Chapter 15. Clinical Competency Assessment Tool (shpaclinCAT version 2)

INTRODUCTION

Traditionally, pharmacists improved their knowledge and skills post-registration by undergoing formal postgraduate training or by participating in site-based training. shpaclinCAT was the first structured, formal and recognised process for reviewing and improving clinical skills and knowledge for general level pharmacists in Australia.

Competency frameworks like shpaclinCAT benefit pharmacists, pharmacy departments, consumers and the profession by:

- raising the standards and consistency of pharmacy practice
- providing a quality assurance for pharmacy practice
- identifying inadequacies in systems and processes
- identifying professional development needs of pharmacists.

shpaclinCAT aims to support pharmacists' professional development in all settings through structured evaluation. For the individual pharmacist, shpaclinCAT provides a platform for identifying professional development requirements, planning career progression and supporting documentation for re-registration.

Review of professional practice by a peer (including the use of competency assessment tools) is a valuable and important part of the maintenance and enhancement of a health practitioner's clinical and professional skills. Ideally, workplace evaluators should possess the following attributes:

- significant and recent clinical experience
- proven teaching/mentoring skills
- desire to support professional development and to foster a positive culture toward the process of review
- an appropriate personality to support and encourage others to develop professionally
- trained in the process of feedback and evaluation

For this reason evaluator training has been developed for shpaclinCAT <cpd.shpa.org.au>.

The clinical pharmacy assessment tool detailed in this chapter has been developed in the context of Australian pharmacy standards and guidelines including:

- *National Competency Standards Framework for Pharmacists in Australia*[1]
- *SHPA Standards of Practice for Clinical Pharmacy Services*
- *Guiding Principles to Achieve Continuity in Medication Management*[2]
- *National Safety and Quality Health Service Standards*[3]
- *Australian Charter of Healthcare Rights*[4]
- *SHPA Code of Ethics*.[5]

This chapter details the assessment tool, which consists of:

- Part one: Delivery of Patient Care
- Part two: Personal and Professional Qualities.

There is a companion document for use as a workplace and self-evaluation tool <cpd.shpa.org.au>.

ACKNOWLEDGMENT

shpaclinCAT version 1 was the first clinical competency assessment tool described for Australian pharmacists.[6] Version 1 was made possible through a Memorandum of Understanding between SHPA, Monash University and the UK Competency Development and Evaluation Group <www.codeg.org.uk/> whose publication, the *General Level Framework for Pharmacist Development in General Pharmacy Practice* formed the basis of shpaclinCAT version 1.[7]

shpaclinCAT has been developed through a process of national consultation utilising the skills of a reference group consisting of representatives from a national reference group, each SHPA Branch and/or with links to key SHPA stakeholder groups. The hard work and dedication of all contributors for the first and this version of shpaclinCAT is gratefully acknowledged.

References

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2. Australian Pharmaceutical Advisory Council. Guiding principles to achieve continuity in medication management. Canberra: The Council; 2005

3. Australian Commission on Safety and Quality in Health Care. National safety and quality health service standards. Sydney: The Commission; 2011.

4. Australian Commission on Safety and Quality in Health Care. Australian charter of healthcare rights. Sydney: The Commission.

5. Society of Hospital Pharmacists of Australia. SHPA code of ethics. Collingwood: The Society; 2012.

6. Society of Hospital Pharmacists of Australia. shpaclinCAT: clinical competency assessment tool for Australian pharmacists. Collingwood: The Society; 2010.

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Competency Unit 1.1: Medication History

This competency unit incorporates the structure and processes needed to obtain and document information relating to the patient's presentation, which will provide a baseline for ongoing medication management. The personal skills required to perform these tasks are described in the personal and professional cluster (Part two).

Element	Performance criteria	Evidence guide
1.1.1 Relevant patient background	**Retrieve relevant information**	Obtain and contextualise the following patient information as applicable:
		-age, consider patient's ability to metabolise or excrete medicines, and the implications for appropriate selection of medicine and dosage
		-gender, consider impact of gender on medicine selection
		-height and weight
		-pregnancy or lactation status
		-immunisation status
		-ethnic background or religion, consider implications for medicine selection including pharmacogenetic factors
		-social background, consider the impact on patient's ability to manage their medicines
		-details of regular GP, community pharmacy or other health professional as appropriate
		-details of medication use, e.g. self-administering, medicines crushed
		-ability to communicate, e.g. cognitive function, language barriers, alertness, mental acuity, psychological state, and requirements for communication aids, e.g. glasses, hearing aids
		-ability to take medicines as prescribed, e.g. cognition, dexterity, swallowing ability
		-presenting condition, consider the possibility of adverse drug reactions (ADRs), poor adherence, inadequate dosing, inappropriate therapy as a contributor to hospital presentation/morbidity
		-working diagnosis, consider appropriate evidence-based therapy
		-previous medical history, identify potential medicine and/or disease contraindications and ensure that management of the presenting complaint does not compromise a prior condition. Consider therapies for prior conditions that may have been omitted
		-relevant laboratory or other findings (if available), focus on findings that will affect decisions regarding medicines, such as: -renal function -electrolytes -liver function -full blood count -cardiac markers -general observations -relevant previous therapeutic drug monitoring (TDM) results
		-use appropriate sources to obtain information, such as. -patient/carer -patient's own medicines and/or medication list -previous prescriptions (community pharmacy, discharge/outpatient) -preadmission clinic records -GP referral letter/other correspondence, e.g. ambulance service notes -GP medication list -adherence aids -transfer information from another health service organisation, e.g. nursing home, hostel -electronic records, e.g. pharmacy dispensing system, discharge medication records -current medication chart/administration records
1.1.2 Introduction to consultation	**Provide clear introduction to the consultation**	Greet patient
		Establish patient identity
		Introduce self and other colleagues, as applicable
		Confirm that the time is convenient
		Establish rapport with patient and/or carer to support ongoing communication
		Respect patient's right to decline an interview/consultation or to choose a more appropriate time
	Agree on an agenda with the patient	Explain purpose of discussion, e.g. taking a medication history, medicine-specific counselling, medication chart review

