

An Advanced Pharmacy Practice Framework for Australia

October 2012

Developed through the Advanced Pharmacy Practice Framework Steering Committee
on behalf of the pharmacy profession in Australia



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Contents

Glossary of terms	4
Abbreviations	5
Background	6
Introduction	6
Section 1 – Professional practice in focus	7
Scope of practice	7
Measuring performance	7
Section 2 – Defining an advanced pharmacy practice framework	9
Choosing advanced practice competency standards	9
A scope of practice for advanced practice	9
Performance standards for advanced practice	9
Supporting the future development of the pharmacy profession	10
Section 3 – The advanced pharmacy practice framework	11
Part 1 – ‘General’ level requirements	11
Part 1.1 – Prerequisite competency standards	11
Part 2 – General career characteristics	11
Part 2.1 – General characteristics of pharmacists progressing to advanced practice	11
Part 3 – ‘Advanced’ level requirements	12
Part 3.1 – Scope of practice for advanced pharmacy practice	12
Part 3.2 – Competency standards for advanced pharmacy practice	12
Section 4 – Applying the advanced pharmacy practice framework using ‘patient care’ as the example	13
Part 1 – ‘General’ level requirements in patient care	13
Part 1.1 – Prerequisite competency standards in patient care	13
Part 2 – General career characteristics	13
Part 3 – ‘Advanced’ level requirements in patient care	14
Part 3.1 – Scope of practice for advanced pharmacy practice in patient care	14
Part 3.2 – Competency standards for advanced pharmacy practice in patient care	15
Appendix 1 – Comparison of the CoDEG and National Competency Standards Frameworks	18
Appendix 2 – Advanced pharmacy practice framework in management and administration	20
Appendix 3 – Prerequisite competency standards	25

Glossary of terms

The following definitions have been adopted in this document.

Term	Definition	Source
Accountability	Being answerable for one's actions, and the roles and responsibilities inherent in one's job or position. Accountability cannot be delegated.	1
Advanced pharmacy practice	Practice that is so significantly different from that achieved at initial registration that it warrants recognition by professional peers and the public of the expertise of the practitioner and the education, training and experience from which that capability was derived.	2
Autonomy	Having a sense of one's own identity and an ability to act independently and to exert control over one's environment, including a sense of task mastery, internal locus of control, and self-efficacy.	3
Clinical governance	A framework through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.	4
Competence	Possession by an individual of the required knowledge, skills and attributes sufficient to successfully and consistently perform a specific task or function to the desired standard.	2
Defined area of practice	The pharmacist's area of responsibility and accountability in professional practice.	5
Dynamic situations	Where the context of the problem is changing and requires regular evaluation.	4
Facilitator	One who encourages self-directed learning.	4
Interdisciplinary collaboration	Refers to the positive interaction of two or more health professionals, who bring their unique skills and knowledge, to assist patients/clients and families with their health decisions.	6
Leadership	The process of influencing the behaviour of others toward a pre-determined goal.	7
Mentor	An experienced, skilled and trustworthy person who is willing and able to provide guidance to less experienced colleagues. Mentors share their knowledge, expertise and experience on career, technical, professional and cultural issues. The teaching-learning process is usually a one-to-one, reciprocal, career development relationship between two individuals who may be diverse in age, personality, life cycle, professional status and/or credentials.	8
Monitoring	The regular measurement or assessment of specific clinical and social parameters to assist consumers undergoing treatment for, or at risk of, specific health conditions.	9
Partnership	A relationship where there is a sharing of expertise and responsibility among medical practitioners, nurses, pharmacists and consumers for a person's wellbeing. Working in partnership involves consultation between individuals and collaborative decision making.	1
Peer review	The evaluation by a practitioner of creative work or performance by other practitioners in the same field in order to assure, maintain and/or enhance the quality of work or performance.	10
Performance level	A characteristic of professional practice that reflects the knowledge, skills and experience of the pharmacist.	11
Preceptor	A pharmacist who holds general registration and has undertaken preceptor training who is responsible for the supervision of a person undertaking a period of supervised practice in accordance with the requirements of the Pharmacy Board of Australia. The period may be either during undergraduate clinical training placements or during a period of supervised practice as part of the process leading to general registration.	12
Research	Original investigation undertaken to gain knowledge, understanding and insight.	13
Responsibility	To be entrusted with or assigned a duty or charge. In many instances responsibility is assumed, appropriate with one's duties. Responsibility can be delegated as long as it is delegated to someone who has the ability to carry out the task or function. The person who delegated the responsibility remains accountable, along with the person accepting the task or function.	1
Role model	A person regarded by others generally as a good example to follow with regards to their professional or social behaviour upon which one can emulate his or her own behaviour, including adopting appropriate similar attitudes. A role model need not be known personally to the individual.	14
Scope of practice	A time sensitive, dynamic aspect of practice which indicates those professional activities that a pharmacist is educated, competent and authorised to perform and for which they are accountable.	15

Source documents

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2. National competency standards framework for pharmacists in Australia. Canberra: Pharmaceutical Society of Australia; 2010. At: www.psa.org.au/download/standards/competency-standards-complete.pdf
Originally adapted from: Royal Pharmaceutical Society of Great Britain. Pharmacy practice 2008: medicines focussed and patient centred. Pharmacy practice framework. February 2009.
3. Adapted from: Australian Nursing and Midwifery Council. National competency standards for the nurse practitioner. At: www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD10%2F1351&dbid=AP&chksum=MhZblQy5eHKHdz0u%2BhCSTg%3D%3D.
4. Competency Development and Evaluation Group. Advanced and consultant level competency framework. 3rd Edition, February 2005.
5. Adapted from Source 4.
6. The Principles and Framework for Interdisciplinary Collaboration in Primary Health Care (Enhancing Interdisciplinary Collaboration in Primary Health Care; March 2006).
7. Adapted from Source 1.
8. Adapted from: (a) Australia and New Zealand Association of Clerks-at-the-Table. ANZACATT inter-jurisdictional mentoring program guidelines. March 2008. At: [www.anzacatt.org.au/prod/anzacatt/anzacatt.nsf/ca3cb73640e4b7d4ca2567ee0016638b/f8ecac92a15b200eca2571d900158b98/\\$FILE/Inter-jurisdictional%20mentoring%20guidelines.pdf](http://www.anzacatt.org.au/prod/anzacatt/anzacatt.nsf/ca3cb73640e4b7d4ca2567ee0016638b/f8ecac92a15b200eca2571d900158b98/$FILE/Inter-jurisdictional%20mentoring%20guidelines.pdf) (b) Mills JE, Francis KI, Bonner A. Mentoring, clinical supervision and preceptorship: clarifying the conceptual definitions for Australian rural nurses. A review of the literature. Rural and Remote Health 2005;5:410 (online). At: www.rrh.org.au/publishedarticles/article_print_410.pdf
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11. Adapted from: Council on Credentialing in Pharmacy. Scope of contemporary pharmacy practice: roles, responsibilities, and functions of pharmacists and pharmacy technicians. J Am Pharm Assoc 2010;50:e35–e69.
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14. Adapted from: (a) Marshall G. A dictionary of sociology. Oxford University Press, 1998. (b) Collins English dictionary. HarperCollins Publishers, 2003. (c) The American heritage dictionary of the English language. 4th ed. Houghton Mifflin Company, 2009.
15. Adapted from: Queensland Nursing Council. Scope of practice – framework for nurses and midwives (as amended June 2008). At: www.health.qld.gov.au/parrot/html/Documents/NursingScPrac.pdf

Abbreviations

The following abbreviations have been used in this document.

APPF	Advanced Pharmacy Practice Framework
APPFSC	Advanced Pharmacy Practice Framework Steering Committee
CoDEG	Competency Development and Evaluation Group (United Kingdom)
CPD	continuing professional development
CPS	Council of Pharmacy Schools: Australia and New Zealand Inc.
CSRSC	Competency Standards Review Steering Committee
National Framework	<i>National Competency Standards Framework for Pharmacists in Australia 2010</i>
National Law	<i>Health Practitioner Regulation National Law Act 2009</i>
PBA	Pharmacy Board of Australia
SHPA	The Society of Hospital Pharmacists of Australia

Background

This document has been developed as part of a collaborative project with funding provided by those organisations whose logos appear on the front cover (see also list on p. 2). The desirability of undertaking work directed at gaining recognition for advanced pharmacy practice in Australia was identified during the review of the Competency Standards in 2010.

At that time, it was agreed the work should be progressed under the auspices of the Advanced Pharmacy Practice Framework Steering Committee (APPFSC) which is comprised of a nominee of each of the participating organisations. Such broad coverage of the pharmacy sector was considered important not only for securing sector wide support for the work, but also for assuring access to relevant expertise within the profession. The objectives were to advance the capabilities of the profession, to identify and recognise excellence in professional practice, to create opportunities for pharmacists and prepare the profession for future change.

The role of the committee members, as stated in the terms of reference, included the following:

- provide strategic leadership and guidance to the project team through timely provision of comments, advice and feedback;
- consider strategies to ensure the pharmacy profession's advanced practice framework is appropriate in the context of current pharmacy practice as well as likely future professional roles of pharmacists within the Australian health care setting;
- contribute to advocacy of the profession through the development of an advanced pharmacy practice framework and dissemination of consistent information to other stakeholders; and
- provide advice on consultation and communication processes, and dissemination strategies.

At the first meeting of the APPFSC in March 2011 the Committee noted relevant work already undertaken by the United Kingdom Competency Development and Evaluation Group (CoDEG), Royal Pharmaceutical Society and Pharmacy Council of New Zealand. It also noted that considerable progress had already been made in defining specific areas of advanced pharmacy practice in Australia led by the hospital pharmacy sector. It was agreed it would be beneficial to the work of the Committee to follow up on each of these initiatives.

