



Reference Manual for Preceptors of APC Stage II Candidates

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1. The Role of the Supervising Pharmacist

The role of the supervising pharmacist is pre-eminent during an APC candidate's period of supervised practice. The supervising pharmacist must act as a guide and mentor in planning the candidate's development to professional standards and teaching specific skills. Such a plan should be prepared in consultation with the candidate so that he or she will have incentive for progress during the period of supervised practice. In turn, the pharmacist should undertake continuous assessment of the candidate's work during the supervised practice period within the framework of the learning program.

It follows that the supervising pharmacist has considerable responsibilities to the candidate in establishing professional attitudes in pharmacy practice and administration. The most important aspect of the pre-registration experience is the way in which the candidate is influenced by the professional activities of the supervising pharmacist. In practising their profession, pharmacists should make judgements and take actions after consideration of the best interests of the patient. Such actions should be in accordance with the relevant laws governing the profession, the Code of Professional Conduct, and the various Standards and Guidelines adopted by registering authorities and professional organisations.^{1 2}

To this end it is desirable that the pharmacist should be actively involved in continuing education and should invite the candidate to accompany them to continuing professional development meetings during the training period.

Likewise the pharmacist should inform the candidate of current information concerning practice matter as circulated in Board newsletters and other professional and scientific publications.

The supervising pharmacist:

- is responsible to the profession, the Australian Pharmacy Council and the relevant registering body, and the candidate;
- must ensure that other pharmacists, particularly those who may be in charge of the pharmacy during the supervising pharmacist's absence, are aware of the supervisor's responsibilities to the candidate;
- must practise in accordance with the ethical standards of the profession;
- must comply with all relevant legislation;
- must maintain pharmacy premises in compliance with any applying legislation;
- should actively participate in continuing professional development programs as presented by professional or other relevant bodies.

¹ Pharmaceutical Society of Australia. Code of Professional Conduct. Australian Pharmaceutical Formulary and Handbook.; 20th Ed: 358

² Pharmaceutical Society of Australia. Standards and Guidelines. Australian Pharmaceutical Formulary and Handbook.; 20th Ed: 360 - 491

It is of critical importance that APC candidates for the Stage II program, who may come from pharmacy practice environments vastly different from Australia, recognise that as independent professionals with a unique combination of knowledge and training, pharmacists are responsible for professional acts and omissions – and the outcomes thereof. They must also be aware that personal accountability is directly to the patient; ethical and professional accountability to the registering authority and professional bodies. Within the states and territories of Australia pharmacists are regulated under various registration acts. Although these acts differ in detail they have a number of common objectives which can be summarised as: protection of the public by ensuring health care is delivered by registrants in a professional, safe and competent way; to uphold the standards of practice with the profession; and, to maintain public confidence in the profession.

Failure by pharmacists to observe these objectives may result in investigation and subsequent disciplinary action if an investigation showed they may be guilty of unsatisfactory professional conduct. It is no defence to claim that another person directed a pharmacist to act or omit to act against the dictates of the pharmacist's professional judgement. It is an offence under many acts for a person to aid, abet, counsel, procure or induce a pharmacist to engage in conduct that the person is aware, or ought to be aware, is conduct forming the basis for a ground for disciplinary action against a pharmacist.

2. The Objectives of Pre-Registration Training

The practical training period is an important one for the pharmacy graduate. It is the period in which the knowledge gained during academic studies is applied to pharmacy practice. During that time it is critical that the graduate acquires a mature and responsible attitude toward pharmacy practice in relation to professional colleagues and health consumers. The actions of the supervising pharmacist are critical in this process.

After graduating from an approved course at an Australian or New Zealand University, persons wishing to register as a pharmacist must undertake a pre-registration program. For Australian and New Zealand graduates the program consists of three components. The first is a period of supervised practise of nominally 12 months duration. (This varies slightly between states; in Queensland for example trainees are required to undertake 1824 hours of supervised practice over at least 48 weeks while NSW requires a period of 2000 hours.) The second is a training program, either provided by the registering authority or provided by an organisation on behalf of the registering authority. The third is an assessment process to determine whether the candidate has demonstrated a level of competence as a pharmacist that would allow the registering authority to accept an application for registration.