Element	Performance criteria	Evidence guide
1.1.3 Questioning technique	**Use appropriate questioning to obtain relevant information from the patient**	Determine who the most appropriate person is to discuss the patient's medicines with
		Use appropriate non-verbal language, e.g. adopt a suitable position, maintain eye contact
		Use appropriate language, i.e. non-judgemental, non-alarmist, reassuring and using terminology and phrasing the patient/carer will understand (avoid medical jargon)
		Ask relevant and succinct questions using an appropriate technique, i.e. mixture of open and closed questions
		Avoid interrupting patient/carer
		Avoid leading or negative questions
1.1.4 Patient consent	**Obtain patient consent where appropriate before requesting patient-specific information from other healthcare providers**	Explain need to contact other healthcare providers
		Request permission to obtain patient-specific information from other healthcare providers, such as GPs, community pharmacists and community nurses
		Obtain patient consent before discussing medication details with carer or person managing the patient's medicine
		Document when consent is denied or withdrawn
1.1.5 Allergy and ADR review	**Confirm and document an accurate and comprehensive allergy and ADR history**	Identify and monitor patients susceptible to ADR including: -those who have previously experienced ADRs -those with multiple disease processes -those on a large number of medicines -those with renal or hepatic impairment -geriatric or paediatric patients -those treated with medicines known to have a high incidence of adverse effects -those treated with medicines known to be associated with serious adverse effects -those treated with medicines with a low therapeutic index -those taking medicines with the potential for multiple interactions -those with abnormal investigation results.
		Confirm with patient/carer details of allergies or previous ADRs to any medicines (including complementary and alternative medicines [CAMs])
		If an allergy/ADR is known; document the medicine, reaction and date of reaction (if known) on the medication chart and any associated documentation, e.g. Advisory Committee on the Safety of Medicines report
		If patient reports no history of ADR/allergy, tick the 'nil known' box on the medication chart
		If the ADR history cannot be established, tick the 'unknown' box on the medication chart
		Sign and date the entry and print your name
		Follow institutional policy regarding documentation of allergy and ADR history in the patient's health record
1.1.6 Accurate medication details	**Use appropriate sources of information**	Use the following sources as applicable: -patient and/or carer -patient's own medicines and/or list -previous prescriptions (community pharmacy, discharge/outpatient) -preadmission clinic records -GP referral letter/other correspondence, e.g. ambulance service notes -transfer information from an institution, e.g. nursing home, hospital, hostel -electronic records, e.g. pharmacist dispensing system, discharge medication records -current medication chart/administration records
	Specifically question the patient/carer regarding use of prescription and non-prescription medicines	Determine which medicines the patient was taking immediately prior to presentation/ admission, specifically name (active ingredient and brand), dose, frequency and duration of current therapy
		Locate and review patient's own medicines, if available. Consider appropriateness in view of current clinical details
		Determine details of any adverse effects or allergies associated with current medicines
		Ask about recently ceased/changed medicines and the reasons for the change/s
		Discuss storage of current medicines in the home environment
		Ask if patients uses adherence aids
		Determine if patient uses recreational substances, including alcohol and nicotine, and the frequency of use
	Specifically question patient/carer regarding use of CAMs	Determine which, if any, CAM the patient is taking including herbal, vitamin and naturopathic medicines, specifically name, dose and frequency of current therapy
		Determine the patient's perceived indication for therapy
		Determine duration of therapy
		Question regarding recently ceased/changed therapies

Element	Performance criteria	Evidence guide
	Use a structured and systematic approach to obtain a comprehensive medication history	Ask patient/carer regarding the patient's medicines using a logical and systematic method to ensure all relevant information is obtained and to avoid omitting relevant details
		Consider using a written or mental checklist to ensure all patients/carers are asked pertinent questions regarding the patient's medicines
	Summarise interview	Allow patient/carer to ask questions regarding current medicines during and at the conclusion of the interview
		Advise patient/carer when a pharmacist will next visit and what to do if they have further questions
		Summarise the important information for the patient/carer and describe expected plan for their medication management, e.g. medicines-related issues that need to be resolved, different brand of medicine used in the organisation
1.1.7 Patient's understanding of illness	**Elicit patient's understanding of their illness**	Assess patient's understanding of their illness in the context of prescribed medicines
		Assess need for further information
1.1.8 Patient's experience of medicines use	**Explore patient's experience of medicines use**	Assess patient's understanding and attitude to current and previous medication therapy and seek specific information regarding the following: -indication -perceived effectiveness of medicines, e.g. control of symptoms/disease -perceived problems attributed to medicines, e.g. perceived adverse effects -current monitoring of disease/medicine -reason previously used medicines were started/changed/ceased
1.1.9 Documentation of medication history	**Document accurate and complete medication history according to hospital policy**	Document all relevant aspects of the medication history according to local policy, e.g. on medication chart/patient profile/medication management plan/health record
		Document medicines taken immediately prior to presentation, including: -active ingredient and brand, if relevant -dose, dose form, route, frequency, indication and duration of therapy -perceived indication (according to the patient) -ADRs and allergies -relevant recent changes to the medicines regimen and reasons for discontinuation/ alteration -patient's GP and regular community pharmacy -adherence aids used prior to presentation
1.1.10 Confirmation of medication history	**Confirm medication history to ensure accuracy and completeness, as applicable**	Determine if medication history obtained from the patient/carer requires confirmation. Confirmation may be required if: -patient is not responsible for administration of their own medicines -a reliable medication history cannot be obtained from the patient/carer -elements of the medication history are unknown, e.g. tablet strength -medication history is complex -medication history includes high-risk medicines
		Confirm medicines taken immediately prior to presentation with alternative sources as required. Appropriate sources may include: -patient's relative or carer responsible for supervising medicine administration -dispensing history from previous hospital admissions and/or community pharmacies -administration records from residential care or other health service organisation -other health professionals, e.g. GP, community nurse -patient's own medicines or medicines list -patient's e-health record -patient's prescriptions (community pharmacy, discharge/outpatient)
		If unable to confirm medicines taken immediately prior to presentation, document uncertainty along with medication history details as obtained
1.1.11 Adherence assessment	**Undertake a structured adherence assessment**	Assess patient's understanding of their illness and determine if they need further education about their illness and refer to other health professionals, if required
		Assess patient's understanding and attitude to current and previous medication therapy including: -indication -perceived effectiveness -perceived problems attributed to medicines -current monitoring -reasons for changes to medicines
		Assess patient's ability to use medicines as prescribed, e.g. do they have swallowing difficulties?
		Assess whether there are factors preventing adherence, such as: -insufficient knowledge of medicines -confusion -cost issues -personal or cultural beliefs or attitudes -physical limitations, e.g. poor vision, lack of strength, coordination

Element	Performance criteria	Evidence guide
		Assess patient's adherence by asking questions such as: 'People often have difficulty taking their pills for one reason or another. Have you had any difficulty taking your pills?' 'About how often would you say you miss taking your medicines?'
		Use a non-judgemental, empathetic approach and open-ended questions
		Where possible, supplement self-reported adherence with objective measures, e.g. dispensing records, results of TDM
		Inform medical staff if significant areas of poor adherence are identified
		Identify strategies to address poor adherence
	Assess how medicines were managed prior to presentation	Determine level of supervision/assistance needed for safe medicine administration at home, e.g. Was another person responsible for obtaining and/or assisting with medicine administration? Was an adherence aid being used? If so, who packed it?
		Assess patient's ability with respect to literacy, visual impairment, physical dexterity, cognition/memory and/or other disabilities
		Assess need for additional adherence aids, e.g. large print, written information provided in a language other than English

Competency Unit 1.2: Assessment of Current Medication Management and Clinical Review

This competency unit relates to the review of all medicine orders to ensure safe and appropriate dosage administration, and to optimise medicine therapy and patient outcomes.