Initially a draft document was developed through the deliberations of both the steering committee and its advanced practice working group, taking account of both national and international developments. This document was amended as a result of feedback from the Councils/Boards of the participating organisations and then released for consultation across the profession. Submissions received during the consultation period were collated and reviewed by the APPFSC. This revised document was then provided to steering committee members to seek endorsement by the Council/Board of their respective organisations. Based on feedback provided, this document was then finalised by the APPFSC on behalf of the pharmacy profession and submitted to the Pharmacy Board of Australia (PBA) for consideration of endorsement.

In October 2012, the PBA advised the APPFSC that it had endorsed the Advanced Pharmacy Practice Framework (APPF).

Introduction

The definition of advanced practice adopted by the APPFSC and endorsed by all participating pharmacy organisations is presented below.

Advanced practice is practice that is so significantly different from that achieved at initial registration that it warrants recognition by professional peers and the public of the expertise of the practitioner and the education, training and experience from which that capability was derived.

Whatever the definition or criteria used to describe advanced pharmacy practice, the term should evoke the view of a practitioner who demonstrates higher levels of knowledge and skill over an extended period of practice, and the attitudes and behaviours reflective of a deep understanding of the nature of and need for professionalism in practice – that is, they are committed to the sustained pursuit of excellence.

The above definition has guided the development of the APPF presented in this document. Since most international and national

advanced pharmacy practice initiatives have focussed on areas of patient care the component parts of the APPF have been developed using 'Patient Care' as the example. The **APPF in Patient Care** is a generic framework which is intended to be applied to a range of defined patient care areas through a process of customisation to show the specific expert knowledge and skills required. The APPF has also been designed to be sufficiently flexible to serve as a template for describing advanced practice expectations in all other areas of professional practice where it may be considered desirable to recognise advanced pharmacy practice. This has been demonstrated for Management and Administration in Appendix 2 (p. 20).

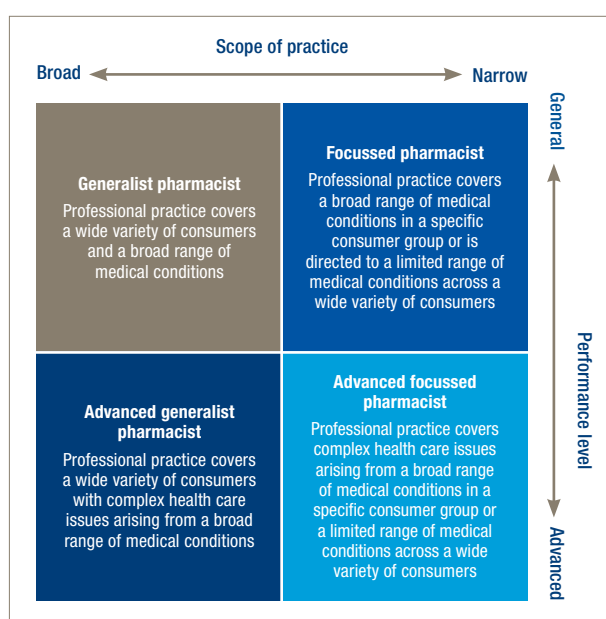
This APPF is intended to provide a basis for the further development of the profession and of the roles performed. However, it is also hoped it can underpin a process whereby those pharmacists working at an advanced level can gain formal recognition.

Section 1 – Professional practice in focus

In earlier work on the *National Competency Standards Framework for Pharmacists in Australia* (the 'National Framework')¹ professional practice was described in terms of:

- a horizontal dimension reflecting the breadth of practice and referred to as 'scope of practice'; and
- a vertical dimension reflecting the depth of practice and referred to as 'performance level'.

The figure below (which is Figure 2 on p. 6 of the National Framework publication) has been adapted from a model developed by the Council on Credentialing in Pharmacy in the US² and shows how these two dimensions can be captured to classify professional practice into a number of broad categories or practice types.



Scope of practice³

Scope of practice defines the boundaries of professional practice. It has been described as encompassing those activities which the individual practitioner is "educated, competent and authorised to perform".⁴ Scope of practice includes activities delegated to others and can be expanded at the discretion of the individual practitioner by incorporating into their practice the knowledge, skills and expertise required to deliver a new health service. It is also noted to be influenced by the context of practice, the health care needs of patients, and applicable workplace policies.

As can be seen, scope of practice is a dynamic aspect of practice which will change over time and is particular to the individual pharmacist. The adapted definition presented below has been used in this work.

Scope of practice is a time sensitive, dynamic aspect of practice which indicates those professional activities that a pharmacist is educated, competent and authorised to perform and for which they are accountable.

Scope of practice is "usually defined by a regulatory body or employer, after taking into consideration the health professional's training, experience, expertise and demonstrated competency".⁵

The particular competencies required to be met by any pharmacist will depend on their **scope of practice** – that is the professional roles they perform or services they provide. The process for selecting relevant competencies from the National Framework is described on p. 8 of the publication. Competencies will be drawn from a larger number of Domains where scope of practice is broad but fewer Domains where scope of practice is narrow. Pharmacists with a broad scope of practice will work with a wide variety of patients and medical conditions whereas those with a narrow scope of practice will be focussing their practice on either a particular patient group or a limited range of medical conditions.

Where pharmacists choose to limit their scope of practice by focussing on particular areas of practice (e.g. compounding or medication management) they afford themselves the opportunity to increase their expertise and improve their performance. This is probably the reason that 'specialisation' in practice is often seen as being synonymous with 'advanced' practice. However, 'specialisation' refers only to scope of practice and does not, of itself, confer the additional expertise that underpins advanced pharmacy practice. It therefore follows that 'specialisation' can occur without any associated enhancement in performance.

There is already a strong but potentially misleading association of the term 'specialisation' with advanced practice which makes use of the term undesirable in this context. In addition, there is strict control exerted over use of the term under the *Health Practitioner Regulation National Law Act 2009* (the 'National Law') and currently it may only be used by the medical and dental professions. Although this in no way impacts on use of the term in other contexts (e.g. industrial award or position titles) its use in the context of advanced pharmacy practice should be avoided in favour of the more accurate terms 'scope of practice' and 'performance level' as presented in the above figure.

Measuring performance

The competency standards of the National Framework describe, in generic terms, the knowledge, skills and attributes that are central to pharmacists performing effectively and to an acceptable standard across a range of professional practice activities in Australia. They include performance criteria that focus on key aspects of performance and express what a competent professional would do in terms of observable results or behaviours. This allows the competency standards to serve as the

1. The *National competency standards framework for pharmacists in Australia* (2010) can be downloaded at: www.psa.org.au/download/standards/competency-standards-complete.pdf.
 2. Council on Credentialing in Pharmacy. Scope of contemporary pharmacy practice: roles, responsibilities, and functions of pharmacists and pharmacy technicians. *J Am Pharm Assoc* 2010;50:e35–e69.
 3. The PBA will be issuing guidance on scope of practice. The concepts developed in this section may be further revised in response to release of the Board guidance.
 4. Queensland Nursing Council. Scope of practice – framework for nurses and midwives (as amended June 2008).
 5. NPS: Better Choices, Better Health. Competencies required to prescribe medicines: putting quality use of medicines into practice. Sydney: National Prescribing Service Limited, 2012.

external measure of expected performance against which actual performance can be assessed.

'Performance level' may be defined as a level of accomplishment that reflects the expertise of the individual based on their training and experience. It is important to recognise that it does not relate to any particular service or range of services and is not a measure of the quality of services provided. Professional practice may be viewed as a continuum based on the post-registration learning that has occurred through all means available to the individual pharmacist. At some point along the continuum there is a 'threshold' performance level above which performance could be considered 'advanced' while below that threshold performance would be considered to be at the 'general' level. Excellence in practice relates to the quality of professional practice and is achievable by all pharmacists regardless of the performance level at which they operate.

Concern has been expressed about the possibility that further defining the vertical dimension of performance level may cause segmentation within the profession or act as a source for the development of elitism. However, such concerns need to be balanced against the benefits to accrue to consumers and the profession by exploring the dimension of practice through which individual professionals pursue the acquisition of additional expertise for the purposes of enhancing their capacity to contribute to health care. It is appropriate for these additional capacities to be shared with colleagues through teaching and mentoring activities. However, it would not be appropriate for the additional expertise associated with advanced practice to be applied through supervisory functions to in any way restrict or constrain the delivery of professional services as this would be counterproductive and detrimental to the profession.

Section 2 – Defining an advanced pharmacy practice framework

Defining an advanced pharmacy practice performance level is seen as a first step toward achieving recognition of advanced practice and the advanced pharmacy practitioner. The challenge has been to find a meaningful way of describing performance that can be considered to exceed that which is usually observed.

A number of approaches have been used for describing 'advanced' practice in the health professions using either discrete or continuous competency standard sets. For the purposes of describing advanced pharmacy practice in Australia the approach of having a single continuous competency standard set was favoured since it:

- reinforces the concept that it is performance rather than scope of practice that determines whether practice is 'advanced';
- is supportive of the view that expertise and performance operate on a continuum;
- presents 'advanced' performance criteria in a manner that is likely to be aspirational for pharmacists; and
- consolidates the value of the National Competency Standards Framework as a base for supporting and facilitating professional practice and growth in the interests of public safety.

Choosing advanced practice competency standards

Competence is generally taken to mean that an individual possesses the required knowledge, skills and attributes sufficient to successfully and consistently perform a specific function or task to a desired standard. Inherent to the concept of competence is the inference of assessment of performance in a given circumstance against a specified external measure. It has been noted that competency is a complex construct where the attributes contributing to competency include the individual's values, beliefs, motives, attitudes and personal traits.⁶

Comparison of the *CoDEG Advanced and Consultant Level Competency Framework*⁷ (the 'CoDEG Framework') with the National Framework revealed similarities in both structure and content. By undertaking a mapping exercise (refer to Appendix 1, p. 18) it was possible to identify an overlap in the content of the competency standards such that each of the CoDEG standards could be aligned to a Domain of the National Framework. By grouping the advanced practice competencies under National Framework Domain headers it was possible to show the desired continuum between the competency standards of the National Framework and those of the APPF.