Training programs have been developed by each state-based pharmacy jurisdiction. Although they may differ slightly in their content and emphasis, all have as a basis the *Competency Standards for Pharmacists in Australia 2003*, a document prepared by the Pharmaceutical Society of Australia. It defines the broad functional areas of competency, further breaking these down into units, elements, performance criteria, evidence guides and range of variables. This is an essential document for any person preparing for registration as a pharmacist. The competency standards are extensively discussed in Section 6.

For candidates enrolled in the APC Stage II process the system may vary slightly. Depending on the experience and background, the candidate may be required to undergo a lesser period of supervised practice and/or may be exempt from some parts of a training program. However it should be emphasised that this is the exception rather than the rule.

For APC candidates who already may have extensive experience of pharmacy practice in their own country the purpose of practice experience is to enable the candidate to become familiar with the practice of pharmacy in Australia and with relevant local acts and regulations, and to be competent in practice application. For example, many candidates come to APC from countries where the practice of pharmacy is focussed on a supply-based function (manufacture and dispensing) where increasingly in Australia there is a clinical focus to practice.

It should also be noted that supervised practice must be completed to the satisfaction both of APC and the relevant registering authority.

During the pre-registration training period the supervising pharmacist should assist APC candidates in raising their awareness in regard to their becoming members of a profession, and to develop a professional attitude and a sense of professional responsibility. This awareness will be met by achieving the following objectives:

- giving the candidate the opportunity to apply in practice the knowledge acquired during the undergraduate period, the Stage I period and any previous pharmacy practice;
- giving the candidate the opportunity to develop a satisfactory level of competence in all aspects of pharmacy practice the candidate is exposed to;
- giving the candidate the opportunity to develop clear communication skills with both members of the public and other health care providers;
- giving the candidate the opportunity to develop an appreciation of the pharmacist's role within the federal and state health service structures;
- giving the candidate the opportunity to develop an appreciation of the need for continuing education throughout their professional career;
- giving the candidate the opportunity to develop an awareness of the whole spectrum of pharmaceutical activities including direct involvement with patients in relation to the proper use of medicines and the promotion of good health;
- giving the candidate the opportunity to develop a willingness to make professional decisions within their current competence and a desire to continually improve this competence with experience and further study.

Learning in the Practice Setting

Learning in the practice setting is different from learning at school or university. While in the school or university information is usually presented in a structured manner, in the practice setting such is not the case. Information may be presented in a varying order or in some cases several pieces of information may be received almost simultaneously. In such an environment it will be necessary for the supervising pharmacist to assist the trainee to differentiate between what is important and what is not in the learning activities. The relative importance of the information should be conveyed to the trainee together with the need for effective recall for future problem solving.

The satisfactory performance of a certain task by a trainee indicates that a learning process has been achieved. In such a situation the supervisor will need to provide feedback to the trainee to indicate that learning has occurred; or provide the trainee with constructive criticism which compares the trainee's performance to a competent standard.

An integral part of supervised practice is learning by experience. The rate of learning and the success of any pre-registration programs will largely depend on the direction given by the supervising pharmacist.

Orientation of the APC Candidate

The supervised practice period should commence with a period of orientation during which the trainee is able to adjust to full-time employment and the work environment.

At the beginning of the supervised practice period the trainee should be:

introduced to:

- pharmacy staff,
- other relevant health providers,
- with an explanation of their position within the provision of healthcare services;

informed of:

- hours of work including rosters,
- meal breaks,
- wages and means of payment,
- expectations relating to appearance,
- expectations of conduct with regard to confidentiality and privacy issues,
- expectations of conduct with regard to punctuality and the importance of attention to accuracy and detail,
- the obligations of the trainee/candidate if absent from work,
- telephone policy including personal calls,
- medical checks and vaccination policies if applicable;

shown:

- through the complete pharmacy,
- location of facilities including lockers and toilets and other resources (library, cafeteria, pay office, bank),
- location of nursing homes and other facilities serviced by the pharmacy,
- parking availability or advice on public transport,

provided with:

- a description of the work done in all areas,
- introductory notes on background information, terminology, abbreviations and protocols,
- an outline of the trainee's responsibility.