Element	Performance criteria	Evidence guide
1.2.1 Medication reconciliation	**Reconcile currently prescribed medicines with those taken prior to presentation**	Check the confirmed medication history with the medicines prescribed on presentation
		Review available information to ascertain if discrepancies are intentional/non intentional
		Ensure patient is not currently charted for a medicine to which they have experienced an allergy/ADR
		Confer with the prescriber to resolve discrepancies
		Document any resulting changes
	Reconcile currently prescribed medicines with medical problems, both current and previous	Consider the following in relation to currently prescribed medicines: -is there a current indication for each medicine? -is there a medical condition which may require therapy that is not yet prescribed? -past medical history -relevant patient background
		Review available information to ascertain if discrepancies are intentional/non intentional
1.2.2 Drug–drug interactions	**Identify drug–drug interactions**	Identify common, well-documented drug–drug interactions (including those involving CAMs) which relate to the patient's prescribed therapy
		Identify the mechanism by which the interaction occurs
		Recognise medicines with increased interaction potential and investigate as appropriate
		Identify medicines that may interact with alcohol/nicotine and investigate as appropriate
	Assess clinical significance of drug–drug interaction	Identify potential consequence of drug–drug interaction
		Consider impact on current therapy of abrupt cessation of alcohol or nicotine
		Identify probability of adverse outcome occurring
		Appropriately prioritise risk of interaction
		Decide on appropriate course of action (if any) to minimise potential for harm to patient
1.2.3 Drug–patient interactions	**Identify drug–patient interactions**	Identify patient groups at risk of drug–patient interactions
		Identify patient-related issues which preclude/require the use of a particular medicines, e.g. warfarin or sedatives in an elderly patient at risk of falls
	Assess clinical significance of drug–patient interaction	Identify potential consequence of drug–patient interaction
		Identify probability of adverse outcome occurring
		Appropriately prioritise risk of drug–patient interaction
		Decide on appropriate course of action (if any) to minimise potential for harm to patient
1.2.4 Drug–disease interactions	**Identify drug–disease interactions**	Identify medicines whose use is contraindicated/cautioned in certain pathophysiological conditions, e.g. NSAIDs in a patient with heart failure
	Assess clinical significance of drug–disease interaction	Identify potential consequence of drug–disease interaction
		Identify probability of adverse outcome occurring
		Appropriately prioritise risk of drug–disease interaction
		Decide on appropriate course of action (if any) to minimise potential for harm to patient

Element	Performance criteria	Evidence guide
1.2.5 Drug–nutrient interactions	**Identify drug–nutrient interactions**	Identify medicines which interact with food
		Identify medicines which interact with enteral or parenteral feeds
		Identify the mechanism by which the interaction occurs.
	Assess clinical significance of drug–nutrient interaction	Identify potential consequence of drug–nutrient interaction
		Identify probability of adverse outcome occurring
		Appropriately prioritise risk of interaction
		Decide on appropriate course of action (if any) to minimise potential for harm to patient.
1.2.6 Appropriate choice of medicine	**Ensure medicine is therapeutically appropriate**:	Confirm there is a clear indication for continuing therapy with each medicine and if the medicine has been achieving goals of therapy
		Confirm the medicine is prescribed for an approved or recognised indication. Identify any contraindications/cautions
		Apply principles of evidence-based medicine
		Consider any local guidelines for patient management when making recommendations on the choice of medicines. Also consider the latest evidence regarding the medicine's: -efficacy in the management of a particular disease or symptom -comparative efficacy and safety of therapeutic alternatives -likelihood of adverse effects, compared with therapeutic alternatives and ways to minimise adverse effects -pharmacokinetic and pharmacodynamic properties -route and method of administration -dosage form, comparative efficacy and adverse effects of different dose forms, intended site of action, dose required for intended effect, kinetics of different dose forms -methods of monitoring for therapeutic and adverse effects
		Check all orders for duplication
	Ensure medicine is cost-effective	Consider cost of medicine for desired treatment course
		Consider ongoing cost of medicine to patient
		Identify suitable alternatives where appropriate
		Check availability, i.e. government restrictions, marketing approval, hospital formulary limitations, methods of obtaining further supply outside of the facility
	Ensure medicine is accessible	Consider accessibility of medicine to patient for planned treatment course
		Identify circumstances or supply arrangements impacting on the medicine's availability
		Consider alternatives if prescribed medicine is unavailable according to local formulary or will be difficult for the patient to obtain once discharged/transferred
1.2.7 Medicine order/ prescription clarity	**Ensure clarity, accuracy and completeness of medicine order/ prescription**	Ensure prescriber's intention is clear to enable safe supply and administration of the medicine/s
		Ensure all medicines are prescribed by active ingredient, except as recommended by local policy, e.g. prescription of insulin by brand name
		Ensure prescribing abbreviations meet with local or national policies
		Annotate the order to clarify the administration of modified-release products, IV administration method, indication and maximum dose in 24 hours for PRN medications, administration in relation to food and relevant restrictions, e.g. schedule 8 or formulary restrictions. Ensure all required medicines are prescribed, including pre-procedural medicines and prophylactic therapies
		Ensure new medication charts are consistent with previous versions and no transcription errors have occurred
		Ensure cancelled medicine orders comply with national and local prescribing policies, e.g. administration section of the medication chart is cancelled as well as the medicine order section
		Ensure date and time therapy is to commence or cease is written
		Ensure that the duration of the medicine is appropriate, specific consideration should be given to medicines commonly used in short courses, e.g. antibiotics
		Liaise with prescriber where appropriate to resolve identified issues and annotate medication chart where appropriate to improve clarity
1.2.8 Medicine order/ prescription legality	**Ensure authenticity and legality of medicine order/ prescription**	Check that patient identifiers are present
		Ensure that the order is signed and the prescriber can be identified
		Ensure that the order conforms with legal and funding requirements and any additional requirements are fulfilled, e.g. schedule 8, authority granted

