat back instructions

### **Element 3.5 Advise on non-pharmaceutical methods to treat current primary health conditions**

#### **3.5.1 Counsels patients about self-help measures to reduce current symptoms or discomfort**

Examples of Evidence:

Provides advice on non-medicine measures to alleviate symptoms, e.g. steam inhalations for head cold congestion

#### **3.5.2 Informs and advises patients about community health support agencies/organisations and pharmacy-based primary health care programmes**

Examples of Evidence:

Advises patients about available agencies & programmes & where & how to access them,  
e.g. Plunket, Maori health workers, Age Concern, Asthma Society  
e.g. Pharmacy Self Care, methadone & needle exchange programmes Comprehensive Pharmaceutical Care® & Pharmaceutical Review Services (PRS)

## **Element 3.6 Apply first aid**

### **3.6.1 Applies emergency first aid measures**

Examples of Evidence:

For entry to scope of practice as a pharmacist - holds a current First Aid Certificate in the NZQA unit standards **6400** - Manage First Aid , **6401** - Provide First Aid and **6402** – Provide Resuscitation level 2. Holds a certificate in an approved course to NZ Resuscitation Council Level 2 or NZQA Unit Standard 6402 – Provide resuscitation level 2. (Refresher courses must be undertaken every three years to remain current)

### **3.6.2 Refers first aid emergencies to other health professionals**

Examples of Evidence:

Explains referral procedures for specified first aid emergencies,  
e.g. cardiac arrest ⇐ ambulance, asthma attack ⇐ doctor.  
Identifies symptoms of, & potential for, poisoning from medicine overdoses

### **3.6.3 Provides treatment for minor injuries**

Examples of Evidence:

Range: minor sprains, strains, cuts & grazes, burns, allergic reactions.  
Uses Standard Precautions when dealing with blood/body fluids, e.g. wears gloves for handling blood/body fluids; washes hands between patient contacts

### **3.6.4 Advises on the use of bandages and dressings**

Examples of Evidence:

Explains purpose & use of different dressings/bandages  
Advises & counsels patients about correct use of bandages/dressings

## **Element 3.7 Counsel and advise to promote good health and reduce disease**

### **3.7.1 Counsels patients about lifestyle changes, which may reduce illness**

Examples of Evidence:

Counsels patients about measures to promote health & reduce disease,  
e.g. smoking cessation, exercise, healthy diet, moderating alcohol intake, sun protection, lifestyle factors related to heart disease, diabetes & osteoporosis.

### **3.7.2 Informs and advises patients about preventing the spread of disease**

Examples of Evidence:

Counsels patients about preventing the spread of disease including: encourages appropriate immunisation, preventing the spread of meningococcal disease, headlice, chicken pox, measles, safe sexual practices related to STDs and HIV/AIDS, intravenous drug use & blood-borne diseases.

### **3.7.3 Informs and advises patients about screening programmes and community programmes relating to health care and medicines**

Examples of Evidence:

Counsels patients about measures to detect diseases,  
e.g. cervical screening, mammography, glaucoma checks, mole & skin cancer checks.  
Participates in national programmes and local initiatives, e.g. provides sun-sense information, DARE programmes, safe disposal of medicines campaign (DUMP).

## **Element 3.8 Communicate effectively**

### **3.8.1 Establishes rapport with the patient.**

Examples of Evidence:

Uses body language to establish empathy & rapport  
Uses open & approachable body stance, facial expression  
Respects individual & cultural differences

### **3.8.2 Uses active listening techniques and asks questions relevant to the situation**

Examples of Evidence:

Is attentive to patient and asks relevant questions in a logical sequence  
Paraphrases to confirm & clarify information from patient

### **3.8.3 Tailors information to fit the patient and the situation**

Examples of Evidence:

Adapts information for patient's level of comprehension & avoids technical jargon  
Uses varied formats (e.g. verbal & written information, physical demonstration, diagrams/pictures, placebo devices) to best fit patients' needs

### **3.8.4 Checks patients' understanding**

Examples of Evidence:

Listens, questions & interprets body language to ensure understanding  
Gets patient to demonstrate or explain the treatment or advice  
Asks patient to repeat back information if necessary

# Competence Standard 4

## Apply Management and Organisation Skills

This competence standard covers the organisation and management skills common to all pharmacists. It encompasses the ability to deal with contingencies in the workplace as well as routine work.