3 Ethics and Professional Conduct

A profession is defined in the Macquarie Dictionary as a '*...vocation requiring knowledge of some department of learning or science...*'. However an organised profession requires more than the mere existence of a body of knowledge or intellectual discipline. In contemporary society a profession is characterised by: an intellectual discipline and standard of knowledge; a representative body of practitioners; accepted standards of conduct; and, the provision of service and advice which has as its core the interest of the patient or customer rather than the interest of the practitioner.³

In applying the first of these four tests – an intellectual discipline and standard or knowledge - to pharmacy, even the most cursory of examinations will reveal that to become a pharmacist a candidate must first pass academic examinations to graduate with a bachelor of pharmacy and then demonstrate competency in the practice of pharmacy through exposure to a period of supervised practice in the profession and the passing of qualifying examinations. Furthermore, this process is recognised in law through legislation which controls registration and imposes certain obligations on the practice of registrants. The object of such legislation is the protection of the public, by ensuring health care is delivered by registrants in a professional, safe and competent way, rather than offering any particular protection to the profession other than putting in place restriction on who may practice the profession.

Application of the second test – a representative body of practitioners – reveals the existence of a number of professional organisations that draw their membership from within pharmacy. Such organisations include the Pharmaceutical Society of Australia (PSA), the Society of Hospital Pharmacists of Australia (SHPA), and the Pharmacy Guild of Australia (PGA). These bodies may assist in the establishment of a minimum standards of education and knowledge for the profession, defining competencies related to professional practice, as well as developing standards of behaviour (codes of ethics or practice) for professional work.

Application of the third and fourth tests – standards of conduct and service and advice – can be satisfied by the existence (and acceptance by the profession) of relevant codes of ethics or conduct that address matters relating to professional conduct, service and advice. In Australia the PSA has adapted a Code of Professional Conduct from the Royal Pharmaceutical Society of Great Britain Code of Ethics.⁴

³ Appelbe GE, Wingfield J. *Pharmacy Law and Ethics 6th Edition*. The Pharmaceutical Press, London, 1997

⁴ Royal Pharmaceutical Society of Great Britain. *Medicines, ethics and practice: a guide for pharmacists, 18th edition*. London, Royal Pharmaceutical Society of Great Britain, 1997:69-88.

The behaviour of a pharmacist in Australia is therefore regulated both by the law (including registration, professional standards and disciplinary matters, and poisons and medicines) and codes of practice – which may include standards and guideline documents. While the rules of law and the rules of ethics are held by some to be different in that the law is enforced by the state while ethical rules are only morally binding, such is not necessarily the case. Legislation may confer on a registration board (or some other body with jurisdictional powers) the power to develop or adopt a code of practice (however named) where to ignore the principles of such a code may result in a registration board or other body taking disciplinary action against a registrant even though the offence that was committed was not against any particular section of a relevant act.

As an example, advice provided by a pharmacist to a patient in a particular case may be considered deficient to the extent that it placed a patient at risk from some adverse event. While such an omission by a pharmacist would not necessarily offend against any particular section of an act or regulation, a registration board may take disciplinary action if the matter was serious enough or the board considered the pharmacist posed an ongoing threat to other patients. The outcome of such disciplinary action may be the cancellation or suspension of the pharmacist from the practice register.

The Queensland *Health Practitioners (Professional Standards) Act 1999* offers definitions of unsatisfactory professional conduct which include the following:

- professional conduct which is of a lesser standard than that which might reasonably be expected of the registrant by the public or the registrant's professional peers;
- professional conduct that demonstrates incompetence, or a lack of adequate knowledge, skill, judgment or care, in the practise of the registrant's profession;
- infamous conduct in a professional respect;
- misconduct in a professional respect; or
- conduct discreditable to the registrant's profession.

As 'unsatisfactory professional conduct' in this instance provides a ground for disciplinary action by the board, it is clear that unethical conduct or conduct that offends against a code of professional conduct adopted by the profession would allow a board to take disciplinary action against an offending registrant.

The preamble to the PSA Code of Professional Conduct as printed in the Australian Pharmaceutical Formulary and Handbook, 20th Edition states '...[the] Code of Professional Conduct is the means by which the pharmacy professional may regulate itself and publicly state the principles by which members of the profession interact with clients, other health professionals and the community...'. The preamble goes on to state '...the Code has not been presented in a legally rigorous manner, nor does it present all circumstances which might be considered inappropriate or unacceptable conduct. Rather it establishes a set of fundamental principles to guide pharmacists in discharging their responsibility in relation to maintaining and improving the health and wellbeing of clients...'.¹

The Code of Professional Conduct is founded on 9 principles or philosophical concepts. These principles are underpinned by a number of Obligations which detail standards of professional behaviour.

(The following 9 Principles are included with the kind permission of the PSA.)

