

RECERTIFICATION FRAMEWORK AND GUIDELINES

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Recertification Framework

INTRODUCTION

The Pharmacy Council was established under the Health Practitioners Competence Assurance Act 2003. Its primary role is to protect the public and promote good pharmacist practice.

In order to ensure that pharmacists maintain competence the Pharmacy Council has developed a new recertification framework which is based on a philosophy of [continuing professional development](#) (CPD). This approach recognises the responsibility for pharmacists to be lifelong learners, develop their knowledge and skills and maintain their professional competence. The Code of Ethics 2011¹ affirms this obligation for pharmacists to '*Undertake continuing education and professional development relevant to your field of practice*' (principle 5.7). Furthermore, a commitment to '*continuing professional development and lifelong learning*' is described as a competency requirement (element 1.6) of the Competence Standard One (Practise Pharmacy in a Professional and Culturally Competent Manner).

Whilst maintaining competence is the responsibility of the individual pharmacist, the framework recognises that support is needed to engage pharmacists in effective professional development. The level of support will not need to be the same for all pharmacists.

In order to meet the requirements of the framework, all practising pharmacists must be enrolled with an approved recertification programme.

This recertification framework describes the requirements and options available for designing recertification programmes for pharmacists in New Zealand. The Pharmacy Council will approve recertification programmes that are shown by the provider to meet this framework.

As individual programmes may vary, further details will be provided by each programme providers to explain the requirements to pharmacists. Terms underlined in the main body of text appear in the glossary (Appendix 1).

This document outlines:

- ◆ the Recertification Framework (PART 1); and
- ◆ the role of recertification programme providers and the criteria for the approval a programme (PART 2)

¹ Pharmacy Council of New Zealand: Code of Ethics 2011; http://www.pharmacycouncil.org.nz/code_of_ethics

PART ONE

1. The underpinning principles of the Framework for Continuing Professional Development

Pharmacists' participation in a programme is measured in terms of points allocated for three levels of learning activities. These relate to hours of participation, but with greater weighting placed on demonstrating knowledge gained (through assessment) and benefits to practice (outcomes of learning).

The following principles underpin the framework and have been considered throughout the development process:

- ◆ The framework is intended to:
 - facilitate a flexible approach to learning,
 - recognise that professional development should be measured in terms of quantity and quality. (This is a mixed approach to measuring participation. While engagement with learning is measured in terms of points, at least two learning goals per three year learning cycle must demonstrate outcomes. These goals place greater emphasis on the quality of learning for maintaining competence, in terms of learning needs, appropriate action to meet the needs, and evidence of the benefits to practice).
 - recognise a range of learning methods and accepts the benefits of some activities without the need to justify the benefits
- ◆ For learning to be meaningful it should generally result in demonstrable improvements to the pharmacist's practice:
- ◆ Not all learning produces tangible benefits in a specified timeframe
- ◆ For some pharmacy practice settings, the benefits may not be direct and in such cases it is implicit that the learning contributes to the pharmacist's practice. That is, it contributes to improved knowledge that may not be used on a day to day basis.
 - In these cases pharmacists do not need to demonstrate the practice benefits but they do need to demonstrate how the learning contributes to improving their capabilities in their role
- ◆ The framework requires interaction with peers and encourages a peer group approach to learning.
- ◆ Programme providers are encouraged to monitor their members. The perceived advantages of this are:
 - Pharmacists are more likely to see CPD as their professional obligation and less likely as a Pharmacy Council requirement
 - Better engagement is likely where appropriate support, including peer support, is given by the profession
 - Programme providers are better placed than the Pharmacy Council to develop guidelines and documentation as they have experience of delivering CPD and know what is effective.
 - The Pharmacy Council is limited in how it can assist pharmacists to meet the standards expected because of its statutory role. Professional organisations can monitor the activities of their members and provide necessary feedback.

1a. Outline of the framework

Practising pharmacists are required to complete a **minimum of 20 points annually** and **70 points in three years** which includes a **minimum of 10 points from completing two significant learning goals**.