Element	Performance criteria	Evidence guide
1.2.9 Dose review	**Ensure dose is appropriate**	Check dose with respect to patient's previous experience with medicine, disease state, pregnancy, age, renal function, liver function, potential interactions, dose form and method of administration
		Check dose conversions required with changes to route or formulation
		Check most appropriate route of administration is selected
		Check timing of administration is appropriate with respect to food or feeds, administration rounds, convenience, scheduled procedures or investigations, TDM requirements
		Check orders for medicines to which the patient may be allergic or have experienced an ADR. Discuss with the prescriber the need for such medicine, and recommend an alternative, if appropriate. If the prescriber wishes to continue treatment with the suspected medicine, details of the discussions with the prescriber should be fully documented in the patient's health record
		Ensure infusion solution, concentration and rate of administration are appropriate and clinical targets, e.g. blood sugar levels, blood pressure, are appropriate
		Check the administration record to see that all doses have been given as prescribed
1.2.10 Route and timing of dose	**Ensure appropriate route and timing of dose**	Ensure most appropriate route selected
		Ensure prescribed route is available, e.g. is patient nil-by-mouth?
		Ensure intended time of dose recorded on the medication chart
		Annotate specific days for weekly or non daily dosing
		Ensure timing appropriate with respect to: -food/feeds -medicine administration rounds -patient convenience -scheduled surgery or investigative procedure -local phlebotomy schedule -therapeutic monitoring requirements
1.2.11 Selection of formulation, concentration or rate	**Ensure appropriate regimen**	Check availability of medicine in prescribed form
		Check formulation is appropriate for the patient. Consider presence of physical disability, e.g. visual impairment, impaired physical dexterity, swallowing difficulties
		Consider factors likely to compromise product efficacy and stability when repackaging medicines out of their original containers/packaging, e.g. dose administration aid
		Provide administration advice where needed, such as -crushing of oral medicine/s -dilution of parenteral medicine/s -compatible fluids -rate of parenteral administration -suitability of formulation -method of administration
		Document administration advice according to local policy
1.2.12 Review and interpretation of patient-specific data	**Monitor patient-specific clinical data, medication outcomes and response**	Appropriately access patient-specific clinical data, such as -laboratory investigations -clinical observations, e.g. temperature, pulse, blood pressure, bowel function, pain scores, -progress notes/health record
		Correctly interpret patient-specific clinical data with respect to: -clinical diagnosis -patient's current clinical state and past medical history -pathophysiology of disease/s -specifics of medicine, e.g. time to effect -desired outcome
		Monitor patient for effectiveness of treatment and potential adverse effects
		Identify missing data and resolve, e.g. INR not performed
1.2.13 Therapeutic drug concentration monitoring	**Monitor drug concentrations as appropriate**	Identify medicines requiring concentration monitoring, e.g. narrow therapeutic range, high risk, significant adverse effect profile, large degree of patient variability in pharmacodynamics, associated with clinically significant interactions, and the reason for doing so, e.g. suspected toxicity, suboptimal response, patient adherence issues
		Recommend TDM where indicated
		Identify patients at risk of adverse effects who may require more intensive monitoring, e.g. renal or hepatic impairment, undergoing dialysis and haemofiltration, uncompensated cardiac dysfunction, pregnant, obese, malnourished, extremes of age (elderly or paediatric patients especially neonates), cystic fibrosis, severe burns, specific polymorphisms
		Identify the appropriate target therapeutic range according to indication, e.g. prophylaxis/ treatment, route of administration

Element	Performance criteria	Evidence guide
		Review concentrations considering: -medicine, dose, formulation and dosing schedule -method of administration -indication for treatment -reason for TDM -duration of current medicines regimen -time of last dose -time of sampling -prior drug monitoring and other relevant laboratory results -patient-specific factors, such as renal and hepatic function, cardiac status, age, weight -relevant pharmacokinetic and pharmacodynamic properties of the medicine -potential for drug interactions -other environmental factors, such as smoking -potential for sampling or measurement error -local laboratory parameters -pharmacogenomics and genetic markers especially as they relate to medicine handling and monitoring of suitability of certain medicines for particular patient
		Correctly interpret concentrations in context of: -patient's current clinical state -desired target concentration -desired outcome of therapy -perceived adherence with medicines -duration of therapy -potential drug interactions -previous relevant TDM results -potential for sampling/laboratory error.
		Correctly calculate dose adjustment if required
		Communicate results of concentration monitoring in a timely manner
		Recommend ongoing monitoring requirements
		Document dose and monitoring recommendations

Competency Unit 1.3: Identification, Prioritisation and Resolution of Medicine-Related Problems

This competency unit describes the skills needed to effectively identify and resolve medicines-related issues regarding patient care.

Element	Performance criteria	Evidence guide
1.3.1 Identification of patients most at risk of medication misadventure	**Identify if patient is at risk of medication misadventure**	Patients most at risk of medicines-related problems include those who: -have medication misadventure as the known or suspected reason for their presentation or admission to the health service organisation -are aged 65 years or older -take 5 or more medicines -take more than 12 doses of medicines per day -take a medicine that requires therapeutic monitoring or is a high-risk medicine -have clinically significant changes to their medicines or treatment plan within the last 3 months -have suboptimal response to treatment with medicines -have difficulty managing their medicines because of literacy or language difficulties, dexterity problems, impaired sight, confusion/dementia or other cognitive difficulties -have impaired renal or hepatic function -have problems using medication delivery devices or require an adherence aid -are suspected or known to be non-adherent with their medicines -have multiple prescribers for their medicines -have been discharged within the last 4 weeks from or have had multiple admissions to a health service organisation
1.3.2 Identification of medicines-related problems	**Identify actual and potential medicines-related problems**	Identify common contraindications to therapy, potential adverse effects and interactions
		Identify high-risk medicines, high-risk disease groups and high-risk patients
		Identify ongoing monitoring requirements related to therapy
		Consider presenting complaint – is a current symptom related to prescribed or potentially omitted medicine/s?
		Identify factors likely to adversely affect adherence to intended medication therapy
	Identify new ADRs	Identify potential causative agent/s and the severity of the reaction
		Consider the benefits/potential harm of continuing/ceasing therapy with the suspected medicine
		Ensure medical officer and nursing staff are informed of newly identified ADRs and that appropriate action is taken
		Identify ongoing monitoring requirements/treatment