Principle One *The primary concern of the pharmacist must be the health and wellbeing of both clients and the community.*

Principle Two *A pharmacist must at all times uphold the reputation of the profession and adhere to the legislation applicable to the practice of pharmacy.*

Principle Three *A pharmacist must respect the confidentiality of information acquired in the course of professional practice relating to clients and their families. Such information shall not be disclosed to anyone without the consent of the client. Exceptions may arise where the health of the client or others is at risk, where information is sought by an office of a statutory authority empowered under legislation, where a court order requires the release of confidential information, or the information is released to those assuming responsibility for the patient (e.g. next of kin, parent, relative, guardian or anyone with powers of attorney).*

Principle Four *A pharmacist must maintain a contemporary knowledge of pharmacy practice issues and professional knowledge in order to ensure a high standard of professional competence.*

Principle Five *A pharmacist must neither agree to practise under conditions which compromise their professional competence, judgement or integrity, nor impose such conditions on other pharmacists.*

Principle Six *A pharmacist must respect the skills and expertise of other health professionals and work cooperatively with them to optimise the health outcomes of their mutual clients.*

Principle Seven *A pharmacist shall provide complete, truthful and accurate information to clients regarding professional services and shall avoid misleading clients regarding the nature, cost or value of such services.*

Principle Eight *A pharmacist must respect the client's autonomy and dignity and their right to make informed decisions relating to their treatments.*

Principle Nine *A pharmacist shall ensure continuity of care for the client in the event of labour disputes, pharmacy closure or contact with personal moral beliefs.*

Pharmacists should clearly understand the relationship between their legal and ethical obligations and not labour under any misapprehension that ethical principles do not have an enforceable standing in the regulation of the profession.

4 Pharmacy Practice

Pharmacy practice in Australia covers a range of professional activities. The traditional roles of the pharmacist of sourcing, storing, preparing, dispensing, and selling or supplying drugs and medicines have been further developed over the last 2 or 3 decades to include a range of professional activities now seen as mainstream practice.

In addition to the traditional roles previously mentioned, pharmacy practice is now firmly focused on the promotion of and contribution to the optimal use of medicines. Services that contribute to these aims include:

1. Assisting patient understanding and adherence through counseling and other communication strategies;
2. Disease-state management;
3. Clinical interventions including refusal to dispense a drug, recommendation to change and/or add a drug to a patient's pharmacotherapy, dosage adjustments, prevention (or minimization) of drug interactions - including drug-drug interactions or drug-food interactions
4. Drug therapy review and other consultant-based services;
5. Primary health care;
6. Health psychology including drug abuse prevention strategies

In addition pharmacists are expected to practice in a professional and ethical manner, apply organisational skills to the practice of pharmacy and remain actively involved in professional development.

Pharmacy practice can no longer be seen only in terms of the process of dispensing. Indeed a number of models that have been developed (a notable example being 'pharmaceutical care') have the pharmacist providing the 'professional' services while appropriately trained and supervised technical staff undertake the roles of acquisition, storage, preparation and dispensing.⁵

The two major practice environments for pharmacy in Australia are community pharmacy and hospital pharmacy. Approximately 80% of pharmacists are involved in community practice and approximately 15% in hospital practice. The balance are involved in academe, research or manufacturing.

Pharmacy in Australia is grounded on the twin foundations of the law on one hand and codes of practice on the other. Pharmacy in Australia is regulated in law by acts and regulations which codifies various aspects of practice including qualification, registration, pharmacy ownership, investigation and disciplinary action, impairment, the constitution and functioning of boards and the regulation of medicines.

⁵ Hepler CS, Strand L. Opportunities and responsibilities in pharmaceutical care. Am J Hosp Pharm 1990; 47:533-43

In addition, a range of practice standards and guidelines have been developed by a number of professional organisations – most notably the Pharmaceutical Society of Australia (PSA) and the Society of Hospital Pharmacists of Australia (SHPA). These standards and guidelines address major areas of pharmacy practice and provide general advice to support and assist pharmacists. Such standards and guidelines require the exercise of professional judgement in any specific circumstance and while they are not, generally speaking, mentioned specifically in legislation such legislation may confer on registration boards the power to develop, adopt or endorse codes of practice (including standards and guidelines). In such circumstances, to ignore the principles of adopted or endorsed standards and guidelines may result in a registration board undertaking disciplinary action against a pharmacist. Some of these guidelines and standards are discussed in the following section.