### Range Statement:

At this level the pharmacist is responsible for management and organisation of his or her **own work** and professional duties within the workplace. The pharmacist may work alone or with other pharmacists and, if in a pharmacy, takes responsibility for the work of non-pharmacist staff.

### Element 4.1 Take responsibility in the work place

#### 4.1.1 Organises own work

Examples of Evidence:

Explains own work & responsibilities in work place  
Meets deadlines  
Prioritises work  
Decides what to do, plans to get it done & does it

#### 4.1.2 Takes responsibility for the work of non- pharmacist staff

Examples of Evidence:

Describes roles & responsibilities of non-pharmacist staff  
Supervises work of non-pharmacist staff e.g technicians & assistants  
Works with others to prioritise & organise workflow

#### 4.1.3 Supports the work of colleagues in the work place

Examples of Evidence:

Describes pharmacist's role & responsibilities in workplace  
Works in partnership with colleagues in work place, if applicable, to ensure safe practice

### Element 4.2 Work effectively within the work place organisation

#### 4.2.1 Works with the documented procedures and systems

Examples of Evidence:

Works within organisation's Standard Operating Procedures (SOPs).  
Uses computer programmes & other systems in workplace

#### 4.2.2 Maintains effective working relationships with other staff

Examples of Evidence:

Works with others to maintain an open & supportive team  
Explains the effects of own actions on other staff

#### 4.2.3 Supports workplace-based training

Examples of Evidence:

Participates in workplace-based training  
Trains staff in workplace systems & operations

## **Element 4.3 Facilitate a safe working environment**

### **4.3.1 Complies with legislation relating to occupational health, welfare and safety**

Examples of Evidence:

Explains own responsibilities under the Health & Safety in Employment Act 1992

### **4.3.2 Ensures work areas are safe and hygienic**

Examples of Evidence:

Takes responsibility for maintaining cleanliness & safety of workplace

Ensures work areas comply with the *Quality Standards for Pharmacy in NZ*

### **4.3.3 Ensures the safe handling, storage and disposal of potentially hazardous materials**

Examples of Evidence:

Follows workplace guidelines for the handling, storage & disposal of potentially hazardous materials – both pharmaceutical and workplace chemicals

Oversees non-pharmacist staff to ensure they follow workplace guidelines for the handling, storage & disposal of potentially hazardous materials

### **4.3.4 Follows the safety procedures to be implemented in the event of an emergency**

Examples of Evidence:

Describes examples of pharmacy emergencies

Explains existing workplace safety procedures

## **Element 4.4 Contribute to the management of workplace services**

### **4.4.1 Contributes to the maintenance and development of work place procedures and services**

Examples of Evidence:

Works with other staff to develop & amend work place procedures (e.g. SOPs)

Contributes ideas for improving services

Works with others to ensure adequate staffing levels

If a locum, contributes suggestions for developing workplace procedures

### **4.4.2 Works with others to ensure adequate supplies of stock and equipment**

Examples of Evidence:

Works within work place guidelines to order medicines & equipment

Oversees non-pharmacist staff to ensure they work within work place guidelines for ordering medicines & equipment

### **4.4.3 Complies with agreed conditions of employment**

Examples of Evidence:

If an employee, complies with employment conditions agreed with employer e.g hours of work

If an employer, complies with employment conditions agreed with employee

## **Element 4.5 Communicate effectively**

### **4.5.1 Communicates effectively with other personnel in the work place**

Examples of Evidence:

Participates in staff discussions

Explains new or changed procedures to staff members

Maintains constructive dialogue with all staff

### **4.5.2 Communicates effectively with representatives from outside the workplace**

Examples of Evidence:

If necessary, maintains constructive dialogue with drug company representatives, stock & equipment wholesalers & manufacturers & other health professionals



# Competence Standard 5

## Research and Provide Information

This competence standard covers the role of the pharmacist in providing health-related information to other health professionals, patients and the public. The pharmacist's role includes finding, interpreting, evaluating, compiling, summarising, generating and disseminating information, for the purpose of optimising medicine related health outcomes.

The research component of this standard applies to both applied and practice-based research covering medicines and all areas within pharmacy and health. This includes science, social, cultural, economic and management factors in the health field.