Practice Review: Self assessment against the competence standards every three years is required, but the need for a full review should be determined by individual pharmacists. A modified or abridged review may be appropriate.

Professional development options

<p>Group One 1 point per hour activity</p>	<p>Group Two 2 points per hour activity</p>	<p>Group Three 5 points per goal</p>
<p>Presentations and activities with limited or no attendee interaction</p> <p><i>e.g. Journal article, listening to presentations, attending conferences or seminars, some peer group activities</i></p> <p>Maximum recognised: 35 points in three years (up to 50% of total points)</p>	<p>Learning activities demonstrating the knowledge attained by successfully completing an assessment.</p> <p><i>e.g. appropriate assessment related to a CE event or journal article, formal postgraduate courses, presentation to a peer group, College courses, MUR accreditation</i></p>	<p>Significant Learning Goal: Demonstrating practice improvement by identifying a learning need, planning activities to meet the need and recording evidence of practice outcomes that demonstrates the need has been met.</p> <p>The significant learning goal includes learning activities from Group One or Two (or both) and these are counted under those activities, not the significant learning goal</p> <p>Required: At least two goals per three years</p>

A learning peer provides input for the Practice Review and all four CPD cycle steps (i.e. Reflection, Planning, Action and Outcome) as part of completion of each significant learning goal.

1.1. Types of Learning Activities

1.1.1. Group One (1 hour = 1 point)

Group One activities are completed to obtain information for learning, but without an assessment of the knowledge gained. These activities include reading sources (journals, books, internet articles), listening to presentations or discussion with peers.

Up to 35 points can be assigned for Group One activities in a three year cycle (50% of total point).

1.1.2. Group Two (1 hour = 2 points)

In addition to obtaining information for learning, Group Two activities include assessments to demonstrate the knowledge or skills gained. These include formal courses, reading articles with accompanying assessments, workshops and interactive peer group discussions.

The Pharmacy Council has not limited the type of assessments that can be used, but reminds pharmacists that these activities must demonstrate acquisition of new knowledge or skill.

1.1.3. Group Three (1 goal= 5 points)

These are significant learning goals that address identified learning needs.

What is 'significant'?

There must be allowance for a personal, professional assessment of what is a significant learning goal. A 'significant' goal for one pharmacist might be routine to another. The following can help define a significant goal:

- ◆ Identifying and addressing competence or knowledge gaps or a goal identified in a performance appraisal or employer's credentialing process
- ◆ Completing an audit of current practice, identifying learning goals (e.g. related to best practice), implementing changes and a further audit to demonstrate practise change
- ◆ Activities that are usually extended over a number of months.
- ◆ Showing evidence of sustainable and beneficial change to practice, with associated direct or indirect benefits to patients.
- ◆ Using a risk matrix and outcomes framework to determine the impact and relevance of CPD².
- ◆ Outcomes guidance statements such as those described by the Pharmacy Council Outcome Credits Scale³:
 - "Your CPD was relevant & useful to you and you applied it considerably in your practice
 - There was a substantial gain in new knowledge/skills that resulted in significant application to your practice and/or changes to your practice
 - Your CPD resulted in substantial patient benefit or safety (directly or indirectly)
 - You have evidence to show significant application to your practice"

² The CPD for Revalidation in Pharmacy Study: *CPD records for revalidation: assessing fitness-to-practise using 'revalidation standards' and an Outcomes Framework*. University of Reading;
<http://www.pharmacyregulation.org/sites/default/files/Work%20stream%20%20Project%201%20-%20Final%20Report.pdf>
(pages 103-114, Accessed May 2012)

³ Pharmacy Council of New Zealand: Outcome Credit Scale <http://www.pharmacycouncil.org.nz/recertification>

Or New Zealand Dietitians' Board guidance for 4 or 5 credits⁴:

- “New knowledge, attitude or skill resulting in substantial innovative actions
- Change to practice
- Requires major effort
- Noted by colleagues/peer
- Confirmed impact on client or appropriate others”

The ‘Significant Learning Goal’ follows the four steps of the CPD cycle with input from the [learning peer](#).