Some competencies of the CoDEG Framework (e.g. professional autonomy, reasoning and judgement) were found to be embedded within the competencies of the National Framework while others (e.g. educational policies, research partnerships) were considered to be extensions of the National Framework competencies. In addition, a noted overlap in the performance criteria of the National Framework competencies with those of the first level of the CoDEG Framework was considered to be

beneficial for supporting the progression of pharmacists seeking to achieve advanced level practice.

Most of the known advanced practice initiatives in patient care in Australia applied to practice within acute care settings. The Society of Hospital Pharmacists of Australia (SHPA) was able to provide five examples of advanced level frameworks developed in Australia. All five documents covered a defined area of practice in patient care (e.g. cancer care, cardiology, paediatrics, critical care and emergency medicine) and all were based on the CoDEG Framework. It was apparent that the CoDEG Framework is a sufficiently flexible and adaptable resource for describing advanced pharmacy practice in Australian practice settings. The rigorous development and ongoing evaluation processes to which the Framework is subject⁸ conferred a high level of confidence in adapting it for the purpose of creating an APPF for Australia.

A scope of practice for advanced practice⁹

The PBA expects that pharmacists will work only within their area of competence. It is also a condition of national registration that pharmacists complete a specified quantity of continuing professional development (CPD) to maintain and/or enhance their competence to practise. In December 2010 the PBA funded the printing and distribution of the National Framework to all registered pharmacists to facilitate the process of pharmacists identifying their learning needs by using the National Framework to clarify their scope of practice and expected performance level. There is a clear expectation that pharmacists will undertake CPD that is relevant to the roles they perform which, in turn, relate to their scope of practice. All pharmacists, including those seeking recognition under the APPF, should use the National Framework to define their scope of practice. As an example, Table PC-3 (p. 14) shows a generic scope of practice for advanced pharmacy practice in Patient Care.

Performance standards for advanced practice

Inherent in the concept of competence is the inference of assessment of performance in a given circumstance against a specified external measure. Competency standards provide the external measure of expected performance against which actual performance is measured. They focus on key aspects of performance and express what a competent professional would do in terms of observable results or behaviours. Usually observed behaviours would be regarded as 'general' level performance and the term 'advanced' level would be attributed to behaviours in practice that reflect the additional expertise of the individual and are beyond those usually observed.

The CoDEG Framework arose from a rigorous development process, is considered by its creators to be "a framework for clinical competence that will be generalisable across the profession" and is subject to ongoing evaluation.¹⁰ Given its demonstrated flexibility for use by Australian pharmacists and

6. Davies JG, Webb DG, McRobbie D and Bates I. A competency-based approach to fitness to practice. *Pharm. J* 2002;268:104–6.

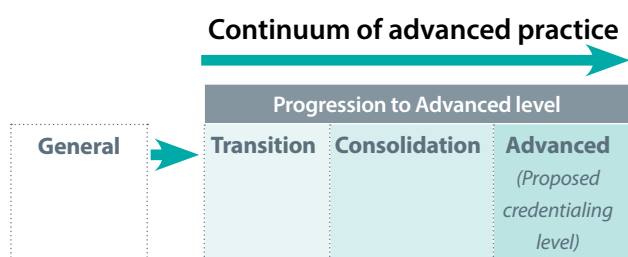
7. The *CoDEG Advanced and Consultant Level Competency Framework* can be accessed at: www.codeg.org/fileadmin/codeg/pdf/ACLF.pdf

8. McKenzie, C, Borthwick, M et al. Developing a process for credentialing advanced level practice in the pharmacy profession using a multi-source evaluation tool. *Pharm J* 2011;286:1–5.

9. The Pharmacy Board of Australia is currently developing guidance on scope of practice. The concepts developed in this section may be further revised in response to release of the Board guidance.

proven adaptability to the Australian practice environment it is seen as suitable for supporting the definition of performance expectations for Advanced Pharmacy Practice in Patient Care wherever that practice occurs. It supports a clear definition of the particular knowledge, skills and expertise expected while also emphasising the particular attitudes and behaviours associated with advanced pharmacy practice.

Each of the Standards of the CoDEG Framework is presented at the three performance levels of Foundation, Excellence and Mastery. It is an accepted concept that newly registered pharmacists are at the beginning of their professional learning process and that professional development is a career-long process of sustained improvement. The three-tiered structure has therefore been retained in the Australian APPF to reflect the performance continuum associated with learning and career progression, and to better support and guide the professional growth of pharmacists. However, the terminology for the three levels has been changed to reflect progression from a 'general' level to *Advanced* level through the levels of *Transition* and *Consolidation* as shown here.



The progression from *Transition* level to *Advanced* level is intended to represent the career progression a pharmacist could undertake if seeking to achieve recognition as an advanced practice pharmacist, as **credentialing is likely to be practical only for those pharmacists achieving performance at *Advanced* level.**

Supporting the future development of the pharmacy profession

Performance in professional practice occurs along a continuum from general to advanced level. One of the strengths of the CoDEG Framework is its capacity to differentiate advanced pharmacy practice performance at three different levels in a continuum from 'Foundation', through 'Excellence' to 'Mastery'. The customised documents developed in Australia using the CoDEG Framework had retained the original purpose of the CoDEG document of assisting pharmacists to reflect on their practice, recognise and celebrate their achievements, and target relevant professional development activities. This aspirational goal was further enhanced by an expectation that pharmacists would self-assess their practice or work with a 'facilitator' to review their practice against the competencies of the Framework to identify areas for further development. This process allows pharmacists to identify educational activities relevant to their current role and/or future career goals. As with the CoDEG Framework, **the primary purpose of the APPF is to support and assist the professional development and growth of pharmacists (regardless of whether their scope of practice is broad or narrow) and of the profession as a whole.** Its use for other purposes, including for the pursuit of industrial matters, is not supported.

The APPFSC acknowledges the developments in the current environment relating to non-medical prescribing. While a watching brief is being maintained on these initiatives by external entities the role of pharmacists as prescribers is outside the scope of this work to define an APPF.

10. McKenzie, C, Borthwick, M et al. Developing a process for credentialing advanced level practice in the pharmacy profession using a multi-source evaluation tool. Pharm J 2011;286:1-5.

Section 3 – The advanced pharmacy practice framework

This section of the document describes the component parts of the APPF. The following Section shows how the APPF can be used for different areas of practice by demonstrating the application of the component parts in an **APPF for Patient Care**. To demonstrate the flexibility of the framework and its applicability to other areas of advanced practice, the same component parts are used to present an **APPF for Management and Administration** in Appendix 2 (p. 20).

The APPF (and all APPFs created from it) consists of the following parts:

Part 1 – ‘General’ level requirements

Part 1.1 – Prerequisite competency standards

These are drawn from the National Framework according to the process described in Steps 1–4 on p. 8 of the National Framework publication.¹¹ All pharmacists seeking to achieve advanced level competence should first demonstrate they are able to meet the prerequisite competency standards.

Table PC-1 in Appendix 3 (p. 25) shows the prerequisite competency standards for Patient Care. When used for areas of practice other than **Patient Care** the relevant Domains in the National Framework can be used to select appropriate prerequisite competency standards. This process has been demonstrated for **Management and Administration** and Table MA-1 in Appendix 3 (p. 26).


Part 2 – General career characteristics

Part 2.1 – General characteristics of pharmacists progressing to advanced practice

In some of the Australian advanced practice documents each of the levels has been further clarified by relating them to a pharmacist’s career progression or by providing statements of expectation in regard to issues such as experiential background, knowledge base/qualifications, level of clinical autonomy, peer recognition and influence on practice. This additional material has been retained in this Framework (refer to Table 1, below) as it is likely to be of assistance to users of the document.

It is important to recognise that the general characteristics described across the levels of Transition to **Advanced** represent a continuum in career progression and professional development in a manner comparable to the progression of the competency standards across the three levels the APPF. Table 1 describes the experience or career development **likely to have been achieved** by pharmacists whose performance satisfies the competency standards for that level. **They are not mandatory requirements but provide general guidance on expectations** for the three performance levels described. These characteristics are considered likely to be consistent for all areas of professional practice so are retained **unaltered** in the APPFs for Patient Care and Management and Administration (refer to Table PC-2 in the next Section, p. 13, and Table MA-2 of Appendix 2, p. 20).

Table 1: General characteristics of pharmacists working with advanced practice competency standards

Continuum of advanced practice 		
Transition level	Consolidation level	Advanced level <i>(Proposed credentialing level)</i>
Years and area of experience		
<ul style="list-style-type: none"> Registered pharmacist with 2-3 years general pharmacy practice experience. 	<ul style="list-style-type: none"> Registered pharmacist with 2-5 years experience in the defined area of practice 	<ul style="list-style-type: none"> Registered pharmacist with more than 5 years experience in the defined area of practice.
Post-registration qualification		
<ul style="list-style-type: none"> May be undertaking relevant advanced training/postgraduate study. 	<ul style="list-style-type: none"> Holds relevant postgraduate qualification of at least Graduate Diploma level 	<ul style="list-style-type: none"> Holds relevant postgraduate qualification of at least Graduate Diploma level
Scope of practice experience		
<ul style="list-style-type: none"> Working under the guidance (direct supervision or mentoring) of more experienced pharmacist. A proactive member of the health care team in defined area of practice 	<ul style="list-style-type: none"> Previous experience working under supervision but working independently in the defined area of practice and starting to influence practice locally. Responsible for supervising students and less experienced pharmacists. A team member with acknowledged expertise in the defined area of practice. 	<ul style="list-style-type: none"> Working independently and influencing practice at state or national level. Guides (directly supervises or mentors) other advanced level pharmacists. Acknowledged within a multidisciplinary team as a leader in the defined area of practice.
Demonstration of competency		
<ul style="list-style-type: none"> Meet all prerequisite competency standards; and At least 70% of advanced practice competency standards at Transition Level. 	<ul style="list-style-type: none"> Meet all prerequisite competency standards; and At least 70% of advanced practice competency standards at Consolidation Level; and Balance of advanced practice competency standards at Transition Level. 	<ul style="list-style-type: none"> Meet all prerequisite competency standards and At least 70% of advanced practice competency standards at Advanced Level; and Balance of advanced practice competency standards at Consolidation Level. May be eligible to apply for certification as an Advanced Practice Pharmacist.