5. Practice Standards and Guidelines

A range of standards and guidelines have been developed for Australian pharmacists, most notably by the PSA and the SHPA. As previously discussed, while such standards and guidelines may not be mentioned specifically in legislation relating to the regulation of pharmacy, they may be recognised by registration boards or other statutory bodies through a process of adoption or endorsement. In such circumstances, to ignore the principles of adopted or endorsed standards and guidelines may result in a registration board undertaking disciplinary action against a pharmacist.

In addition, many of these standards and guidelines are included in pharmacy accreditation programs, most notably the Pharmacy Guild of Australia Quality Care Pharmacy Program.

Following is a brief discussion on a range of guidelines and standards currently developed in Australia. Full texts of the major applicable standards and guidelines are reprinted in the APF.⁶

Code of Professional Conduct

Refer to Section 3, *Ethics and Professional Conduct* where the code is extensively discussed in the context of ethical and professional practice.

Professional Practice Standards

Compliance with professional practice standards is intended to promote consistency and uniformity in the delivery of professional services. The standards are derived from the more prescriptive guidelines already in use by the profession. They show the systems, procedures and information currently used by pharmacists in providing professional services. The standards apply to all pharmacists no matter what the practice setting.

The standards comprise the following elements:

- Standard - clarifies the quality of a particular service.
- Scope - provides the context for the standards.
- Criterion - describes the elements of the standard.
- Indicator - provides the measure of compliance with the standards.
- Notes for criterion.
- Additional information.
- Information resources.

⁶ The Pharmaceutical Society of Australia. Australian Pharmaceutical Formulary and Handbook 20th Edition. Section G: 358-491

The standards covered under professional practice are:

1. Fundamental Pharmacy Practice.
2. Comprehensive Pharmacy Care.
3. Comprehensive Medication Review.
4. Home Medicines Review.
5. Dispensing.
6. Distance Supply.
7. Counselling.
8. Dose Administration Aids Service.
9. Opioid Substitution Program.
10. Compounding.
11. Preparation of Cytotoxic Drugs.
12. Smoking Cessation Service.
13. Needle and Syringe Program.
14. Monitoring and Case Detection.
15. Health Promotion.
16. Drug Information Service.
17. Services to Residential Care Facilities.
18. Organisation of Pharmacy Practice.

Dispensing Practice Guidelines

These guidelines offer advice to the pharmacist regarding the process of dispensing. Dispensing is that component of pharmacy practice relating to the preparation and/or provision of medicine by a pharmacist. Addressed in these guidelines are sections on: patient details, interaction with the prescriber, dispensing, the verification process, counselling, and extemporaneous preparations.

Guidelines for Pharmacists on PBS Brand Substitution

These guidelines provide general advice in regard to brand substitution on Pharmaceutical Benefits Scheme (PBS) prescriptions. Such substitution is permitted under certain circumstances where a medicine is shown to have brand equivalence in the *Schedule of Pharmaceutical Benefits*.

The Professional Role of Pharmacists in Assisting Self-Medication by Consumers

A pharmacist must be available for consultation when a customer requests a 'pharmacy' or 'pharmacy only' product. The schedule represents the two tiers of supervision by pharmacists in regard to a range of scheduled products from which consumers may select for self-medication. The various state laws and regulations that regulate scheduled medicines place legal obligations on the pharmacist. The guidelines go on to include pharmacy premises, sales promotion, advice on treatment of symptoms, and where a request is made for a medicine by name. Referral notes (where a customer may be referred to a medical practitioner) are also addressed and

the issue of confidentiality discussed.

Guidelines for Pharmacists on Providing Medicines Information to Patients

These guidelines are to help optimise communications between pharmacists and patients about medicines and their use. The document states in part '*...the guidelines recognise and adopt a model of pharmacy practice which encompasses: the provision of medicines together with services, systems and information designed to achieve defined health improvement outcomes from medicine use; provision of general health information and primary health care services which contribute to improved health outcomes; pharmacy as an effective and integral part of the health care delivery system which coordinates its activities with other health care providers...*'. A second document ***Consumer Medicine Information and the Pharmacist*** should be read in conjunction. It assists pharmacists to understand their legal and professional obligations to consumers in regard to consumer medicines information (CMI).

Pharmacists and the Commonwealth Privacy Legislation

This is discussed in Section 14.