Assigning points for a significant learning goal

Significant Learning Goal= Group 3 + Group 2 (if any) + Group 1 (if any)

Example: A community pharmacist updates her knowledge for dealing with sports injuries by attending a branch meeting presentation (1 hour), reading relevant journal articles (5 x 1 hr) and discussing the topic with her peers (1 hour). She documents the comprehensive update to her knowledge, and demonstrates patient and practice benefits through evidence examples.

Therefore for this learning goal she can assign 12 points from:

<i>Group 3: Completion of a significant learning goal</i>	<i>5 points</i>	<i>For reflection (after the presentation), planning of learning and documenting outcomes</i>
<i>Group 2 learning activities: None</i>	<i>0</i>	
<i>Group 1 learning activities:</i>		
<i>-Branch meeting</i>	<i>1</i>	
<i>-Journal articles</i>	<i>5</i>	
<i>-Discussion with peers</i>	<i>1</i>	
	<u><i>12 points</i></u>	

1.2. Total points required

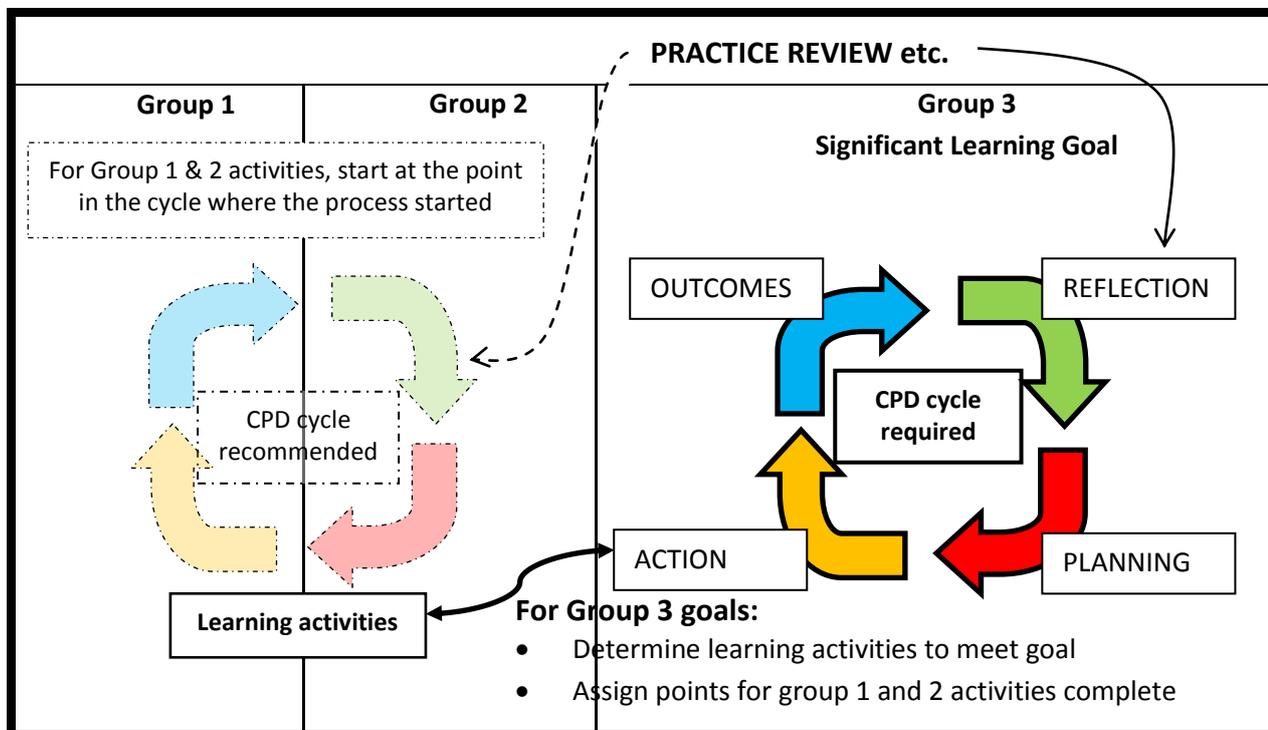
A minimum of 70 points per three year learning cycle is required from Group One, Group Two or Group Three professional development activities, which must include at least two completed significant learning goals

- ♦ A minimum of 20 points per year
- ♦ A maximum 50% of points (35 points over three years) can be assigned as Group One activities.
- ♦ At least one [significant learning goal](#) per three years must incorporate elements of Competence Standard One in its learning and outcomes.