11. The National Framework may be accessed at: www.psa.org.au/download/standards/competency-standards-complete.pdf

Some feedback indicated that the years of experience suggested in Table 1 may be insufficient for some areas of practice. However, as the years specified are cumulative, the information in Table 1 infers that advanced practice may be achieved after a minimum of seven (7) years post-registration experience, at least five of which are gained in the area of practice for which advanced practice status is sought. This is considered to be a reasonable starting point pending further experience with the Framework.

Part 3 – ‘Advanced’ level requirements

Part 3.1 – Scope of practice for advanced pharmacy practice

This information is drawn from the National Framework in the same way that Part 1 was constructed. Table PC-3 (p. 14) shows the scope of practice for advanced practice in Patient Care, highlighting the differences in scope from that demonstrated by the prerequisite competency standards. A similar process would be applied when using the APPF for areas of practice other than Patient Care. The process of defining scope of practice using the National Framework is described within that publication (refer to steps 1–4 on p. 8 of the National Framework) and can be replicated for other areas of practice for which an advanced practice framework is considered desirable (for example, refer to Table MA-3 in Appendix 2, p. 21).

Part 3.2 – Competency standards for advanced pharmacy practice

The competency standards for advanced pharmacy practice have been either reproduced or adapted from the CoDEG Framework.¹² It should be noted that these standards are ‘generic’

and the section labelled ‘Expert Professional Practice’ would need to be customised when creating an APPF for a specific area of practice. This can be achieved by substituting the relevant Domain headers from the National Framework (e.g. Domain 5 – *Prepare pharmaceutical products* for Compounding) and developing/ customising the content. All other competency standards are considered to be universally applicable to all areas of advanced pharmacy practice. The application of the advanced level competency standards in this way is demonstrated in Table PC-4 in the next Section (p. 15) and Table MA-4 in Appendix 2 (p. 22).

Throughout the development process for the APPF a focus was maintained on the capacity of the Framework to guide the professional development of individual pharmacists. It is for this reason that it was considered desirable to present the Framework with progressive performance measures across three levels. However, it was also considered desirable to define a performance level at which recognition might be achieved and managed in a cost effective manner. It is for this reason that the three levels of performance have been defined but credentialing is considered feasible only at the **Advanced** level.

The component parts of the APPF as they apply to the professional practice areas of Patient Care and Management and Administration can be summarised as shown below.

It has been recognised that the APPF and the career characteristics of pharmacists working with advanced practice competency standards will evolve over time or may need to be tailored further depending on the particular area of practice under consideration. This is an inevitable and necessary part of the maturation of this Framework based on experience with its use.

	Advanced practice in patient care	Advanced practice in management and administration (Appendix 2)
Part 1 ‘General’ level requirements		
Part 1.1 Prerequisite competency standards	Prerequisite competency standards for the relevant area of practice, in this case Patient Care, are presented by selection of appropriate Domains and Standards from the National Framework. (Refer to Table PC-1 in Appendix 3, p. 25).	Prerequisite competency standards for the practice area of Management and Administration are presented by selection of appropriate Domains and Standards from the National Framework. (Refer to Table MA-1 in Appendix 3, p. 26).
Part 2 – General career characteristics		
Part 2.1 General characteristics	Guidance on general characteristics of pharmacists seeking to achieve advanced practice is provided. These characteristics are considered likely to be consistent for all areas of practice. Three performance levels are described: <i>Transition</i> level, <i>Consolidation</i> level and <i>Advanced</i> level. (Tables PC-2 and MA-2 are the same as each other and as Table 1).	
Part 3 ‘Advanced’ level requirements		
Part 3.1 Scope of practice	Scope of practice for advanced practice in Patient Care is presented based on the National Framework. Differences in scope with respect to the prerequisite requirements specified in Part 1 are highlighted. (Table PC-3, p. 14)	Scope of practice for advanced practice in Management and Administration is presented based on the National Framework. Differences in scope with respect to the prerequisite requirements specified in Part 1 are highlighted. (Table MA-3, p. 21)
Part 3.2 Advanced practice competency standards	The set of competency standards for advanced practice in Patient Care is presented in Table PC-4 (p. 15) based on the CoDEG Framework. Advanced level must be attained for purposes of credentialing and recognition of advanced practice.	The set of competency standards for advanced practice in Management and Administration is presented in Table MA-4 (p. 22). The Patient Care framework can be adapted for this purpose by customising the competency standards in the ‘Expert Professional Practice’ section to those relevant to Management and Administration. Other sections of the framework need not be customised as they are universally applicable to all areas of advanced practice. Advanced level must be attained for purposes of credentialing and recognition of advanced practice.

12. The APPFSC has been granted permission to adapt and reproduce the CoDEG Framework.

Section 4 – Applying the advanced pharmacy practice framework using ‘patient care’ as the example

Part 1 – ‘General’ level requirements in patient care

Part 1.1 – Prerequisite competency standards in patient care

Performance expectations for patient care at the ‘general’ level can be described using selected competency standards from the National Framework (refer to Table-PC 1 in Appendix 3, p. 25). Peer or self-assessment against these standards would be a compulsory prerequisite for proceeding to work with the advanced practice competency standards for patient care.

The selection of prerequisite standards for patient care has been assisted by reference to the draft Accredited Pharmacist

Competency Map developed by Australian Association of Consultant Pharmacy. Pharmacists working with the ClinCAT tool developed by SHPA are likely to satisfy these prerequisite requirements but should still review the specified standards to ensure they are met.

Part 2 – General career characteristics

As mentioned earlier, the following table describes the experience or career development **likely to have been achieved** by pharmacists whose performance satisfies the competency standards for that level. **They are not mandatory requirements but provide general guidance on expectations** for the three performance levels described.

Table PC–2: General characteristics of pharmacists working with advanced practice competency standards

Transition level	Consolidation level	Advanced level (<i>Proposed credentialing level</i>)
Years and area of experience		
<ul style="list-style-type: none"> Registered pharmacist with 2-3 years general pharmacy practice experience. 	<ul style="list-style-type: none"> Registered pharmacist with 2-5 years experience in the defined area of practice 	<ul style="list-style-type: none"> Registered pharmacist with more than 5 years experience in the defined area of practice.
Post-registration qualification		
<ul style="list-style-type: none"> May be undertaking relevant advanced training/postgraduate study. 	<ul style="list-style-type: none"> Holds relevant postgraduate qualification of at least Graduate Diploma level 	<ul style="list-style-type: none"> Holds relevant postgraduate qualification of at least Graduate Diploma level
Scope of practice experience		
<ul style="list-style-type: none"> Working under the guidance (direct supervision or mentoring) of more experienced pharmacist. A proactive member of the health care team in defined area of practice 	<ul style="list-style-type: none"> Previous experience working under supervision but working independently in the defined area of practice and starting to influence practice locally. Responsible for supervising students and less experienced pharmacists. A team member with acknowledged expertise in the defined area of practice. 	<ul style="list-style-type: none"> Working independently and influencing practice at state or national level. Guides (directly supervises or mentors) other advanced level pharmacists. Acknowledged within a multidisciplinary team as a leader in the defined area of practice.
Demonstration of competency		
<ul style="list-style-type: none"> Meet all prerequisite competency standards; and At least 70% of advanced practice competency standards at Transition Level. 	<ul style="list-style-type: none"> Meet all prerequisite competency standards; and At least 70% of advanced practice competency standards at Consolidation Level; and Balance of advanced practice competency standards at Transition Level. 	<ul style="list-style-type: none"> Meet all prerequisite competency standards and At least 70% of advanced practice competency standards at Advanced Level; and Balance of advanced practice competency standards at Consolidation Level. May be eligible to apply for certification as an Advanced Practice Pharmacist

Part 3 – ‘Advanced’ level requirements in patient care

Part 3.1 – Scope of practice for advanced pharmacy practice in patient care

Table PC-3 provides a summary of the competency standards from the National Framework that are relevant to advanced practice pharmacists providing patient care. This has been developed by reference to the mapping exercise undertaken between the competencies of the National and CoDEG Frameworks. The shading shows the standards and/or their component parts that are not part of the prerequisite competency standards for patient care. The most significant change is the addition of standards from **Domain 3 – Leadership and management**.

Pharmacists should be aware that the scope of practice presented in Table PC-3 is generic. To demonstrate their full scope of practice pharmacists should review and customise this set and add those competencies from the National Framework relevant to the other roles performed or services delivered (refer to p. 8 of the National Framework publication). For example, where pharmacists have no involvement in Therapeutic Drug Monitoring (TDM) or Drug Utilisation Review (DUR) they may omit Standard 7.2 performance criteria 3.3 – 3.5 and Standard 7.3 performance criteria 2.3, 2.5 and 2.6, respectively. Similarly, if involved in the supply of dispensed medicines or the provision of primary health care services pharmacists will need to add relevant Standards from Domains 4 and 6, respectively.