Guidelines for Pharmacists on Home Medicines Review (HMR)

These guidelines are designed to assist pharmacists providing HMRs to exercise their professional judgement to achieve a consistently high quality of service delivery. The guidelines include extensive sections on: objectives of HMR; the aims of HMR; consent and confidentiality issues; contractual arrangements; agreed criteria; and, details of the process itself. Complementary documents include: ***Framework Document for Home Medicines Review*** and ***Occupational Health and Safety Issues when Conducting Home Medicines Reviews*** and ***Comprehensive Medication Reviews in Residential Aged Care Facilities***. (Note that the term 'Home Medicines Review' has replaced the earlier 'Domiciliary Medication Management Review'.)

The Provision of Pharmacy Services to Residential Aged Care Facilities

These guidelines have been developed for use by pharmacists providing pharmacy services to residential age care and other related facilities. They include major sections on: residents' rights, privacy and confidentiality; service contracts; communication and administration issues; and, the provision of pharmacy services. Such services may include: the dispensing, distribution and supply of medicines; provision of medication management services; the provision of information and advice; and, the provision of pharmaceutical care. The document also includes a sample pharmaceutical services contract.

SHPA Standards of Practice for the Provision of Consumer Medicine Information by Pharmacists in Hospitals

These standards have been prepared to assist hospital pharmacists understand their legal and professional obligations in relation to Consumer Medicines Information (CMI). The standards take into consideration the legal and regulatory requirements, educational effectiveness and good dispensing practice. CMI is brand specific, manufacturer-produced information about drug products that conforms to specific provisions set out in the Therapeutic Goods Regulations. The standard includes sections on: goals, patient selection, distribution, the use of CMI when counselling including the withholding of CMI, and the availability of CMI.

SHPA Guidelines for Self-Administration of Medication in Hospitals and Residential Care Facilities

Self-administration of medication is part of the discharge planning process in rehabilitation units but can also be a strategy undertaken on selected patients in other ward environments. These guidelines are intended for use in hospitals where self-administration of medication is part of a patient education and assessment program. The guidelines cover the extent and operations of the service, policies and procedures, quality and documentation and the resources required for the operation of a successful service.

SHPA Standards of Practice for Parenteral Therapy in Home Health Care

Home health care (HHC) involves the provision of products and services to patients in their home environment and is aimed at minimising the psychosocial stress of illness or disability. The standards refer to home infusion therapy and other injectable drug therapy including nutrition therapy. The standards include the extent and operation of the service, policies and procedures, resources, staffing structure and levels, training and education and a quality system.

SHPA Standards of Practice for Clinical Pharmacy

This Standard describes activities consistent with good practice for the provision of clinical pharmacy services. The Standard includes: Objectives and Definitions; Extent and Operation; Procedures for Clinical Pharmacy Services for Individual Patients; Training and Education; Research; Resources; Staffing Structure and Levels; Quality; and, Documentation. The objective of clinical pharmacy practice is to optimise patient outcomes by working to achieve quality use of medicines (QUM); clinical pharmacy is defined as the practice of pharmacy as part of a multidisciplinary healthcare team directed at achieving QUM. The standards of practice are also linked to 4 other standards on the management of oncology service, cytotoxic drugs and palliative care services; these follow.

SHPA Standards of Practice for the Provision of Clinical Oncology Pharmacy Services

These standards describe activities consistent with good practice for the provision of clinical pharmacy services to oncology units, these standards should be read in conjunction with standards of practice relating to clinical pharmacy services and the technical aspects involved in the handling and transportation of cytotoxic chemotherapy. The standards describe the minimum requirements for clinical pharmacy services to an oncology unit.

SHPA Standards of Practice for the Safe Handling of Cytotoxic Drugs in Pharmacy Departments

These standards recognise that many cytotoxic drugs are mutagenic, teratogenic and/or carcinogenic and thus present risks associated with occupational low-level exposure. Health workers preparing cytotoxic drugs without adequate precautions have been shown to contaminate both themselves and their work environment. The standards include sections on cytotoxic cabinets and pharmaceutical isolators, cytotoxic cleanrooms and anterooms, drug storage, personal protective equipment and all aspects of preparation.

SHPA Standards of Practice for the Transportation of Cytotoxic Drugs from Pharmacy Departments

The standard covers the transportation of cytotoxic drugs from pharmacy departments in hospitals to other areas either within the institution or to other institutions. Also applying are Australian codes on the transportation of dangerous goods, the International Air Transport Association dangerous goods regulations, and standards relating to the management of clinical and related waste.