⁴ DIETITIANS BOARD: Continuing Competence Programme (Revised: February 2011)
<http://www.dietitiansboard.org.nz/sites/default/files/2012CCPManual-bookmarked-final.pdf> (accessed June 2012)

1.3. The CPD process

The CPD process is a four step cycle consisting of Reflection, Planning, Action and Outcomes. The framework recognises that learning goals do not always need to start at reflection or follow all four steps. They can start at the planning or action step and the outcome step may be the starting point for new goals. However, it is required that two significant learning goals must be documented fully and follow the CPD cycle.



1.3.1. Practice Review

Pharmacists will review their practice against the Pharmacy Council's competence standards for the pharmacy profession at the beginning of each three-yearly learning cycle, or more frequently if their practice changes substantially. Subsequent reviews can be modified as is appropriate; examples of modifications include, but are not limited to:

- ◆ Placing greater focus on key standards, for example, standard identified for professional development in previous reviews,
- ◆ Supplemented with reference to other standards, for example, Medicines Use Review standards⁵, Pharmacy Services Standard⁶.
- ◆ Completing assessments to identify knowledge gaps.

Pharmacists are encouraged to develop a professional development plan (PDP), and an effective practice review will identify many of the learning needs to be incorporated in the PDP.

⁵ Pharmacy Council of New Zealand: Medicines Use Review Standards; http://www.pharmacycouncil.org.nz/cms_show_download.php?id=289

⁶ Standards New Zealand: NZS 8134.7:2010, Health and disability services Standards - Pharmacy services Standard

1.3.2. Learning Goal and Learning Activities

Learning goals should be considered against the SMART criteria (**S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**ime-bound). Learning goals are met by completing one or more learning activity. The framework recognises that some learning activities are relevant to a pharmacist's practice without necessarily being linked to a goal. For example, reading a journal article, or listening to a conference address could result in unplanned learning. These activities may then lead to more comprehensive goals being set and to other activities completed.

Post graduate courses such as Certificates, Diplomas and Masters Degrees usually contain several learning objectives which exceed the recertification requirements. However these can be broken down into several learning goals and this does not override the fact that maintaining competence is the priority. If necessary, additional learning to address competency gaps may need to be considered in addition to the content of the postgraduate course.

1.3.3. Reflection

A learning goal may be identified related to the Competence Standards or other competence or practice standards, best practice guidelines, codes of practice and knowledge assessments that relate to the individual's pharmacy practice. The learning goal may develop competence to a higher level as is required for the pharmacist to complete their professional role.

Learning can also be identified by reflecting on a practice experience (reflection on practice), from peer group discussions, or as a consequence of another learning goal or activity.

A [significant learning goal](#) is a priority for CPD and should result in a notable or significant improvement of practice.

1.3.4. Planning

Pharmacists should select appropriate resources to meet the learning goal; for example, peer group meetings, self-study programme, reading journal articles, textbooks, reputable internet articles, literature search, workplace-based training, structured group programmes and peer discussions.

Learning may start at the Planning step of the CPD cycle when there is no clear identified need. For example, 'keeping up to date' (eg regularly reading a journal) may be an element of the professional development plan which results in identifying relevant learning.

Learning must be relevant to the pharmacist's scope of practice

Recertification requirements are set to ensure competence to practice in the pharmacist scope of practice. Goals must therefore relate to the roles described in the pharmacist's scope of practice and to the competence standards associated with the relevant scope. Other standards and guidelines may be relevant when they augment or complement the scope and competence standards of individual pharmacists.

Example- Competence Standard Four: Apply Management and Organisation Skills

-Professional practice or business goal?