Table PC-3: Scope of practice for advanced pharmacy practice in patient care

(* = indicates standards in these Domains are universally applicable to all pharmacists)

Domain and Standards	Elements	Performance Criteria
Domain 1 – Professional and ethical practice*		
1.1 Practice legally	All	All
1.2 Practice to accepted standards	All	All
1.3 Deliver ‘Patient centred’ care	All	All
1.4 Manage quality and safety	All	All
1.5 Maintain and extend professional competence	All	All
Domain 2 – Communication, collaboration and self-management*		
2.1 Communicate effectively	All	All
2.2 Work to resolve problems	All	All
2.3 Collaborate with members of the health care team	All	All
2.4 Manage conflict	All	All
2.5 Commitment to work and the workplace	All	All
2.6 Plan and manage professional contribution	All	All
2.7 Supervise personnel	All	All
Domain 3 – Leadership and management		
3.1 Provide leadership and organisational planning	1–4 5	All 3
3.2 Manage and develop personnel	All	All
3.4 Manage quality service delivery	All	All
3.5 Provide a safe and secure work environment	All	All
Domain 7 – Promote and contribute to optimal use of medicines		
7.1 Contribute to therapeutic decision-making	All	All
7.2 Provide ongoing medication management	1 & 2	All
	3	1, 2, 3, 4, 5, 6 & 7
	4	1 & 2
	1	All
7.3 Influence patterns of medicine use	2	1, 2, 3, 4, 5 & 6
	3	1, 2, 3, 4 & 5
Domain 8 – Critical analysis, research and education		
8.1 Retrieve, analyse and synthesise information	1	1, 2, 3, 4, 5 & 6
	2	All
	3	All
	4	All

Part 3.2 – Competency standards for advanced pharmacy practice in patient care

Table PC-4 presents the competency standards for advanced pharmacy practice in Patient Care. As noted previously, the competency standards from Transition level to Advanced level represent a continuum or pathway for professional growth and development with formal recognition of advanced practice via credentialing only likely to apply to Advanced Level.

The competencies presented in Table PC-4 have been either adapted or reproduced from the CoDEG Framework but have been aligned to the relevant Domain of the National Framework using the mapping exercise presented in Appendix 1 (p. 18). It should be recognised that the competency standards presented in Table PC-4 are **generic** and can be further developed to reflect expectations in specific **Patient Care** areas (e.g. cardiology, paediatrics, primary care).

Table PC-4: Competency standards for advanced pharmacy practice in patient care¹³

Competency	Transition level	Consolidation level	Advanced level (Proposed credentialing level)
Expert professional practice			
Domain 7 – Promote and Contribute to Optimal Use Of Medicines			
1. Acquire expert knowledge and skills	Demonstrates general clinical knowledge in core practice areas Able to plan, manage, monitor, advise and review patient care in core practice areas	Demonstrates comprehensive, high level clinical knowledge in defined practice area(s) Able to plan, manage, monitor advise and review patient care programs in defined practice area(s)	Advances knowledge in defined practice area(s) Advances patient care programs in defined practice area(s)
2. Use reasoning and judgement in assessing clinical situations <i>[Encompasses skills in interpretation, analysis, professional judgement and option appraisal]</i>	Demonstrates ability to compare options or apply analytical skills in a range of routine situations Demonstrates ability to recognise priorities when problem solving and identify deviations from the normal pattern Applies established practice/therapeutic protocols in responding to clinical situations	Demonstrates ability to make decisions in complex situation where several factors require analysis, interpretation and comparison Demonstrates ability to interpret and synthesise available evidence and/or data to assess clinical situations and therapeutic options Seeks guidance where variations to established practice/protocols are indicated	Demonstrates ability to apply expertise to assess complex and dynamic situations Demonstrates ability to assess clinical situations and therapeutic options in the absence of evidence or data or where there is conflicting evidence or data Uses judgment to vary practice to respond to contextual requirements
3. Deliver accountable and flexible patient care	Accepts accountability for patient care services delivered directly to individual patients Applies expertise responsibly in delivery of patient care in routine situations Demonstrates capacity to identify research findings likely to impact on practice	Accepts accountability for patient care services delivered to a defined patient group Accesses and applies evidence based advice/strategies in complex situations Demonstrates a responsible approach to integrating evidence into practice	Accepts accountability for patient care services delivered in a defined practice area(s) Applies expertise confidently to provide services and advice in complex, unpredictable or unfamiliar circumstances Appraises and integrates new evidence in an innovative and collaborative approach to planning and delivery of patient care
4. Use Professional autonomy	Uses expertise to contribute to the care of patients in routine situations Demonstrates ability to follow legal, ethical, professional and organisational policies/procedures and codes of conduct	Uses available evidence and established practice procedures to provide input to patient care Demonstrates ability to act according to personal interpretation of broad professional policies/procedures where necessary	Makes autonomous decisions about patient care that are informed by expert knowledge, clinical judgment, available evidence and treatment goals or outcomes Demonstrates ability to interpret government health care policy and strategy to establish policies/procedures, codes and/or standards for others within defined practice area(s)
Networking, leadership and influence			
Domain 2 – Communication, collaboration and teamwork			
1. Use appropriate communication skills <i>[Encompasses networking and presentation skills, and interdisciplinary collaboration, as well as ability to persuade, motivate, negotiate, empathise, reassure, listen and influence]</i>	Demonstrates use of appropriate communication to gain the co-operation of individual patients, colleagues and other health professionals Demonstrates ability to communicate effectively where content of discussion is explicitly defined	Demonstrates use of appropriately selected communication skills to gain co-operation of patients, colleagues, clinicians and/or managers Demonstrates ability to communicate effectively where the content of the discussion is based on personal opinion	Demonstrates ability to present complex, sensitive or contentious information to large groups of patients, clinicians and/or managers Demonstrates ability to communicate effectively in a hostile, antagonistic or highly emotive atmosphere

13. The APPFSC has been granted permission to adapt and reproduce the CoDEG Framework.

Competency	Transition level	Consolidation level	Advanced level (Proposed credentialing level)
2. Engage in teamwork and consultation	Demonstrates ability to work as a member of the pharmacy team Recognises personal limitations and demonstrates ability to refer to more experienced colleagues	Demonstrates ability to work as a member of a multidisciplinary team Accepts expert advice through consultation within the workplace/organisation	Works across workplace boundaries to build relationships and share information, plans and resources Provides expert advice within and beyond the workplace/organisation as a recognised opinion leader
3. Work across boundaries	Demonstrates ability to extend boundaries of service delivery within the pharmacy team	Demonstrates ability to extend the boundaries of service delivery across more than one team	Demonstrates the value of extending the boundaries of service delivery across professions and/or the external environment
Domain 3 – Leadership and management			
1. Understand strategic context and contribute to strategic planning	Demonstrates understanding of the needs of stakeholders, and practice reflects government health care policy Understands formal structure in which they work Demonstrated ability to plan up to 12 months ahead and in alignment with established strategy	Demonstrates ability to incorporate government health care policy or priorities to influence local strategy Understands culture and climate of the workplace Demonstrated ability to plan more than one year ahead taking account of strategic plan	Participates in development of government health care policy/strategy or priorities and leads its integration into local strategy Understands the internal and external practice environment Demonstrated ability to develop a long term plan taking a holistic view of the practice environment
2. Understand and contribute to clinical governance	Demonstrates understanding of the pharmacist's role in clinical governance and practice reflects the workplace framework	Influences the clinical governance agenda for the team	Shapes and contributes to the clinical governance agenda of the workplace/organisation
3. Understand and contribute to the strategic vision	Demonstrates understanding of, and contributes to, the vision for professional services	Creates the vision for professional services and translates it into clear goals for the pharmacy team	Influences groups of colleagues, clinicians and/or managers to share the vision for professional services
4. Contribute to innovation and service development	Demonstrates ability to improve the quality or range of services with limited supervision Applies priorities set by others to develop clear plans for services based on review of recent past performance	Recognises and implements innovation from the external environment without supervision Develops future plans for professional services based on a clear understanding of priorities	Leads efforts to ensure innovation produces demonstrable improvement in service delivery Relates goals and actions to strategic aims of the workplace or profession
5. Motivate self and others	Demonstrates ability to self motivate to achieve goals	Demonstrates ability to motivate individuals in the team	Demonstrated ability to motivate individuals beyond the team
6. Support and assist implementation of national priorities	Demonstrates understanding of the implications of national health care priorities for the team	Influences the response of the team to national health care priorities	Leads response of the team to national health care priorities
7. Understand and contribute to the effective use of resources	Demonstrates understanding of the process for effective resource utilisation	Demonstrates effective management of resources	Demonstrates ability to assess and reassign resources to improve effectiveness of use
8. Contribute to the identification and effective management of risk	Demonstrates ability to identify and resolve risk management issues using established policy/procedure	Is accountable for developing risk policy/procedure for managing existing and newly identified risks at team level	Is accountable for developing policy/procedure for managing existing and newly identified risks beyond the team
9. Promote improved performance	Contributes to performance management processes in accordance with established policy/procedure. Refers appropriately to colleagues for guidance as required	Is accountable for performance management of team members	Is accountable for performance management of the team as a whole
10. Understand and undertake project management	Demonstrates understanding of the principles of project management and manages simple projects. Refers appropriately to colleagues for guidance as required	Demonstrates ability to successfully manage a project at team level	Demonstrates ability to plan and supervise the implementation of a project
11. Understand change management principles and lead change	Demonstrates understanding of the principles of change management	Demonstrates ability to manage a change process for the team	Demonstrates ability to lead a change process beyond the team/workplace or across disciplines
12. Serve as a role model and mentor for others	Understands and demonstrates the characteristics of a role model to members of the team Demonstrates understanding of the mentorship process	Demonstrates the characteristics of an effective role model within and beyond the team Demonstrates ability to effectively mentor others within the team	Demonstrates ability to engender role model behaviour in others Demonstrates ability to effectively mentor outside the team