Element	Performance criteria	Evidence guide
1.3.3 Prioritisation of medicines-related problems	**Prioritise medicines-related problems appropriately**	Identify the risk associated with the medicines-related problem, i.e. potential harm to patient.
		Identify the urgency of resolution, e.g. potential harm to patient, dosing schedule
		Appropriately prioritise actions
1.3.4 Resolution of medicines-related problems	**Resolve medicines-related problems appropriately**	Ensure that an appropriate course of action is identified and implemented
		Accurately communicate to the relevant personnel the action required and the urgency of that action
		Act to minimise harm to the patient
1.3.5 Documentation of medicines-related problems	**Document medicines-related problems accurately**	Document medicines-related problems and outcomes as per local policy, e.g. -medication management plan -patient's health record -medication chart -clinical pathways.
		Where appropriate prepare a report that clearly and concisely documents medication management advice and recommendations and the basis upon which they are made
1.3.6 Assessment of outcomes of contributions	**Assess outcomes of contributions appropriately**	Follow-up on the clinical outcome of previous contributions/interventions, e.g. symptom control, medicine efficacy, ongoing information requirements
		Re-evaluate and modify therapeutic goals
		Request feedback from patient, carer, or health professional on specific issue/service
		Reflect on service delivery or patient encounter and identify potential service improvement or learning needs
1.3.7 Documentation of clinical pharmacy activities	**Document medication management plan**	Information documented on a medication management plan or other report could include: -history of presenting complaint and reason for current admission -assessment of the patient's clinical problems -plan for the management of the patient's clinical problems and therapeutic goals -past and current medical and surgical problems -list of medicines at time of presentation/admission and past medication history -details of allergies and ADRs, including dates and descriptions of reactions and re-exposure to the medicine -relevant laboratory parameters -medication risk identification including actual or potential medicines-related problems and management -plans for patient care, e.g. outcome monitoring, discharge planning -patient medicine education planned and dates when performed, e.g. warfarin -changes to the patient's medicines regimen. An assessment of adherence and plans for the provision of adherence aids and review dates and deadlines.
		Recommendation for medicines review or the need for periodic medication review if required
		Clearly identify discipline (i.e. pharmacist), date and time
		Follow a logical sequence, e.g. SOAP method[5] -subjective relevant patient details -objective clinical findings -assessment of the situation or clinical problem, and -proposed management plan
		Limit comments to 'recommendations' to allow scope for discussion
		Document relevant discussion of the issue with prescriber or other health professional
		Only use well-recognised abbreviations (refer to a medical abbreviations document)
		Document the strategy for clinical review and monitoring
		Sign the entry, print name and designation alongside the signature and provide contact details
		Where medicines-related problems are identified consider documenting: -information obtained from an accurate medication history including an assessment of patient adherence with the prescribed medicines regimen -medication reconciliation record to form part of the patient's health record where not recorded in a organisation-specific form -identification of serious clinical problems with discussion of the pharmacist's assessment -details of patient education and adherence aids provided -response to patient-specific questions from other staff, e.g. recommended doses -provision of patient-specific medicines information and specific therapeutic information -recommendations for TDM and evaluation of TDM data -ADR assessment and management recommendations -serious concerns about medicine therapy that cannot be verbally communicated to the prescriber (or which has not been addressed by medical staff or which would potentially imply negligence by the pharmacist if not documented)
	Sign for clinical review	Sign pharmaceutical review section on medication chart/patient's health record when clinical review is complete

Element	Performance criteria	Evidence guide
	Document pharmacist interventions	Accurately and succinctly document the nature of the intervention in the patient's health record and/or medication management plan according to local policy
		Evaluate effectiveness of interventions
	Document new ADRs	Document details of newly identified ADRs according to local policy on the: -medication chart -health record -appropriate software and/or patient's e-health record -patient wrist band
		Complete and send ADR report if appropriate to the Advisory Committee on the Safety of Medicines
	Document medication incidents	Initiate reporting of medicines-related events or circumstances which could have, or did lead to unintended harm to a person, loss or damage, and/or a complaint, according to local policy
		Discuss identified medication incidents with appropriate personnel
		Document identified medication incidents according to local policy

Competency Unit 1.4: Provision of Medicine

This competency unit relates to the safe and appropriate supply of medicines to the patient.

Element	Performance criteria	Evidence guide
1.4.1 Availability of medicines	**Ensure prescribed medicine can be made available**	Consider local formulary requirements (including those pertaining to CAMs)
		Consider S100/SAS/PBS/other applicable restrictions
		Consider ongoing access to medicine on transfer/discharge
		Ensure necessary paperwork is completed
1.4.2 Supply of medicines	**Supply prescribed medicine accurately and legally**	Select correct preparation (medicine, form, strength)
		Supply adequate quantity
	Label individually dispensed medicines accurately and appropriately	Label individually dispensed medicines accurately and appropriately with: -active ingredient, form, strength, quantity, patient name, date, and pharmacy details -clear dosage instructions for outpatient and discharge medicines -instructions as required for inpatient medicines according to local policy
		Attach ancillary labels if appropriate
		Ensure medicines are labelled appropriately for the patient, e.g. visually impaired, non-English speaking patients
	Provide prescribed medicine for the patient in a timely manner	Ensure all medicines are made available for due doses
		Prioritise supply of newly prescribed medicines depending on medical condition of the patient and availability of nursing or medical staff to administer the medicine.
	Document supply of the medicine on the medication chart/ prescription	Annotate supply on the medication chart/prescription in accordance with local policy and legal requirements
1.4.3 Review of administration of prescribed medicines	**Ensure prescribed medicines are administered correctly**	Check the administration area of the medication chart and ensure that administration has occurred and has been documented
		Identify occasions where medicines have been omitted and investigate and resolve, e.g. if due to unavailability of medicine, ensure initiation of supply.
		Visually check parenterally administered medicines to ensure administration follows correct procedure

Competency Unit 1.5: Discharge/Transfer Facilitation

This competency relates to the transition of patients within and between healthcare providers. It incorporates the provision of appropriate and timely information to the patient/carer and other healthcare providers responsible for ongoing care of the patient, in order to prevent medicines-related problems during the transition.