### Range Statement:

The pharmacist's medicine and health care information responsibilities are **reactive**, in that he/she carries out the tasks described in this standard in response to requests from patients, members of the public and health professionals. The pharmacist accesses and uses standard references sources to obtain information about medicines or health care and provides accurate information to other health professionals, patients and the public in a manner that is timely and suitable for the receiver.

**Common medicines** are those listed in the latest edition of the *MIMS New Ethicals*.

**Readily available references** are those available from within the pharmacy including current editions of *Martindale*, *MIMS New Ethicals*, *BNF*, *Pharmaceutical Schedule*, a medical dictionary and web-based sources.

The pharmacist undertakes workplace-based research that provides new personal knowledge and/or facilitates more effective medicine use or workplace management.

### Element 5.1 Use reference sources to compile medicines and health care information

#### 5.1.1 Describes reference sources

Examples of Evidence:

Describes availability & scope of common reference sources including reference texts and computer databases  
Explains limitations of available reference sources

#### 5.1.2 Finds information in reference sources

Examples of Evidence:

Accesses tertiary medicine information sources e.g. *BNF*, *MIMS New Ethicals*

Accesses secondary medicines information sources e.g. *Martindale*, *Medline*

Selects optimal reference sources for situation

Finds specified information in a timely manner, including information on:  
patient factors, interactions, precautions & contraindications, therapeutic efficacy, dosages, dose forms, methods of administration & side effects

## **Element 5.2 Interpret information about medicines and health care**

### **5.2.1 Evaluates situation to determine if able to provide information to the required level or needs to refer**

Examples of Evidence

Responds to enquiries, if within own level of expertise

If necessary, refers enquiry to another health professional e.g. specialist medical practitioner, CARM, medicines information centre

### **5.2.2 Differentiates between information sources regarding their reliability**

Examples of Evidence:

Recognises differences between peer-reviewed research and promotional material e.g. advertising material

Explains difference between manufacturers information (e.g. Medicines data sheets) & independent editorial-based sources (e.g. Martindale)

### **5.2.3 Compares information from different sources**

Examples of Evidence:

Compares information when two reference sources give different advice, and determines what outcome to recommend e.g. significance of drug interactions

Recognises that cultural, economic and political contexts shape information from different sources

### **5.2.4 Interprets information on behalf of other health professionals, patients and members of the public**

Examples of Evidence:

Relates information to specific situations. patients or requests

Relates information found to the situation e.g. gives patient-specific answer if appropriate

## **Element 5.3 Provide information about medicines use and health care.**

### **5.3.1 Explains the pharmacology and therapeutic use of common medicines**

Examples of Evidence:

Either from memory or reference sources, explains therapeutic use, patient factors, ADRs, interactions & contraindications for common medicines

Provides references to substantiate information

### **5.3.2 Advises about the use of medicines**

Examples of Evidence:

Explains the safe use of medicines, including warnings & precautions & special storage requirements of specific medicines

### **5.3.3 Provides medicines and health care information to individuals and groups**

Examples of Evidence:

Provides responses to queries from members of the public or other health professionals

If asked, addresses groups of health care professionals, patients or members of the public e.g. Asthma Society meeting or a group of diabetes patients

## **Element 5.4 Apply research findings in the workplace**

### **5.4.1 Identifies research opportunities in the workplace**

Examples of Evidence:

Identifies the need for research,

e.g. Identify the need to: improve workflow in the dispensary, cut down clerical calls to doctors, improve use of pharmacy floor space

### **5.4.2 Gathers information and resolves identified problems**

Examples of Evidence:

Gathers information on a workplace/research problem & works to resolve this

e.g. produces a regular bulletin to doctors about Pharmac changes

Adopts a questioning approach to problem solving



## **Element 5.5 Communicate effectively**

### **5.5.1 Responds to queries and requests for medicines and health care information**

Examples of Evidence:

Listens and interprets information from enquirer e.g. paraphrases to ensure request is understood

Asks questions to elicit all the information

Agrees on time frame for response

### **5.5.2 Communicates verbal and written information fit for the receiver**

Examples of Evidence:

Avoids technical jargon when talking with patients

Provides information fit for situation: letters, faxes, emails & verbally by telephone & face-to-face

### **5.5.3 Communicates effectively with other health professionals and patients**

Examples of Evidence:

Communicates clearly with individual health professionals to pass on information

Explains information clearly to patients & if necessary uses additional aids

e.g. language cards, videos, interpreters, large print labels & Braille cards

# Competence Standard 6

## Dispense Medicines

This competence standard covers the supply of Prescription Medicines and Pharmacist Only Medicines, including extemporaneously compounded products. The dispensing process includes all actions and responsibilities of the pharmacist from receipt of a prescription, medicine order or patient request through to counselling the patient about the use of the medicine.