Competency	Transition level	Consolidation level	Advanced level (Proposed credentialing level)
Domain 1 – Professional and ethical practice			
1. Apply and monitor standards of practice	Demonstrates understanding of, and conforms to relevant standards of practice	Accountable for setting and monitoring standards of practice at the team level	Accountable for setting and monitoring standards of practice beyond the team
2. Contribute to Continuing Professional Development (CPD) of self and others	Demonstrates self-development through regular CPD and the application of learning to practice	Acts as a CPD facilitator for the profession	Shapes and contributes to the CPD strategy for the profession or other disciplines
Domain 8 – Critical analysis, research and education			
1. Conduct of education and training	Demonstrates an understanding of current educational policy Demonstrates ability to conduct teaching efficiently according to an agreed plan with guidance from a more experienced colleague	Demonstrates ability to interpret national policy in order to design strategic approaches for local workforce education Able to assess the performance and learning needs of others Demonstrates ability to plan a series of effective learning experiences for others	Shapes and contributes to national education policy Demonstrates ability to design and manage a course of study, with appropriate use of teaching assessment and study methods
2. Links practice and education	Participates in the formal education of undergraduate and postgraduate students	Participates in the education and training of formal special interest groups in the external environment	Shapes, contributes to, or is accountable for the creation or development of higher education qualification(s)
3. Educational policy	Demonstrates an understanding of current educational policies in health services	Demonstrates ability to interpret national policy in order to design strategic approaches to local workforce education	Shapes and contributes to national educational policy
4. Undertake critical evaluation activities	Demonstrated ability to critically evaluate literature sources	Demonstrated application of critical evaluation skills in the context of practice	Recognised as undertaking peer review activities in practice
5. Identify gaps in evidence base	Demonstrates ability to identify gaps in the evidence base for practice	Demonstrates ability to formulate appropriate and rigorous research questions to address evidence gaps	Demonstrates ability to design an appropriate research strategy to address research questions
6. Design and deliver research projects to address gaps in the evidence base	Demonstrates ability to describe the core features of research protocols Demonstrates ability to generate evidence suitable for presentation at the local level	Demonstrates ability to design a research protocol to address previously formulated research questions Demonstrates ability to generate new evidence suitable for presentation at research symposium	Demonstrates active involvement in critical review of research protocols Demonstrates authorship of primary evidence outcomes in peer reviewed media
7. Apply research evidence into practice	Demonstrates ability to apply research into own practice	Demonstrates ability to apply evidence-based practice within the team	Is able to use research evidence to shape workplace/organisational policy/procedure
8. Supervise others undertaking research	Demonstrates understanding of research governance	Is able to contribute to research supervision in collaboration with research experts	Is a research project supervisor for postgraduate students
9. Establish research partnerships	Demonstrates ability to work as a member of a research team	Demonstrates ability to establish new multidisciplinary links to conduct research projects	Demonstrates ability to show leadership within research teams concerning the conduct of research

The advanced pharmacy practice competency standards are underpinned by a number of contextual issues which are worthy of note.

- The advanced practice competency standards build upon the competency standards of the National Framework and are therefore supplementary to them. For this reason the content in the National Framework is generally not repeated in the advanced practice standards, although some overlap will be apparent.
- In particular, the prerequisite standards of Domain 1 encompass practice that complies with legislative and ethical requirements, and is consistent with relevant professional (quality) standards. They also address the professional responsibility to maintain and extend competence through learning. These expectations are not repeated in the advanced pharmacy practice competency standards. Compliance with relevant legislative instruments and codes of ethics/conduct, an ongoing commitment to life-long

learning and practice consistent with professional standards is assumed.

- Standard 1 within the 'Expert Professional Practice' section can be used to specify the expected knowledge and skills required in particular areas of professional practice. It is therefore a valuable tool for curriculum development of courses intended to support professional development and the achievement of advanced practice.
- Credentialing of Advanced Pharmacy Practice is likely to be practical only for those pharmacists achieving performance at the **Advanced** level. It has been proposed that pharmacists credentialed in one specific area of patient care should be able to move to practise in another area of patient care by demonstrating achievement of the standards required under 'Expert Professional Practice' are met. This is based on the premise that they have already demonstrated competence to practice at an advanced level in all other domains.

Appendix 1 – Comparison of the CoDEG and National Competency Standards Frameworks

The competency standards and the ‘clusters’ into which they are grouped in the **UK CoDEG Framework** are similar in structure to the domains and competency standards of the **Australian National Competency Standards Framework**. However, in the absence of an explicit link between the two, a mapping exercise was undertaken. Although the emphasis given to particular characteristics or attributes of practice varied, and the mapping exercise is inevitably somewhat subjective, all competencies of the CoDEG Framework could be readily aligned with a Domain of the National Framework.

This exercise revealed a significant overlap in scope and content of the two Frameworks. Some of the CoDEG Framework competencies (e.g. professional autonomy, reasoning and

judgement) were found to be embedded within the Australian National Framework in the same way that generic attributes are embedded within the Competences dimension of the Knowledge, Skills and Competences (KSC) taxonomy of learning outcomes in the Australian Qualifications Framework. Other competencies of the CoDEG Framework were noted to be extensions of the content of the National Framework (e.g. educational policy, establishes research partnerships). In addition, a noted overlap in the performance criteria of the National Framework competencies with those of the first level of the CoDEG Framework was considered to be beneficial for supporting the progression of pharmacists seeking to achieve advanced level practice.

Mapping of competency standards of the CoDEG Framework to those of the National Framework

CoDEG (UK)		National Competency Standards Framework (Australia)	
Cluster	Standard	Domain	Standard
1. Expert professional practice ¹⁴	1.1 Expert skills and knowledge	4. Review and supply prescribed medicines	4.2 Consider the appropriateness of prescribed medicines
	1.2 Patient care responsibilities ¹⁵	5. Prepare pharmaceutical products	5.1 Consider product requirements
	1.3 Reasoning and judgement ¹⁶		5.2 Prepare non-sterile drug products
	1.4 Professional autonomy	6. Deliver primary and preventive care	5.3 Aseptically prepare sterile drug products
		7. Promote and contribute to optimal use of medicines	5.4 Prepare cytotoxic drug products
2. Building working relationships	2.1 Communication	2. Communication, collaboration and self-management	6.1 Assess primary health care needs
	2.2 Teamwork and consultation	2. Communication, collaboration and self-management	6.2 Deliver primary health care
3. Leadership	3.1 Strategic context	3. Leadership and management	6.3 Contribute to public and preventive health
	3.2 Clinical governance	3. Leadership and management	7.1 Contribute to therapeutic decision-making
	3.3 Vision	3. Leadership and management	7.2 Provide ongoing medicines management
	3.4 Innovation	3. Leadership and management	7.3 Influence patterns of medicines use
	3.5 Service development	3. Leadership and management	2.1 Communicate effectively
	3.6 Motivational	3. Leadership and management	2.2 Work to resolve problems
			2.4 Manage conflict
			2.3 Collaborate with members of the health care team
			1.2 Practise to expected standards (Element 1/ PC 4&5)
			8.1 Retrieve analyse and synthesise information (Element 1/ PC 4)
			3.1 Provide leadership and organisational planning (Element 1/ PC 4)
			3.1 Provide leadership and organisational planning (Element 1/ PC 3; Element 3/ PC 1&3; Element 4)
			3.1 Provide leadership and organisational planning (Element / PC 1)
			3.1 Provide leadership and organisational planning (Element 1/ PC 4&5)
			3.1 Provide leadership and organisational planning (Element 3)
			3.1 Provide leadership and organisational planning (Element 1/ PC 1&2; Element 2/ PC 3)

14. The competencies defined for this cluster are embedded within the Australian standards at the level of the performance criteria e.g. statements of the type ‘understands the therapeutic uses or pharmacological rationale for drug use’ addresses clinical knowledge; ‘accepts responsibility for advising consumers’ relate to professional autonomy and patient care responsibilities; ‘uses professional judgement to determine required treatment changes’ and ‘liaise with prescriber regarding therapeutic options’ relate to professional autonomy and reasoning and judgement.

15. Standard 1.3 – *Deliver patient-centred care* in Domain 1 and Element 3 of Standard 6.3 – *Contribute to public and preventive health* are also relevant for this competency