Element	Performance criteria	Evidence guide
1.5.1 Reconciliation of medicines on transition between care settings	**Reconcile discharge/ transfer prescription and/or medicines against current medication chart**	Check for discrepancies between discharge/transfer prescription, current medication chart and medication history
		Investigate justification for discrepancies (e.g. clinical changes at the time of discharge/ transfer, completion of courses) and resolve
		Ensure discharge/transfer prescription is consistent with discharge/transfer plan where available
	Reconcile discharge/ transfer prescription and/or medicines against admission medication history	Check for discrepancies between discharge/transfer prescription and medicines taken immediately prior to presentation
		Investigate justification for discrepancies (e.g. clinical changes, completion of courses) and resolve
	Reconcile patient's own medicines against discharge/transfer prescription and return to patient if appropriate	Discuss changes to medicines during care and intended changes post discharge/transfer with patient/carer. This should be reflected in medicines provided at the point of discharge/transfer and in written information provided
		Return the patient's own medicines where appropriate
		Remove ceased medicines for destruction with the patient's permission
		Document the details of the medicines returned, relabelled or removed
1.5.2 Provision of information for ongoing care	**Provide patient with an accurate and complete list of medicines with additional information for ongoing care**	Patients requiring additional information for ongoing care include those who: -have medication misadventure as the known or suspected reason for their presentation or admission to the health service organisation -are aged 65 years or older -take 5 or more medicines -take more than 12 doses of medicines per day -take a medicine that requires therapeutic monitoring or is a high-risk medicine -have clinically significant changes to their medicines or treatment plan within the last 3 months -have suboptimal response to treatment with medicines -have difficulty managing their medicines because of literacy or language difficulties, dexterity problems, impaired sight, confusion/dementia or other cognitive difficulties -have impaired renal or hepatic function -have problems using medication delivery devices or require an adherence aid -are suspected or known to be non-adherent with their medicines -have multiple prescribers for their medicines -have been discharged within the last 4 weeks from or have had multiple admissions to a health service organisation
		Provide appropriate information in accordance with local policy and include details on: -medicine (active ingredient and brand names) -dose and dose form -frequency -indication for therapy -changes to medicine/s during the episode of care -ADRs and any medicines-related problems -monitoring requirements for ongoing management of patient's medicines -pharmacy contact details -changes to take place post discharge/transfer -recommendation for Home Medicines Review, Residential Medication Management Review or the need for further medication review if required -explain function and use of medicines information provided and confirm patient/carer's comprehension
1.5.3 Continuity of supply	**Provide patient/ carer with information regarding further supply of medicine/s**	Provide patient/carer with instructions regarding ongoing supply of medicines after discharge/transfer, e.g. hospital or PBS prescription, need for authority/other requirements
		Review and return patient's own medicines if appropriate. Discard ceased/inappropriate medicines with the patient's permission.
		Consider the need for administration and/or adherence aids. Discuss with patient/carer and organise if required.

Element	Performance criteria	Evidence guide
1.5.4 Liaison with community/ primary care healthcare providers	**Supply verified patient-specific medicines-related information to all relevant persons involved in patient's ongoing care**	Provide comprehensive, accurate and timely information to patient's GP, community pharmacist, residential care provider or other healthcare provider as appropriate
		Include details of medicines ceased, commenced or modified and intended further changes or monitoring to take place post discharge or transfer
		Monitor strategies employed to improve adherence and liaise with other health professionals as required
		Organise an interim medication chart (if available) for patients discharged to residential care facilities
		Liaise regarding ongoing supply, including special packaging requirements
	Provide recommendation for follow-up/ periodic medicines review for patients at risk of medication misadventure	Provide recommendation for Home Medicines Review, Residential Medication Management Review or the need for further medication review if required including details of identified medicines-related problem

Competency Unit 1.6: Patient Education and Liaison

This competency unit relates to the provision of information to the patient/carer in order to facilitate informed and appropriate use of medicines after discharge or transfer.

Element	Performance criteria	Evidence guide
1.6.1 Need for information	**Accurately identify patient/carer's need for medicines-related information**	Identify patient/carer's need for information during the episode of care, e.g. those with: -new medicine/s -changes to existing medicine/s, including CAMs (local policy may need to be discussed with the patient) -multiple medicines -high-risk medicines -most at risk of medicines-related problems -a specific request for information
		Identify who is responsible for medication administration and follow-up post discharge/ transfer, e.g. patient/carer/relative
		Identify counselling requirements, e.g. discuss: -information previously provided (including that provided by another health professional) -patient's perception of indication and efficacy -adverse effects experienced
1.6.2 Cultural and social background	**Act in a sensitive and responsive manner to specific cultural and social needs and beliefs of the patient**	Recognise, and remain sensitive to cultural, religious and social beliefs of the patient/carer, e.g. addressing an appropriate family member, non-verbal cues.
		Recognise and remain sensitive to generational differences
		Recognise it may be relevant to delay discussion until the most appropriate person/ interpreter service is available
		Maintain flexibility in practice to accommodate specific cultural or social requirements of patients and/or carers
1.6.3 Provision of information to patient and/ or carer	**Utilise opportunities to educate patient during interaction/ episode**	Commence preliminary education regarding medicines and changes to medicines during the course of the interaction/episode
		Provide information regarding appropriate sources of medicines-related information (including pharmacist contact details)
	Retrieve information using an appropriate source	Assess the most appropriate source of information for the patient/carer. Consumer medicines information (CMI) developed by the manufacturer should be provided. Locally developed and approved information may be a useful addition
	Provide written and/ or oral information	Provide and discuss CMIs: -for all new or changed medicines -where a brand/formulation change has been made -where requested by the patient/carer or another health professional

Element	Performance criteria	Evidence guide
		Provide information which may include details of: -new and/or ceased medications -details of changes to medicines (dose, dose form) and reason for change (including changes to CAMs if modified at presentation) -intended purpose, benefits, potential side effects and expected outcome of treatment -relevant interactions -precautions -administration advice -active ingredient, brand name, physical description and strength -action to be taken in the event of a missed dose -storage advice -ongoing supply and follow-up arrangements -techniques for self-monitoring in the home environment, e.g. blood glucose level, weight -intended or likely duration of therapy -use of adherence aids -written medicines list as required
		Discuss with, and reassure patient where differences exist between information provided and individual circumstance, e.g. medicines used for non-approved indications, investigational medicines
		Acknowledge and preserve patient confidentiality and privacy
		Summarise information at the end of the discussion
		Avoid providing information another health professional should discuss with patient, e.g. disease or procedural specific information other than that pertaining to medicines
	Prepare a contingency plan	Consider the usefulness of a medication contingency plan for the patient and prepare as appropriate. Identify whether follow-up is required for further information sessions including Home Medicines Review, Residential Medication Management Review, medication review or referral to another health professional
		Details may include: -who is responsible for ongoing monitoring of therapy, e.g. GP, pathology service -what monitoring is required (e.g. blood glucose level) and how to monitor -what to do in the event of adverse effect.
	Review and discuss administration technique	Demonstrate administration technique where appropriate, e.g. inhaler, patches
		Review technique for administration of existing therapies
	Provide appropriate lifestyle advice	Discuss relevant lifestyle issues, e.g. dietary modifications, smoking cessation
	Assess patient and/or carer's comprehension of information provided	Encourage the patient/carer to discuss their prescribed medicines and assess their understanding and abilities during the conversation
		Reiterate important details
1.6.4 Provision of information regarding non-	**Consider non-pharmacological alternatives applicable to the patient and provide appropriate information**	Consider applicability and use of non-medication alternatives e.g. graduated compression stockings for venous thromboembolism prevention, heat packs for pain, relaxation techniques for anxiety and pain management
		Discuss with other health professionals and/or patient in context of disease management and medicine use

Part Two: Personal and Professional Qualities

Competency Unit 2.1: Problem Solving

This competency unit relates to the ability to gather and apply information, utilise appropriate resources and contextualise in order to resolve medicines-related issues.