This standard relates to the pharmacist's responsibility to manage and organise his or her work and professional duties within the workplace. Pharmacists complete CPD that relates to Standard 4, enabling them to complete these professional duties more efficiently and effectively. The professional development of pharmacists in managerial or advisor roles will often focus on this standard as they focus on improving the delivery of the services they provide. The focus of the learning relates to the pharmacist cope of practice and not to associated business roles. For example, a community pharmacy manager who completes a course on an accounting package can justifiably assign this as CPD, if this releases his or her time for professional duties. However, if this time is used, for example, only for spending more time with company representatives, it is not relevant to the pharmacist scope of practice.

For the significant learning goals, Council recommends that Reflection and Planning are completed within the first year of the three year learning cycle.

1.3.5. Action

After implementing the plan and completing the learning activities, the pharmacist must record the learning resources used, and any modifications or additions made to the plan, in order to meet the learning goal. Points are then allocated for the activities completed according to whether these are Group One (not assessed) or Group Two (assessed) activities, or both.

Learning may start at the Action step if there was no specific planning for that activity.

1.3.6. Outcome

The pharmacist assesses and records the practice benefits of the learning. This includes a summary of new knowledge or skills and may include evidence statements to support the benefits described. For [significant learning goals](#), recording the outcomes fully is required. Evidence should be kept as a record for audit, for example patient information leaflets developed, letters to doctor, patient satisfaction questionnaire, interventions records, etc.

1.3.7. The learning peer

Each pharmacist will select a [learning peer](#) (or peers) with whom to discuss their learning. The [learning peer](#) will usually be another pharmacist, but can include other registered health professionals, where appropriate.

The peer affirms, encourages and where appropriate advises or challenges the pharmacist they are assisting with their learning. This includes, but is not limited to: discussing the application of competence standards (and other standards) to pharmacy practice; advising on the choice of learning resources; clarifying the relevance of learning goals; and reviewing the outcomes of the significant learning goals.

Responsibilities of pharmacists

Each individual pharmacist is responsible for meeting the recertification requirements, including ensuring the input of the [learning peer](#), as required. The [learning peer](#) is not accountable for the activities or the inactivity of the pharmacist.

The peer and the pharmacist should choose the most appropriate means for conducting their discussions (eg Skype®, by telephone, email) although it is strongly recommended, but not required, that some discussion is completed face-to face. There must be a level of trust between the pharmacist and the peer and this may be difficult to develop if all communication is conducted remotely.

The Pharmacy Council encourages programme providers to develop an agreement form template that sets out the expectations for both parties.

Discussions with a learning peer

- ◆ Pharmacists should discuss all their learning activities with peers including other registered health professionals where appropriate.
- ◆ Pharmacists must discuss the [Practice Review](#) and two significant goals with a peer. A separate discussion at each of the four steps of the CPD cycle is required.
- ◆ Pharmacists should keep a summary record of each discussion.
- ◆ The peer should ideally be in a similar practice situation to the pharmacist, but it is recognised that this may not always be possible or appropriate. In some circumstances, a junior colleague could act as a [learning peer](#) if they have specialist knowledge or expertise. Pharmacists who work in specialised roles should identify peers who are as familiar as is possible with their practice role.

Peer Group activities

The Pharmacy Council encourages pharmacists to complete [peer group](#) learning activities. Well run peer groups are ideal environments for learning, sharing professional experiences, being challenged, presenting case studies and peer assessments. Peer groups are encouraged to have clear rules in place for participation and conduct to ensure all participants benefit from the activities.

1.3.8. Accredited Learning Facilitator

The '[Accredited Learning Facilitator](#)' is an individual pharmacist trained to assist other pharmacists with their professional development, to ensure that pharmacists are maintaining their competence, engaging in professional development, identifying gaps in their practise and addressing these gaps. The [Accredited Learning Facilitator](#) may remove the need for a [learning peer](#), where the respective roles are duplicated.