16. Standard 2.2 – *Work to resolve problems* in Domain 2 is also relevant for this competency

CoDEG (UK)		National Competency Standards Framework (Australia)	
Cluster	Standard	Domain	Standard
4. Management	4.1 Implementing national priorities	3. Leadership and management 6. Deliver primary and preventive health care	3.1 Provide leadership and organisational planning (Element 1/ PC 4) 6.3 Contribute to primary and preventive health care
	4.2 Resource utilisation	2. Communication, collaboration and self-management 3. Leadership and management	2.6 Plan and manage professional contribution 3.1 Provide leadership and organisational planning (Element 4/ PC 5; Element 5/ PC 3)
	4.3 Standards of practice	1. Professional and ethical practice	1.1 Practise legally 1.2 Practise to accepted standards
	4.4 Managing risk	1. Professional and ethical practice 2. Communication, collaboration and self-management 3. Leadership and management	1.4 Manage quality and safety 2.5 Commitment to work and the workplace (Elements 1 & 3) 3.4 Manage quality service delivery 3.5 Provide a safe and secure work environment
	4.5 Managing performance	2. Communication, collaboration and self-management 3. Leadership and management	2.7 Supervise personnel 3.2 Manage and develop personnel 3.4 Manage quality service delivery (Element 1/ PC 2&3)
	4.6 Project management	3. Leadership and management	3.1 Provide leadership and organisational planning (Element 3/ PC 5)
	4.7 Managing change	3. Leadership and management	3.1 Provide leadership and organisational planning (Element 1/ PC 4) 8.2 Engage in health, medicines or pharmacy practice research (Element 3/ PC 2)
	4.8 Strategic planning	3. Leadership and management	3.1 Provide leadership and organisational planning (Element 2)
	4.9 Working across boundaries	6. Deliver primary and preventive health care 8. Critical analysis, research and education	6.1 Contribute to public and preventive health (Element 1/ PC 4) 8.1 Retrieve analyse and synthesise information (Element 1/ PC 4) 8.2 Engage in health, medicines or pharmacy practice research (Element 3/ PC 1&2)
5. Education, training and development	5.1 Role model	3. Leadership and management	3.1 Provide leadership and organisational planning (Element 1/ PC 1&2)
	5.2 Mentorship	3. Leadership and management	3.1 Provide leadership and organisational planning (Element 1/ PC 1&2)
	5.3 Conducting education and training	3. Leadership and management 8. Critical analysis, research and education	3.2 Manage and develop personnel (Elements 2 & 3) 8.3 Formally educate and train students and health care colleagues
	5.4 Continuing professional development	1. Professional and ethical practice 3. Leadership and management	1.5 Maintain and extend professional competence 3.2 Manage and develop personnel (Element 3)
	5.5 Links practice and education	8. Critical analysis, research and education	8.3 Formally educate and train students and health care colleagues
	5.6 Educational policy	Not mapped	Not mapped
6. Research and evaluation	6.1 Critical evaluation	8. Critical analysis, research and education	8.1 Retrieve analyse and synthesise information (Element 3&4) 8.2 Engage in health, medicines or pharmacy practice research (Element 2/ PC 2)
	6.2 Identifies gaps in the evidence base	8. Critical analysis, research and education	8.2 Engage in health, medicines or pharmacy practice research (Element 2/ PC 1)
	6.3 Develops and evaluates research protocols	8. Critical analysis, research and education	8.2 Engage in health, medicines or pharmacy practice research (Element 2/ PC 3-5)
	6.4 Creates evidence	8. Critical analysis, research and education	8.2 Engage in health, medicines or pharmacy practice research (Element 2/ PC 5-9)
	6.5 Research evidence into practice	8. Critical analysis, research and education	8.2 Engage in health, medicines or pharmacy practice research (Element 3/ PC 3)
	6.6 Supervises others undertaking research	Not mapped	Not mapped
	6.7 Establishes research partnerships	Not mapped	Not mapped

Appendix 2 – Advanced pharmacy practice framework in management and administration

The material presented in this Appendix demonstrates the way in which the APPF in Patient Care can be adapted for use in other areas of practice where it is considered desirable to promote or recognise advanced pharmacy practice. It should be noted that the Framework (as presented here) is **not suitable for use in its current form** as it has been **developed for illustrative purposes only**.

Part 1 – ‘General’ level requirements in management and administration

Part 1.1 – Prerequisite competency standards in management and administration

A pharmacist wishing to seek recognition at the advanced practice level must first demonstrate competence against the prerequisite competency standards specified in Table MA-1 of Appendix 3 (p. 26).

Part 2 – General career characteristics

Table MA-2 describes the experience or career development **likely to have been achieved** by pharmacists whose performance satisfies the competency standards for that level. **They are not mandatory requirements but provide general guidance on expectations** for the three performance levels described.

As explained in the main body of the document, these general characteristics are considered likely to be consistent for all areas of professional practice so the table used for Patient Care has been retained (unaltered) and replicated here as Table MA-2.

Table MA-2: General characteristics of pharmacists working with advanced practice competency standards

Transition level	Consolidation level	Advanced level (<i>Proposed credentialing level</i>)
Years and area of experience		
<ul style="list-style-type: none"> Registered pharmacist with 2-3 years general pharmacy practice experience. 	<ul style="list-style-type: none"> Registered pharmacist with 2-5 years experience in the defined area of practice 	<ul style="list-style-type: none"> Registered pharmacist with more than 5 years experience in the defined area of practice.
Post-registration qualification		
<ul style="list-style-type: none"> May be undertaking relevant advanced training/postgraduate study. 	<ul style="list-style-type: none"> Holds relevant postgraduate qualification of at least Graduate Diploma level 	<ul style="list-style-type: none"> Holds relevant postgraduate qualification of at least Graduate Diploma level
Scope of practice experience		
<ul style="list-style-type: none"> Working under the guidance (direct supervision or mentoring) of more experienced pharmacist. A proactive member of the health care team in defined area of practice 	<ul style="list-style-type: none"> Previous experience working under supervision but working independently in the defined area of practice and starting to influence practice locally. Responsible for supervising students and less experienced pharmacists. A team member with acknowledged expertise in the defined area of practice. 	<ul style="list-style-type: none"> Working independently and influencing practice at state or national level. Guides (directly supervises or mentors) other advanced level pharmacists. Acknowledged within a multidisciplinary team as a leader in the defined area of practice.
Demonstration of competency		
<ul style="list-style-type: none"> Meet all prerequisite competency standards; and At least 70% of advanced practice competency standards at Transition Level. 	<ul style="list-style-type: none"> Meet all prerequisite competency standards; and At least 70% of advanced practice competency standards at Consolidation Level; and Balance of advanced practice competency standards at Transition Level. 	<ul style="list-style-type: none"> Meet all prerequisite competency standards and At least 70% of advanced practice competency standards at Advanced Level; and Balance of advanced practice competency standards at Consolidation Level. May be eligible to apply for certification as an Advanced Practice Pharmacist.

Part 3 – ‘Advanced’ level requirements in management and administration

Part 3.1 – Scope of practice for advanced pharmacy practice in management and administration

Table MA-3 provides a summary of the competency standards from the National Framework that are relevant to advanced pharmacy practice in **management and administration**.

The shading shows the Standards and/or their component parts that are not part of the prerequisite competency standards for management.

Pharmacists should be aware that the scope of practice presented in Table MA-3 is generic. To demonstrate their full scope of practice pharmacists should review and revise this set and add those competencies from the National Framework relevant to the other roles performed or services delivered (refer to p. 8 of the National Framework publication). For example, where pharmacists are involved in the supply of dispensed medicines or the provision of primary health care services they will need to add relevant Standards from Domains 4 and 6, respectively.

Part 3.2 – Competency standards for advanced pharmacy practice in management and administration

Only those competencies in the section labelled ‘**Expert professional practice**’ need to be customised for the area of practice under consideration. All other advanced practice competency standards are considered to be universally applicable to all areas of advanced practice and therefore do not require further customisation.

Table MA-4 demonstrates this application by substituting, under Expert professional practice, the Domain header ‘Leadership and management’ for the Domain header of ‘Promote and contribute to optimal use of medicines’ used in the advanced practice framework for patient care. The competency standards can then be further developed. (*Note: only illustrative examples are provided here in the customisable section*).

It should be noted that, in this example, the Domain header ‘Leadership and management’ also appears in the section (further down the table) of universally applicable competency standards.

Table MA-3: Scope of practice for advanced pharmacy practice in management and administration

(* = indicates standards in these Domains are universally applicable to all pharmacists)

Domain and standards		Elements	Performance criteria
Domain 1 – Professional and ethical practice*			
1.1	Practice legally	All	All
1.2	Practice to accepted standards	All	All
1.3	Deliver ‘Patient centred’ care	All	All
1.4	Manage quality and safety	All	All
1.5	Maintain and extend professional competence	All	All
Domain 2 – Communication, collaboration and self-management*			
2.1	Communicate effectively	All	All
2.2	Work to resolve problems	All	All
2.3	Collaborate with members of the health care team	All	All
2.4	Manage conflict	All	All
2.5	Commitment to work and the workplace	All	All
2.6	Plan and manage professional contribution	All	All
2.7	Supervise personnel	All	All
Domain 3 – Leadership and management			
3.1	Provide leadership and organisational planning	1	1–3, 4 & 5, 6–8
		2	1–4
		3	1 & 5, 2–4
		4	1–5
		5	1, 2–4
3.2	Manage and develop personnel	1	1 & 5, 2–4
		2	1, 2 & 3, 4–7
		3	All
3.3	Manage pharmacy infrastructure and resources	1	1 & 2, 3 & 4, 5
		2	1, 2–5
3.4	Manage quality service delivery	1	1–5, 6
		2	All
		3	1, 3–5, 2 & 6
3.5	Provide a safe and secure work environment	1	1 & 5, 2–4
		2	1, 2 & 3
Domain 8 – Critical analysis, research and education			
8.1	Retrieve, analyse and synthesise information	1	1, 2–6
		2	1–5
		3	1–4
		4	1–5

Table MA-4: Competency standards for advanced pharmacy practice in management and administration