Element	Performance criteria	Evidence guide
2.1.1 Recognition of limits of personal knowledge	**Identify the need to obtain further information or advice**	Recognise limits of personal knowledge and/or ability to interpret information
		Identify a need to seek further information or advice
		Actively find required information in order to resolve medicines-related issues
2.1.2 Access information	**Access information from an appropriate source**	Access information from an appropriate source, e.g. -local prescribing policies/formularies -sources of clinical information: clinical texts, journal articles, web-based information -patient-specific information: laboratory results, medical/nursing staff, patient/carer -other health professionals: pharmacists, nursing, medical and/or allied health staff
		Recognise potential strengths and limitations of individual reference sources (understand the importance of different levels of clinical evidence)
2.1.3 Abstract information	**Abstract key relevant points from information gathered**	Identify relevant aspects of the information gathered in the context of the patient
		Review available information efficiently to address patient-specific issues
2.1.4 Evaluation and application of information	**Evaluate information gathered and apply to the clinical setting**	Accurately interpret information in the context of the patient
		Appropriately apply clinical guidelines and/or references to practice
		Use information appropriately to formulate a plan to resolve medicines-related issues
		Assess the reliability of the information source, e.g. potential bias, evidence level
2.1.5 Appraisal of therapeutic options	**Consider available treatment options in the context of the patient**	Assess advantages and disadvantages of possible treatment options in light of comorbidities and individual patient factors (including patient/carer preferences)
		Consider available evidence to support therapeutic choice
		Recognise that in some cases no medicine may provide the best treatment option
2.1.6 Formulation of a clear decision	**Demonstrate clear decision making**	Formulate a rational course of action to resolve medicines-related issues in the light of information gathered
		Identify appropriate personnel to resolve, e.g. discuss with medical/nursing/pharmacy staff
		Communicate recommendations to the patient/carer, prescriber and other health professionals as appropriate

Competency Unit 2.2: Therapeutic Understanding

This competency unit relates to the ability to utilise knowledge in the clinical context presented in order to maximise medicine efficacy.

Element	Performance criteria	Evidence guide
2.2.1 Justification of therapeutic choice	**Justify therapeutic choice in the clinical context of the patient**	Identify and understand the therapeutic plan for the patient
		Understand the choice of therapy in the context of the patient including goals of therapy and patient preference
		Justify choice of therapy where multiple therapeutic options exist; taking into consideration specific patient details, potential benefits/risks, cost effectiveness and available evidence
		Understand the pharmacological action of chosen therapy
		Develop report that formalises medication management recommendations and the evidence base from which they were developed

Competency Unit 2.3: Provision of Therapeutic Advice and Information to Health Professionals

This competency unit relates to the provision of appropriate information to other health professionals in order to ensure medicines-related issues are resolved and patient-specific issues are shared appropriately with other members of the healthcare team.

Element	Performance criteria	Evidence guide
2.3.1 Provision of accurate information	**Provide accurate information to other members of the healthcare team**	Provide information to other members of the healthcare team accurately in the context of the specific patient/s (use evidence-based resources/consensus guidelines where appropriate). Provide global information to support and educate other members of the healthcare team regarding medicines-related issues
2.3.2 Provision of relevant and usable information	**Provide relevant information to other members of the healthcare team**	Determine why an inquiry was made, urgency of the request and how the information sought is to be used
		Provide information relevant to either a specific patient/group of patients or the healthcare team in general
		Provide information to other members of the healthcare team in a concise and usable form
		Avoid discussing information not specifically relevant or necessary
2.3.3 Provision of timely information	**Provide information to other members of the healthcare team in a timely manner**	Ensure information relating to specific medicines-related issues is provided in a timely manner to affect required changes/support the interdisciplinary team in a timely manner.

Competency Unit 2.4: Communication

This competency unit relates to the ability to communicate effectively with the patient/carer and other members of the healthcare team.

Element	Performance criteria	Evidence guide
2.4.1 Patient and carer	**Use clear, precise, relevant and appropriate communication**	Use language the patient/carer is able to understand
		Use reassuring, empathetic, non-alarmist tone to discuss medicines-related information
		Provide clear and relevant information with a patient safety focus
		Recognise the need for specialised communication, e.g. presence of emotional distress, physical disability, cultural/linguistic requirements (including the need for an interpreter)
		Recognise barriers to effective communication including culture, values, beliefs, sensory impairment, disability, personality conflict, socioeconomic or educational status, communication through a third party
		Remain respectful
	Involve patient/ carer in the medication management process	Actively listen to concerns/questions raised by the patient/carer in relation to therapy choices and refer as appropriate.
2.4.2 Pharmacy staff	**Use clear, precise, relevant and appropriate communication**	Provide information to other members of the pharmacy team to support patient care
		Ensure patient details are discussed confidentially and only where relevant to pharmaceutical care.
		Communicate relevant patient-specific details with members of the pharmacy team involved in the provision of patient care, e.g. pharmacists, support staff (pharmacy assistants and technicians, store/procurement staff)
		Consider constraints placed on other members of the team, e.g. time constraints, system confines
		Remain respectful
2.4.3 Prescribing staff	**Use clear, precise, relevant and appropriate communication**	Use language relevant to the prescriber's area of specialty and level of experience
		Use assertive language where necessary and maintain a patient safety focus
		Clearly state evidence/justification to support any action/s requested
		Actively listen and adjust patient plan according to additional information
		Demonstrate proactive approach to responding to medicines-related issues and problems
		Provide written information when appropriate, in a clear, concise, usable format.
		Remain respectful

Element	Performance criteria	Evidence guide
2.4.4 Nursing staff	**Use clear, precise, relevant and appropriate communication**	Use language relevant to the nursing staff's area of specialty and level of experience
		Use assertive language where necessary and maintain a patient safety focus
		Clearly state evidence/justification to support any action/s requested
		Actively listen and adjust patient plan according to additional information
		Demonstrate proactive approach to responding to medicines-related issues and problems
		Provide written information when appropriate, in a clear, concise, usable format
		Remain respectful
2.4.5 Other health professionals	**Use clear, precise, relevant and appropriate communication**	Use language relevant to the professional's area of specialty and level of experience
		Use assertive language where necessary and maintain a patient safety focus
		Clearly state evidence/justification to support any action/s requested
		Actively listen and adjust patient plan according to additional information
		Demonstrate proactive approach to responding to medicines-related issues and problems
		Provide written information when appropriate, in a clear, concise, usable format
		Remain respectful

Competency Unit 2.5: Personal Effectiveness

This competency unit describes the personal skills required to effectively perform clinical duties.