### Range Statement:

The pharmacist processes all prescriptions and medicine orders (including Practitioners Supply Orders and Bulk Supply Orders) received in written form or by fax, telephone or computer. He or she dispenses Pharmacist Only Medicines and all categories of Prescription Medicines.

### Element 6.1 Validate prescriptions

#### 6.1.1 Checks prescriptions are complete, legal and authentic

Examples of Evidence:

Identifies whether or not prescriptions are complete &/or legal.  
Checks compliance with Regs 41 & 42, Med Regs 1984  
Identifies possible fraudulent prescriptions

#### 6.1.2 Obtains information needed to make prescriptions complete and correct

Examples of Evidence:

Obtains information from prescriber, patient & other sources as defined in Reg 41 Med Regs 1984  
Checks with prescriber if instructions/prescription details unclear

#### 6.1.3 Annotates prescriptions

Examples of Evidence:

Annotations as defined in DHB's Procedures Manual  
e.g. ensures annotations are distinguishable from what doctor has written  
Annotates according to hospital pharmacy procedures (e.g. SOPs)

#### 6.1.4 Verifies prescriptions received by fax, telephone or email

Examples of Evidence:

Complies with legal requirements: Reg 40 Meds Regs 1984, Reg 34 Misuse of Drugs Regs 1977  
Follows workplace practices & professional conventions when verifying prescriptions

### Element 6.2 Assess Prescriptions

#### 6.2.1 Determines whether individual prescriptions should be dispensed

Examples of Evidence:

Recognises problem prescriptions, eg incorrect/inappropriate prescribing

#### 6.2.2 Follows workplace dispensing criteria when dispensing a prescription item

Examples of Evidence:

Checks medicine funding status in the Pharmaceutical Schedule  
Checks if medicine fulfils hospital dispensing criteria

#### 6.2.3 Prioritises prescriptions

Examples of Evidence:

Checks urgency needed to dispense each prescription  
Organises prescriptions in order of priority

#### 6.2.4 Determines the stock availability of prescribed medicines

Examples of Evidence:

Checks medicine available in pharmacy  
Determines where & when the medicine can be obtained if not available,  
eg wholesaler or another pharmacy



## **Element 6.3 Interpret prescriptions**

### **6.3.1 Identifies prescribed medicines**

Examples of Evidence:

Identifies trade, generic & common names for prescribed medicines  
Uses reference sources to find medicine names

### **6.3.2 Explains the therapeutic use of prescribed medicines**

Examples of Evidence:

Explains pharmacology of each medicine, using reference if necessary

### **6.3.3 Interprets prescription instructions**

Examples of Evidence:

Interprets abbreviations of dosage & dose forms  
Interprets the prescriber's intention

## **Element 6.4 Review patients' medicines in relation to their histories**

### **6.4.1 Accesses patient medicine records**

Examples of Evidence:

Accesses computerised/written records held in own pharmacy.  
Accesses medicine records held in other pharmacies or by other health professionals.

### **6.4.2 Verifies details of patient medicine records with patients, their caregivers or other health professionals**

Examples of Evidence:

Ensures records reflect actual medicine intake of patient

### **6.4.3 Detects medicine problems from individual patients' medicine histories**

Examples of Evidence:

Identifies omissions, dosage changes, inappropriate use, ADRs, non-compliance, prolonged use, misuse or abuse, interactions, incompatibilities, contraindications

### **6.4.4 Identifies patient factors likely to affect the efficacy or safety of specified medicines**

Examples of Evidence:

e.g. age, weight, pregnancy, breast-feeding, disabilities, allergies, risk factors, other medicines

## **Element 6.5 Decide what is safe and appropriate to dispense**

### **6.5.1 Confirms that each selected medicine is suitable for the patient**

Examples of Evidence:

Confirms that dosage, route of administration & duration of therapy are suitable  
Identifies possible interactions or incompatibilities