There are also three documents addressing issues with particular medicines. These are:

Supply of Levonorgestral as a Pharmacist Only Medicine for Emergency Contraception

Provision of Oral Fluconazole as a Pharmacist Only Medicine for the Treatment of Vaginal Candidiasis

Provision of Orlistat as a Pharmacist Only Medicine

These three standards establish clear clinical and professional guidelines for the supply of these products as a pharmacist only medicine. The documents provide a clear flowchart detailing the supply process, together with supporting documentation and references.

6. Competency Standards

Competency is described in the Macquarie Dictionary as being ‘...properly qualified and capable...’. In the context of pharmacy practice it is described in the *Competency Standards for Pharmacists in Australia 2003* (the Competency Standards) as ‘...skills, attitudes and other attributes (including values and beliefs) attained by an individual based on knowledge (gained through study at bachelor’s degree level at university) and experience (gained through subsequent practice) which together are considered sufficient to enable the individual to practice as a pharmacist...’.⁷ The Competency Standards go on to state ‘...on the other hand, professional standards relate to the systems, procedures and information used by individuals to achieve a level of conformity and uniformity for a given practice. The attainment of a professional qualification versus the practice of pharmacy to a set of professional standards highlights the distinction between the two types of standards. The adoption of professional standards ensures that the knowledge and skills acquired are executed to the level of consistency identified as essential for the delivery of a quality professional service...’.

It is not unreasonable to conclude that pharmacists who practice in compliance with professional standards are competent as pharmacists; the delivery of professional services requires personal competence as well as quality procedures. It can be assumed that such services will be delivered to an acceptable standard, will have credibility in the professional sense and will comply with regulatory requirements.

The Competency Standards have been developed and reviewed by the Pharmaceutical Society of Australia (PSA) through a consultative process overseen by a project advisory group with membership drawn from all organisations representing the interests of pharmacists. The work was funded through the Third Community Pharmacy Agreement Research and Development Grants Program in 2002.

This document does not stand alone but follows the development of two earlier documents; *Competency Standards for Entry-Level Pharmacists in Australia 1994* and *Competency Standards for Pharmacists in Australia 2001*.

Since 1994 registering authorities in Australia have, to varying degrees, used the Competency Standards as a basis for their assessment of applicants for registration as a pharmacist. For example, since that time, all pre-registration training programs have been mapped against the Competency Standards to ensure that all required competencies are addressed as part of these training programs.

As the competency standards developed they were used more generally to describe the competencies for all practising pharmacists and have been used in some jurisdictions as the basis for the re-registration of pharmacists wishing to re-enter the

⁷ Competency Standards for Pharmacists in Australia 2003. Pharmaceutical Society of Australia; 2003:11

profession after a period of absence (either through choice or as the result of suspension or cancellation of registration). In such circumstances registering bodies have used the Australian Pharmacy Competency Assessment Tool (APCAT) - developed by the Australian Pharmacy Council Inc and the registering bodies in Australia - and its subsequent offshoot examination the Competency Assessment of Overseas Pharmacists (CAOP) as part of the assessment process. Both these tools have themselves been mapped against the Competency Standards.

In developing the Competency Standards the following key statements have been used as the basis for deliberation for all versions:

Pharmacists utilise expertise in drugs, medicines and drug therapy to optimise health outcomes.

The practice of pharmacy includes the custody, preparation, dispensing, and provision of medicines, together with systems and information to assure quality of use.

As readily accessible health professionals, pharmacists provide primary health care including education and advice to promote good health and to reduce the incidence of illness.

A sound pharmaceutical knowledge base, effective problem solving, organisational, communications and interpersonal skills, together with an ethical and professional attitude, are essential to the practice of pharmacy.

The Competency Standards describe the knowledge, skills and attributes necessary for pharmacists to practice in Australia. The initial section describes the scope of knowledge that pharmacists are expected to have along with the language, literacy and numeracy skills needed to acquire that knowledge. This is a new addition to the Competency Standards as it was felt by the review team that the extent of such knowledge needed description.

There are 8 functional areas comprising the main body of the Competency Standards. Under each of the functional areas are grouped a number of units. These units in turn are described by a range of elements, with each of the elements being defined by performance criteria.