Element	Performance criteria	Evidence guide
2.5.1 Prioritisation	**Prioritise work to allow effective task completion**	Gather information to support decision making in relation to task prioritisation, e.g. patient bed or handover list, medication action plans, team planning meetings
		Consider relevant factors when prioritising work, e.g. patient acuity, workflow issues, discharge requirements, needs of other members of the department.
		Consider the goals of the interdisciplinary and pharmacy teams when prioritising tasks
		Adjust priorities in response to changing circumstances
		Refer early to an appropriate supervisor if assistance is required
2.5.2 Initiative	**Demonstrate appropriate initiative**.	Demonstrate the ability to work independently of others
		Accept responsibility for addressing problems
		Take on new opportunities/tasks without prompting from others
		Consider tasks that will add to patient safety and initiate the following consultation with the supervisor, e.g. -refining processes for admission/discharge -attendance at ward rounds and unit meetings -provision of medicine specific information -attendance at committee meetings
		Identify areas of practice requiring improvement, e.g. process/system issues, and seek to improve: -development of pharmacy, ward or unit specific policies or guidelines -consider areas for research and investigate/discuss with an appropriate colleague
2.5.3 Efficiency	**Work efficiently resulting in task completion with minimum waste of time**	Use time productively with minimum waste
		Consider task prioritisation and team goals to ensure completion of required tasks as efficiently as possible
		Understand basic systems and process within the work area, e.g. liaison with dispensary and ward staff
		Communicate with supervisor when assistance required, e.g. when workload becomes difficult to meet/situation becomes stressful
		Delegate tasks to other members of the pharmacy team where appropriate, e.g. non clinical duties to support staff
		Manage conflicting and/or multiple demands on time
		Maintain flexibility with respect to managing unplanned events to facilitate completion of tasks on time
		Apply information and guidance provided by others to progress tasks effectively
2.5.4 Logic	**Demonstrate a logical thought process to problem solving**	Identify key action points related to patient care
		Clarify required information and identify possible sources of information
		Apply a structured process to the identification and resolution of patient-related problems

Element	Performance criteria	Evidence guide
2.5.5 Assertiveness	**Use appropriate level of assertiveness to resolve identified issues**	Express point of view in a non-passive and non-aggressive manner, using appropriate language and tone
		Alert other health professionals to potential medicine safety issues and medicines-related problems
		Use appropriate assertiveness techniques to escalate discussions when patient safety is compromised
		Consider the need to discuss issue with a more senior staff member if unable to resolve at a junior level
		Ensure patient safety at all times
		Ensure own professional rights and values are not compromised
2.5.6 Negotiation	**Collaborate with colleagues to resolve issues in a mutually beneficial manner**	Use a collaborative approach to address problem.
		Understand the desired outcome of both parties
		Understand the requirements of both parties
		Consider options to facilitate a mutually agreeable outcome
		Work towards mutual goals
		Recognise and respect the professional rights of others
		Maintain composure and respectfulness even during difficult negotiations
2.5.7 Confidence	**Demonstrate professional confidence**	Use confident, effective language and appropriately assertive communication skills
		Complete requested tasks
		Demonstrate an appropriate level of knowledge regarding patient care
		Demonstrate confidence in own abilities

Competency Unit 2.6: Team Work

This competency unit relates to the ability to work effectively as part of both the pharmacy and interdisciplinary teams.

Element	Performance criteria	Evidence guide
2.6.1 Pharmacy team	**Recognise value of other team members**	Understand the contribution other members of the team make to patient care
		Recognise the limitations within which other members of the team work
	Work effectively as part of the team	Liaise appropriately with other members of the team to effectively manage patient care
		Utilise efficiently the skills of other members of the team to support patient care
	Pass on information to other pharmacists	Hand over patient and/or team specific information to other pharmacists, e.g. support leave cover
		Share information with members of another section of the pharmacy, e.g. dispensary staff
2.6.2 Interdisciplinary team	**Recognise value of other team members including non-clinical staff**	Understand the contribution that other members of the team make to patient care
		Recognise the limitations within which other members of the team work
	Work effectively as part of the team	Liaise appropriately with other members of the team to effectively manage patient care
		Utilise efficiently the skills of other members of the team to support patient care
2.6.3 Share learning experiences	**Share information to benefit other team members**	Provide clinical information to support and enhance learning of other members of the pharmacy or interdisciplinary team, e.g. discuss cases or medicine-specific information at continuing education sessions, team/unit meetings or other relevant forum
	Share experiences with less experienced team members	Support the development of members of the pharmacy and interdisciplinary teams by sharing experiences either formally or informally in a mentoring/educational capacity
2.6.4 Promotion of rational use of medicines	**Promote and participate in activities related to the quality use of medicines**	Identify situations in which a formal review process, such as drug use evaluation (DUE), may contribute to the rational use of medicines
		Participate in the design of DUE strategies including retrieval and review of appropriate literature resources
		Collect data accurately and contribute to the analysis of data obtained as part of the DUE process
		Contribute to the education of members of the pharmacy and interdisciplinary teams regarding DUE activities and results
		Promote local prescribing policies that support rational use of medicines

Competency Unit 2.7: Professional Qualities

This competency unit encompasses the professional qualities expected of pharmacists across all experience levels and working in all sectors.

Element	Performance criteria	Evidence guide
2.7.1 Professional code of ethics	**Practice within the relevant Code of Ethics**	Understand how the *SHPA Code of Ethics* relates to practice and act accordingly.
2.7.2 Confidentiality	**Maintain patient confidentiality**	Recognise and protect the rights of patients to privacy and confidentiality regarding information relating to their health.
		Recognise that patient-specific information discussed with other health professionals should remain confidential
2.7.3 Responsibility for own action	**Take responsibility for own actions**	Accept responsibility for actions taken including those taken by other staff for whom you are responsible, e.g. students
		Account for actions, omissions and outcomes associated with professional contribution
2.7.4 Responsibility for patient care	**Take responsibility for patient care**	Maintain patient care as focus of practice
		Ensure patient-specific problems are resolved
2.7.5 Recognition of limits of professional practice	**Appropriately refer medicines-related problems**	Understand personal practice profile (i.e. personal scope and level of practice)
		Clarify identified patient-related issue/s
		Consider most appropriate referral point
		Refer in a logical and concise manner
		Maintain and promote respect for other members of the healthcare team

Competency Unit 2.8: Continuing Professional Development

This competency unit relates to reflection on current practice and ongoing professional development.

Element	Performance criteria	Evidence guide
2.8.1 Continuing professional development	**Reflect on personal practice and identify learning needs**	Understand the concept of lifelong learning
		Reflect on current practice
		Evaluate learning and identify learning needs according to accepted standards of practice
		Formulate a plan to address learning needs and act appropriately
		Undertake self-directed learning as part of a structured learning plan
		Record actions taken to fill identified gaps in knowledge/skills/practice
		Record professional development tasks completed in line with Pharmacy Board of Australia criteria