### **6.5.2 Addresses factors likely to affect patient compliance**

Examples of Evidence:

Identifies factors likely to affect patient compliance & determines ways to deal with these, e.g. tablet use in children, breaking tablets  
Selects compliance aids, e.g. asthma spacers; tablet cutter; single dose packaging

### **6.5.3 Applies all patient information to dispensing decisions**

Examples of Evidence:

Based on all information gathered decides whether can dispense or need to contact prescriber or patient

### **6.5.4 Contacts prescriber to recommend medicine, dose or dose form changes.**

Examples of Evidence:

Contacts prescriber and documents discussion outcomes,  
e.g. annotates on prescription, records in interventions book



## **Element 6.6 Fill prescriptions**

### **6.6.1 Obtains prescribed medicines**

Examples of Evidence:

Locates stock in pharmacy

Obtains stock from other sources, if not available in pharmacy

### **6.6.2 Maintains a logical, safe and disciplined dispensing procedure**

Examples of Evidence:

Selects correct product, dose form & quantity for each prescribed medicine

Dispenses off prescription, not label

### **6.6.3 Fulfils the conditions & requirements specified in the relevant legislation**

Examples of Evidence:

Complies with legal requirements of Misuse of Drugs Regs and Medicines Regs

### **6.6.4 Provides emergency supplies of prescription medicines**

Examples of Evidence:

Determines need for an emergency supply

Complies with legal requirements & professional conventions regarding dispensing emergency supplies of prescription medicines (Reg 44 Meds Regs 1984)

## **Element 6.7 Package medicines to optimise safety and compliance**

### **6.7.1 Packages medicines in suitable containers**

Examples of Evidence:

Selects optimal container for the medicine, e.g. light-protective container

Selects optimal container for the patient, e.g. child resistant closures, single dose packaging

### **6.7.2 Produces comprehensible and complete labels for medicines**

Examples of Evidence:

Includes all information specified by prescriber & necessary cautions/advice

Attaches labels securely without obscuring relevant information, eg expiry date

Fulfils legal requirements & professional conventions re labelling of medicines (Reg 23 Meds Regs 1984)

Adapts labelling to meet patients' needs, e.g. poor sight

## **Element 6.8 Maintain dispensing records**

### **6.8.1 Maintains patient records**

Examples of Evidence:

Maintains patient medicine records, including patients' administrative information & details of prescribed medicines, e.g. repeats allowed, prescriber details.

### **6.8.2 Maintains medicine records**

Examples of Evidence:

Maintains medicine records, e.g. emergency supply, Pharmacist Only Medicines, Controlled Drugs, unregistered medicines

### **6.8.3 Fulfils legal requirements and professional conventions regarding maintenance of records**

Examples of Evidence:

Complies with legal requirements: Reg 57 Meds Regs 1984, Health (Retention of Information) Regs 1996, Sect 18 Meds Act 1981

Maintains dispensing records of patients on IMMP & forwards to CARM in Dunedin every 4 months.

## **Element 6.9 Minimise dispensing errors**

### **6.9.1 Explains the general potential for errors in the dispensing process**

Examples of Evidence:

Identifies steps in dispensing procedure that are potential problem areas  
Identifies actions to minimise actual/potential problem areas

### **6.9.2 Acts to minimise the effects of his/her dispensing errors**

Examples of Evidence:

Identifies potential/actual errors in own dispensing  
Acts to minimise effect on patient,  
e.g. contacts patient, contacts prescriber, supplies correct medicine.  
Documents own dispensing errors & actions undertaken to minimise their effects  
Complies with workplace procedures for documenting dispensing errors

### **6.9.3 Rectifies dispensing errors immediately**

Examples of Evidence:

Alters own dispensing procedure to prevent recurrence of previous errors

## **Element 6.10 Counsel patients about their medicines**

### **6.10.1 Ensures patient receives the correct medicine**

Examples of Evidence:

Check patient details, e.g. name & address.