Competency	Transition level	Consolidation level	Advanced level (Proposed credentialing level)
Expert professional practice [Only illustrative examples are provided in this customisable section.]			
Domain 3 – Leadership and management			
Personnel			
Stakeholders			
Finance			
Internal systems			
Networking, Leadership and Influence [The competency standards in this section are considered to be universally applicable to all areas of advanced pharmacy practice and therefore do not require further customisation.]			
Domain 2 – Communication, collaboration and teamwork			
1. Use appropriate communication skills [Encompasses networking and presentation skills, and interdisciplinary collaboration, as well as ability to persuade, motivate, negotiate, empathise, reassure, listen and influence]	Demonstrates use of appropriate communication to gain the co-operation of individual patients, colleagues and other health professionals Demonstrates ability to communicate effectively where content of discussion is explicitly defined	Demonstrates use of appropriately selected communication skills to gain co-operation of patients, colleagues, clinicians and/or managers Demonstrates ability to communicate effectively where the content of the discussion is based on personal opinion	Demonstrates ability to present complex, sensitive or contentious information to large groups of patients, clinicians and/or managers Demonstrates ability to communicate effectively in a hostile, antagonistic or highly emotive atmosphere
2. Engage in teamwork and consultation	Demonstrates ability to work as a member of the pharmacy team Recognises personal limitations and demonstrates ability to refer to more experienced colleagues	Demonstrates ability to work as a member of a multidisciplinary team Accepts expert advice through consultation within the workplace/organisation	Works across workplace boundaries to build relationships and share information, plans and resources Provides expert advice within and beyond the workplace/organisation as a recognised opinion leader
3. Work across boundaries	Demonstrates ability to extend boundaries of service delivery within the pharmacy team	Demonstrates ability to extend the boundaries of service delivery across more than one team	Demonstrates the value of extending the boundaries of service delivery across professions and/or the external environment
Domain 3 – Leadership and management			
1. Understand strategic context and contribute to strategic planning	Demonstrates understanding of the needs of stakeholders, and practice reflects government health care policy Understands formal structure in which they work Demonstrated ability to plan up to 12 months ahead and in alignment with established strategy	Demonstrates ability to incorporate government health care policy or priorities to influence local strategy Understands culture and climate of the workplace Demonstrated ability to plan more than 1 year ahead taking account of strategic plan	Participates in development of government health care policy/strategy or priorities and leads its integration into local strategy Understands the internal and external practice environment Demonstrated ability to develop a long term plan taking a holistic view of the practice environment
2. Understand and contribute to clinical governance	Demonstrates understanding of the pharmacist's role in clinical governance and practice reflects the workplace framework	Influences the clinical governance agenda for the team	Shapes and contributes to the clinical governance agenda of the workplace/organisation
3. Understand and contribute to the strategic vision	Demonstrates understanding of, and contributes to, the vision for professional services	Creates the vision for professional services and translates it into clear goals for the pharmacy team	Influences groups of colleagues, clinicians and/or managers to share the vision for professional services
4. Contribute to innovation and service development	Demonstrates ability to improve the quality or range of services with limited supervision Applies priorities set by others to develop clear plans for services based on review of recent past performance	Recognises and implements innovation from the external environment without supervision Develops future plans for professional services based on a clear understanding of priorities	Leads efforts to ensure innovation produces demonstrable improvement in service delivery Relates goals and actions to strategic aims of the workplace or profession
5. Motivate self and others	Demonstrates ability to self motivate to achieve goals	Demonstrates ability to motivate individuals in the team	Demonstrated ability to motivate individuals beyond the team

Competency	Transition level	Consolidation level	Advanced level (Proposed credentialing level)
6. Support and assist implementation of national priorities	Demonstrates understanding of the implications of national health care priorities for the team	Influences the response of the team to national health care priorities	Leads response of the team to national health care priorities
7. Understand and contribute to the effective use of resources	Demonstrates understanding of the process for effective resource utilisation	Demonstrates effective management of resources	Demonstrates ability to assess and reassign resources to improve effectiveness of use
8. Contribute to the identification and effective management of risk	Demonstrates ability to identify and resolve risk management issues using established policy/procedure	Is accountable for developing risk policy/procedure for managing existing and newly identified risks at team level	Is accountable for developing policy/procedure for managing existing and newly identified risks beyond the team
9. Promote improved performance	Contributes to performance management processes in accordance with established policy/procedure. Refers appropriately to colleagues for guidance as required	Is accountable for performance management of team members	Is accountable for performance management of the team as a whole
10. Understand and undertake project management	Demonstrates understanding of the principles of project management and manages simple projects. Refers appropriately to colleagues for guidance as required	Demonstrates ability to successfully manage a project at team level	Demonstrates ability to plan and supervise the implementation of a project
11. Understand change management principles and lead change	Demonstrates understanding of the principles of change management	Demonstrates ability to manage a change process for the team	Demonstrates ability to lead a change process beyond the team/workplace or across disciplines
12. Serve as a role model and mentor for others	Understands and demonstrates the characteristics of a role model to members of the team	Demonstrates the characteristics of an effective role model within and beyond the team	Demonstrates ability to engender role model behaviour in others
	Demonstrates understanding of the mentorship process	Demonstrates ability to effectively mentor others within the team	Demonstrates ability to effectively mentor outside the team
Domain 1 – Professional and ethical practice			
1. Apply and monitor standards of practice	Demonstrates understanding of, and conforms to relevant standards of practice	Accountable for setting and monitoring standards of practice at the team level	Accountable for setting and monitoring standards of practice beyond the team
2. Contribute to Continuing Professional Development (CPD) of self and others	Demonstrates self-development through regular CPD and the application of learning to practice	Acts as a CPD facilitator for the profession	Shapes and contributes to the CPD strategy for the profession or other disciplines
Domain 8 – Critical analysis, research and education			
1. Conduct education and training	Demonstrates an understanding of current educational policy	Demonstrates ability to interpret national policy in order to design strategic approaches for local workforce education	Shapes and contributes to national education policy
	Demonstrates ability to conduct teaching efficiently according to an agreed plan with guidance from a more experienced colleague	Able to assess the performance and learning needs of others Demonstrates ability to plan a series of effective learning experiences for others	Demonstrates ability to design and manage a course of study, with appropriate use of teaching assessment and study methods
2. Links practice and education	Participates in the formal education of undergraduates and postgraduate students	Participates in the education of interest groups within or beyond the profession	Shapes, contributes to, or is accountable for the creation or development of higher education qualification(s)
3. Educational policy	Demonstrates an understanding of current educational policies in health services	Demonstrates ability to interpret national policy in order to design strategic approaches to local workforce education	Shapes and contributes to national educational policy
4. Undertake critical evaluation activities	Demonstrated ability to critically evaluate literature sources	Demonstrated application of critical evaluation skills in the context of practice	Recognised as undertaking peer review activities in practice

Competency	Transition level	Consolidation level	Advanced level (<i>Proposed credentialing level</i>)
5. Identify gaps in evidence base	Demonstrates ability to identify gaps in the evidence base for practice	Demonstrates ability to formulate appropriate and rigorous research questions to address evidence gaps	Demonstrates ability to design an appropriate research strategy to address research questions
6. Design and deliver research projects to address gaps in the evidence base	Demonstrates ability to describe the core features of research protocols Demonstrates ability to generate evidence suitable for presentation at the local level	Demonstrates ability to design a research protocol to address previously formulated research questions Demonstrates ability to generate new evidence suitable for presentation at research symposium	Demonstrates active involvement in critical review of research protocols Demonstrates authorship of primary evidence outcomes in peer reviewed media
7. Apply research evidence into practice	Demonstrates ability to apply research into own practice	Demonstrates ability to apply evidence-based practice within the team	Is able to use research evidence to shape workplace/organisational policy/procedure
8. Supervise others undertaking research	Demonstrates understanding of research governance	Is able to contribute to research supervision in collaboration with research experts	Is a research project supervisor for postgraduate students
9. Establish research partnerships	Demonstrates ability to work as a member of a research team	Demonstrates ability to establish new multidisciplinary links to conduct research projects	Demonstrates ability to show leadership within research teams concerning the conduct of research

Appendix 3 – Prerequisite competency standards

Table PC-1: Prerequisite competency standards in patient care

(* = indicates standards in these Domains are universally applicable to all pharmacists)

Domain and standards		Elements	Performance criteria
Domain 1 – Professional and ethical practice*			
1.1	Practice legally	All	All
1.2	Practice to accepted standards	All	All
1.3	Deliver 'Patient centred' care	All	All
1.4	Manage quality and safety	All	All
1.5	Maintain and extend professional competence	All	All
Domain 2 – Communication, collaboration and self-management*			
2.1	Communicate effectively	All	All
2.2	Work to resolve problems	All	All
2.3	Collaborate with members of the health care team	All	All
2.4	Manage conflict	All	All
2.5	Commitment to work and the workplace	All	All
2.6	Plan and manage professional contribution	All	All
2.7	Supervise personnel	All	All
Domain 7 – Promote and contribute to optimal use of medicines			
7.1	Contribute to therapeutic decision-making	All	All
7.2	Provide ongoing medication management	1 & 2	All
		3	1, 2, 6 & 7
		4	2
		7.3	Influence patterns of medicine use
		2	1, 2 & 4
		3	1
		Domain 8 – Critical analysis, research and education	
8.1	Retrieve, analyse and synthesise information	1	1 & 2
		2	All
		3	All
		4	All

Table MA-1: Prerequisite competency standards in management and administration

(* = indicates standards in these Domains are universally applicable to all pharmacists)

Domain and standards		Elements	Performance criteria
Domain 1 – Professional and ethical practice*			
1.1	Practice legally	All	All
1.2	Practice to accepted standards	All	All
1.3	Deliver 'Patient centred' care	All	All
1.4	Manage quality and safety	All	All
1.5	Maintain and extend professional competence	All	All
Domain 2 – Communication, collaboration and self-management*			
2.1	Communicate effectively	All	All
2.2	Work to resolve problems	All	All
2.3	Collaborate with members of the health care team	All	All
2.4	Manage conflict	All	All
2.5	Commitment to work and the workplace	All	All
2.6	Plan and manage professional contribution	All	All
2.7	Supervise personnel	All	All
Domain 3 – Leadership and management			
3.1	Provide leadership and organisational planning	1	1-3, 6-8
		2	2-4
		3	2-4
		5	1
3.2	Manage and develop personnel	1	2-4
		2	1, 4-7
		3	All
3.3	Manage pharmacy infrastructure and resources	1	1 & 2, 5
		2	2-5
3.4	Manage quality service delivery	1	1-5
		2	All
		3	1, 3-5
3.5	Provide a safe and secure work environment	1	1 & 5
		2	1
Domain 8 – Critical analysis, research and education			
8.1	Retrieve, analyse and synthesise information	1	1