1.4. Documentation Requirements

1.4.1. All learning activities must be recorded by means of a Learning Log and include the following details:

- ◆ Date of activity
- ◆ Learning activities undertaken: Courses attended, self-study programmes, research, journal articles read etc
- ◆ Reason for completing the activity: For example, identified by the [practice review](#), customer or drug information enquiry, part of a learning plan or significant goal, interest in the topic, course became available etc
- ◆ Resource details: Provider and course name, journal or newsletter article with details such as journal name, title, date, page numbers etc
- ◆ Confirmation of whether the learning has been applied in practice
- ◆ Number of points achieved
- ◆ Activity group (1, 2 or 3)
- ◆ In the case of a [recognised activity](#) such as a preceptor role, only the activity and the points achieved need to be recorded.

Pharmacists are encouraged to have a personal development plan and to keep a learning portfolio to record all their professional development.

1.4.2. Significant learning goals

These learning goals must be documented using a CPD record format approved by Council for a recertification programme. (Programme providers should submit formats based on the Council-approved format⁷ for the 2004 framework, outlining the rationale for any modification).

1.4.3. Annual Declaration of CPD activities

The annual declaration made to the provider will state:

- ◆ Start date for the learning cycle
- ◆ Number of points achieved for each group for the previous 12 months
- ◆ Progress with significant learning goals, that is, CPD step completed
- ◆ Learning peer(s)
- ◆ Points from [recognised activities](#)

⁷ Pharmacy Council of New Zealand: Council approved CPD forms: <http://www.pharmacycouncil.org.nz/recertification>

PART 2

2.1. The role of a provider of recertification programmes

The Pharmacy Council has developed a framework as the basis for approving recertification programmes. Programme providers will assist pharmacists to maintain their competence by aiming to engage them in meaningful and relevant professional development. Providers must develop a programme that is adaptable to the learning needs of pharmacists including the required balance of reflective and non-reflective learning for CPD. The optimum balance of the two will vary for pharmacists according to their practice setting, experience and learning preference. Therefore, providers will need to ensure that:

- ◆ Pharmacists' learning is relevant, of high quality and results in benefit to patients,
- ◆ Pharmacists need to see the relevance of CPD to their every day practice to engage in effective learning,
- ◆ The barriers for pharmacists engaging in CPD are identified and addressed, and
- ◆ Pharmacists meet the recertification requirements by engaging in effective learning and not by aiming for the minimum requirements.

The Pharmacy Council accepts that it may take time for the above to be fully realised, but providers will need strategies and goals in place to meet these.

2.2. Requirements and options for delivery of recertification programmes

Part 1 of this document sets out the requirements for individual pharmacists. Providers will provide guidelines, forms and assistance for pharmacists to meet these requirements. The design and delivery of the programme must enable participants to engage remotely. Providers must provide internet-based options for pharmacists to record their learning to meet the requirements outlined in 1.4. Other options such as professional development plans, electronic portfolios and modified CPD forms⁸ are mentioned in Part 1 and providers should consider these options as part of their programme.

Programme providers should develop guidance on the type of learning activities that are appropriate and give examples of how to assign points. The guidance for assigning points should reflect what is commonly accepted for other CPD or CE programmes, for example, reading a journal article =x points. Guidance should also be given on reference sources and material, in terms of the reliability, relevancy, currency, independence and robustness.

Pharmacists in specialist roles may find it difficult to identify traditional assessment methods that are relevant for their practice, for the purpose of completing Group Two activities. Options such as presentations to a [peer group](#) would be appropriate, where new knowledge is demonstrated by the quality of the presentation.

In the case of Group One and Two activities, the Pharmacy Council has endorsed the Australian Pharmacy Council's *Accreditation Standards for Continuing Professional Development Activities*, as the standards to which programme providers should aspire. These can be found on the Australian Pharmacy Council's website: www.pharmacycouncil.org.au. Whilst there is no approval process for Group Two

⁸ The modified forms enable pharmacists to select and document the CPD steps relevant to the learning goal as explained in 1.3.

activities, providers have a role in ensuring that the acquisition of new knowledge is demonstrated by the assessments used.

2.2.1. Accredited Learning Facilitators

A recertification programme provider may make an [Accredited Learning Facilitator](#) available to monitor the participation of programme members. This option will provide assurance to the Pharmacy Council of the quality of participation.