### **6.10.2 Ascertains patients' understanding of their medicines**

Examples of Evidence:

Talks with/questions patients to find out their understanding of medicines purpose & compliance

### **6.10.3 Informs and advises about medicines**

Examples of Evidence:

Explains indications for use & benefits of medicines  
Advises on dosage, storage, alterations in formulation/packaging, different brands supplied on generic-request medicines  
Advises about precautions & adverse effects without alarming patients  
Advises on frequency; relationship to food & duration of therapy  
Provides written information, e.g. pamphlets, self care cards

### **6.10.4 Demonstrates the correct method of administering medicines**

Examples of Evidence:

Provides compliance aids if necessary, e.g. asthma spacers; tablet cutter  
Provides verbal & written information & physical demonstrations to explain special techniques for using:  
- inhalers, ear, nose & eye drops, nasal & oral sprays, suppositories & pessaries  
- creams, lotions, patches & dressings  
- cutting/dissolving tablets

### **6.10.5 Check patients' understanding of the advice and counselling**

Examples of Evidence:

Listens attentively or questions patient to determine understanding  
Gets patient to repeat information to ensure understanding

### **6.10.6 On request informs and advises patients about their conditions and diseases**

Examples of Evidence:

Ascertains patients' understanding of their conditions/diseases  
Provides verbal & written advice, e.g. pamphlets, self care cards

## **Element 6.11 Communicate effectively**

### **6.11.1 Communicates effectively with prescribers**

Examples of Evidence :

Uses questioning and listening skills to elicit information  
Clearly communicates proposed prescription changes and recommendations

### **6.11.2 Uses language and non-verbal communication to suit the patient**

Examples of Evidence:

Talks to patients in lay terms, avoiding technical jargon  
Uses gestures, voice tone, stance, & facial expressions to suit situation & patient

### **6.11.3 Tailors information to suit the patient**

Examples of Evidence:

Adapts information to suit patient's comprehension level  
Uses varied formats to provide information in a way that suits patients' needs,  
e.g. verbal, physical demonstration, written, pictorial, models & placebo devices

### **6.11.4 Asks relevant questions**

Examples of Evidence Guide:

Uses questions to check patient understands advice & counselling  
Listens attentively to response

# Competence Standard 7

## Prepare Pharmaceutical Products

This competence standard covers the preparation of pharmaceutical products in community and hospital pharmacies.

### Range Statement:

The pharmacist prepares small quantities of non-sterile products and/or sterile products, including creams, ointments, suppositories, mixtures, suspensions, solutions and/or TPNs, eyedrops, injections and subcutaneous syringes.

The pharmacist prepares products according to:

- the *Quality Standards for Pharmacy in New Zealand*, Standard 6.3, and
- the *New Zealand Code of Good Manufacturing Practice for the Manufacture and Distribution of Therapeutic Goods*, Part 3, for small scale compounding.

The pharmacist explains the principles of aseptic dispensing and recognises situations in which it is necessary.

### Element 7.1 Explain compounding principles and procedures

#### 7.1.1 Explains the principles of compounding

Examples of Evidence:

Explains use of techniques & equipment,

e.g. grinding, mixing, heating, order of addition of ingredients, balances & weights.

Describes role of buffers, preservatives, antioxidants & suspending agents

Explains the principles of sterile compounding, e.g. no-touch technique, use of laminar-flow cabinets.

#### 7.1.2 Explains the principles of medicine stability

Examples of Evidence:

Explains effects of moisture, oxygen, sunlight, temperature & micro-organisms on stability & clinical effectiveness of finished product

### Element 7.2 Recognises under what conditions extemporaneously prepared products can be prepared

#### 7.2.1 Differentiates between prescriptions that require aseptic dispensing and those that don't

Examples of Evidence:

Identifies dosage forms that must be prepared with aseptic techniques in a clean room environment

e.g. those instilled, injected or used to irrigate sterile body cavities

Does not attempt to make eyedrops in normal dispensary area

#### 7.2.2 Recognises extemporaneously prepared products that must be prepared under special conditions to minimise environmental risk

Examples of Evidence:

Identifies cytotoxic preparations that must be prepared in a chemotherapy isolator or preparation unit.

Identifies potentially harmful ingredients and products e.g. podophyllin, and ensures they are dealt with safely, including storage and transport

## **Element 7.3 Determines appropriate formulation**

### **7.3.1 Selects formulations**

Examples of Evidence:

Selects correct formulations for specified products

Accesses formulations used in workplace or uses reference sources

### **7.3.2 Interprets formulations**

Examples of Evidence :

Interprets common terminology & abbreviations, e.g. ingredients, instructions, dose forms, quantities

Identifies trade, generic & common names of ingredients

Identifies problem formulations,

e.g. incorrect proportions, drug instability, vehicle instabilities, inaccuracies, precipitations, syringe compatibilities/incompatibilities.

### **7.3.3 Explains the purpose of ingredients within formulations**

Examples of Evidence:

Explains what each ingredient is - stabilisers, therapeutic agents, preservatives, vehicles, diluents, antioxidants, suspending agents, flavouring agents e.g. methylcellulose is a suspending agent.

Explains the role of TPN components and the balance required between these

### **7.3.4 Modifies formulations within existing guidelines**

Examples of Evidence:

Modifies formulations to ensure product is stable & suitable for intended use

Follows manufactures' guidelines, or appropriate reference source, for dilution of solutions, suspensions & ointments

Explains the limits of modifications that can be made to formulations, e.g. addition of electrolytes to TPNs, additions to creams

## **Element 7.4 Compound pharmaceutical products**

### **7.4.1 Prepares worksheet and calculations and labels**

Examples of Evidence:

Calculates quantities of ingredients & end product to 100% accuracy, and documents this  
Produces clear labels for end products, including full patient instructions, expiry dates, storage information and any supplementary advisory labels

### **7.4.2 Obtains stock and equipment and prepares work area**

Examples of Evidence:

Obtains correct form & strength of ingredients needed for product

Checks each ingredient to ensure it is fit to use,

e.g. checks expiry date, signs of degradation, stored correctly (temperature & protection from light & moisture), stability if packaging already opened. Checks ingredient is pharmaceutical grade.

Ensures equipment and work area are appropriate, clean & tidy e.g. ointment slab cleaned; positive pressure areas maintained in sterile unit

Ensures personnel are appropriately prepared for aseptic production, e.g. handwashing, appropriate clothing

### **7.4.3 Compounds pharmaceutical products applying suitable compounding techniques and principles**

Examples of Evidence:

Uses appropriate compounding technique to prepare product

Weighs or measures correct quantity of ingredients

Follows professional conventions & formulation principles when compounding

Uses aseptic, no-touch technique for sterile preparations

### **7.4.4 Examines final product for particulate contamination and homogeneity**

Examples of Evidence:

Undertakes a visual final check for product, e.g. checks for particulate contamination, uniform mixing, aesthetically pleasing products

Complies with workplace quality control procedures for assessment of final product e.g. assays of active ingredients, sterility checks

### **7.4.5 Complies with current legislation, codes, standards and work place practices for the compounding and preparation of pharmaceutical products**

Examples of Evidence:

Complies with rules of schedule or formulary, relevant for the product

Complies with Code of GMP, Quality Standards for Pharmacy in NZ & workplace SOP's

### **7.4.6 Packs and labels compounded products to optimise safety and compliance**

Examples of Evidence:

Packs each compounded product in container suitable for type, quantity, intended use & storage requirements of product, e.g. protected from light & moisture, container suited to product & use, bottle with dropper dispenser for ear drops.

Attaches labels securely, without obscuring relevant information, e.g. graduations on syringes, poison bottle ribs

### **7.4.7 Ensures optimal storage of ingredients and compounded products**

Examples of Evidence:

Complies with optimal storage conditions regarding: temperature, light, moisture, type of container, transport of product

### **7.4.8 Cleans and maintains compounding equipment**

Examples of Evidence:

Cleans all equipment after use

Checks & maintains equipment according to manufacturers' instructions & workplace SOP's

Ensures aseptic preparation areas are monitored, serviced and cleaned regularly

### **7.4.9 Completes documentation and records**

Examples of Evidence:

Completes batch sheets, worksheets & records accurately & legibly

Completes & verifies worksheets & batch sheets & files documentation according to current legislation, codes, standards & work place practices e.g. Controlled Drug Register.

Ensures an authorised person verifies all work.



## **Element 7.5 Communicate effectively**

### **7.5.1 Writes in clear English**

Examples of Evidence:

Produces all labels, records & instructions in clear legible English with no spelling or grammatical errors

### **7.5.2 Communicates effectively with prescribers, health professionals, care givers and patients**

Examples of Evidence:

Uses questioning and listening skills to elicit information

Clearly communicates proposed formulation requirements and changes with prescriber

Communicates effectively with end user of product about the use of the product, e.g. TPN administration, eye drop use