If this option is adopted, the provider must explain how they will accredit the learning facilitator and how this will provide assurance to Pharmacy Council of the quality of participation. For example; a provider may train individuals to meet a set of competence standards⁹. Pharmacists with access to an '[Accredited Learning Facilitator](#)' would be exempt from Pharmacy Council recertification audits.

Providers must also demonstrate their procedures to identify and deal with non-participation including the criteria for referring pharmacist to Pharmacy Council when a pharmacist is not satisfying the requirements of the recertification programme. These should include procedures for dealing with complaints and appeals of decisions regarding non-participation.

2.2.2. Recognised Activities

The framework allows up to ten points to be assigned every three years for certain professional activities, for example, preceptors for interns or undergraduate placement students, supervision of technicians, teaching etc.

Providers should set out the expectations and quantify the points for these activities, based on the learning that is implicit (based on Group One or Group Two activities).

2.3 Approval of providers

Applications for approval must be submitted to the Pharmacy Council using the form; *Expression of Interest (EOI) for recertification programmes*, available on the Pharmacy Council website.

The following criteria will be considered when an application is made from a provider to offer an approved CPD programme:

- ◆ Mission, vision, goals of the organisation and fit with its strategic plan
- ◆ The structure of the programme and how it will meet the requirements of the Framework
- ◆ The capacity of the organisation to deliver the programme
- ◆ Information and support to participants
- ◆ Reporting requirements
- ◆ Quality Assurance

⁹ For example, London Pharmacy Education & Training have developed a set of competence standards for CPD facilitators. <http://www.lpet.nhs.uk/Portals/0/Documents/Professional%20Development/CPD%20Support/CPD%20Facilitators/CPD%20Facilitators%20competencies.pdf> (Accessed June 2012)

Appendix 1: Glossary of terms

Accredited Learning Facilitator	A pharmacist who has been trained to assist other pharmacists with their professional development. (See also 2.2.1.)
Continuing Professional Development (CPD):	<p>The responsibility of individual pharmacists for systematic maintenance, development and broadening of knowledge, skills and attitudes to ensure continuing competence as a professional throughout their careers. CPD is more than participation in Continuing Education (CE) which, on its own, does not necessarily lead to positive changes in professional practice nor does it necessarily improve health care outcomes.</p> <p>CE is, however, an important part of a structured CPD programme, personalised for each pharmacist. The process should be visible to ensure credibility with the public.</p> <p><i>International Pharmaceutical Federation (FIP) Definition¹⁰</i></p>
Learning peer	The learning peer is another pharmacist or registered health professional, selected to discuss learning activities.
Peer Group	A group of pharmacists or registered health professional peers engaged in learning activities.
Pharmacist Scope of Practice	<p>The practice of pharmacy includes the custody, preparation and dispensing of medicines and pharmaceutical products; the provision of advice on health and well-being, including health screening, and the selection and provision of non-prescription medicine therapies and therapeutic aids. The pharmacist acts as a medicines manager, ensuring safe and quality use of medicines and optimising health outcomes by contributing to the selection, prescribing, monitoring and evaluation of medicine therapy. The pharmacist researches information and provides evidence-based advice and recommendations on medicines and medicine-related health problems to patients, their carers and other healthcare professionals. The pharmacist is an integral part of the healthcare team.</p> <p>The practice in this context goes wider than pharmacists directly working with patients to include teaching, advising, research, policy development and management, given that such roles influence clinical practice and public safety.</p>
Practice Review	A self- assessment of practice to confirm the competence standards that form part of practice, ensure competence in these standards and the learning needs identified to address competence gaps or to enhance competence is specific standards. Subsequent Practice Reviews can be supported using other standards and guidelines.
Recognised activities	Some roles and activities completed by pharmacists provide regular learning opportunities. These activities do not require further documentation to detail the learning activities. (See also 2.2.2)

¹⁰ International Pharmaceutical Federation: Statement of professional standards on continuing professional development. 2002. <http://www.fip.org/statements> (Accessed June 2012)