As an example: Functional Area 6 relates to the provision of primary health care. Competency unit 6.3 addresses the promotion of good health in the community. Element 1 (there are 3 in total) requires the pharmacist to '*...provide information on and participate in public health strategies directed at the prevention or early detection of disease...*'. Attached to Element 1 are 7 Performance Criteria the first of which states '*...discusses public health issues relevant to prevention or early detection of disease...*'. This Performance Criterion includes a number of evidence guides to assist in the evaluation of the criteria.

Applications for the Competency Standards may include:

- Pharmacists – to assist in self assessment processes;
- Registering authorities – to assist in the assessment of applicants;
- Applicants for registration – to assist in their preparation for registration assessment;
- Accreditation bodies – to assist in the evaluation of courses or professional services;
- Employers – to assist in the development of job descriptions, and in the recruitment and performance review processes;
- Credentialing bodies – to assist in the credentialing process;
- Universities, providers of pre-registration training and providers of continuing pharmacy education - to assist in the development of courses.

7. Pharmacists and Privacy Legislation

The *Privacy Amendment (Private Sector) Act 2000* (the Act) which amended and became part of the *Privacy Act 1988 (Commonwealth)* took effect on 21 December 2001. The new private sector provisions apply to organisations (including not-for-profit organisations) with an annual turnover or more than \$3 million, or all providers of health services regardless of turnover. The provisions of the Act clearly apply to pharmacists and other health professionals operating in the private sector including: businesses that deliver health services via the internet, tele-health and mail order; private hospitals, day procedure centres and aged care facilities; complementary and alternative medicines practitioners; and, counselling service providers.

The core of the Act are 10 National Privacy Principles (NPPs) relating to personal information, covering:

1. collection
2. use and disclosure
3. data quality
4. data security
5. openness
6. access and correction
7. identifiers
8. anonymity
9. transborder data flows
10. sensitive information

Pharmacists recognise that protecting the privacy of individuals and keeping their personal information confidential is integral to maintaining their trust and delivery of quality care. The Act gives legislative force to Principle 3 of the Code of Professional Conduct which states '*A pharmacist must respect the confidentiality of information acquired in the course of professional practice relating to clients and their families. Such information shall not be disclosed to anyone without the consent of the client. Exceptions may arise where the health of the client or others is at risk, where information is sought by an office of a statutory authority empowered under legislation, where a court order requires the release of confidential information, or the information is released to those assuming responsibility for the patient (e.g. next of kin, parent, relative, guardian or anyone with powers of attorney).*'

It can be gleaned from the 10 NPPs that the scope of information handling practices covered by the Act is very wide, much wider than any state/territory privacy laws. While all the principles of the Act are important, NPP 2 covering use and disclosure is one section that may impact on pharmacy practice more than the others.

While NPP 2 states at section 2.1 that '*An organisation [read pharmacy/pharmacist] must not use or disclose personal information about an individual for a purpose (the secondary purpose) other than the primary purpose of collection*' the principle quite clearly is not intended to deter pharmacists from lawfully cooperating with agencies

performing law enforcement functions in the performance of their functions, as a number of exceptions apply. Included in these at section 2.1(f) states '*the organisation has reason to suspect that unlawful activity has been, is being or may be engaged in, and uses or discloses the personal information as a necessary part of its investigation of the matter or in reporting its concerns to relevant persons or authorities*'; or at section 2.1(h) '*the organisation reasonably believes that the use or disclosure is reasonably necessary for one or more of the following by or on behalf of an enforcement body (i) the prevention, detection, investigation, prosecution or punishment of criminal offences, breaches of a law imposing a penalty or sanction or breaches of a prescribed law; (ii) the enforcement of laws relating to the confiscation of the proceeds of crime; (iii) the protection of the public revenue; (iv) the prevention, detection, investigation or remedying of seriously improper conduct or prescribed conduct; (v) the preparation for, or conduct of, proceedings before any court or tribunal or implementation of the orders of a court or tribunal*'.

Interpretation of the Act is informed by two valuable documents. The first is *Guidelines to the National Privacy Principles* prepared by the Office of the Federal Privacy Commissioner and available from the Commission's website at www.privacy.gov.au. The second is *Professional Practice and the Privacy Act* which has been provided to all PSA members and is available to members from the PSA website at www.psa.org.au.

It is worth noting that an organisation for the purposes of the Act applies to businesses and bodies that fall within the definition of 'organisation' in section 6C of the Privacy Act. Section 6C says that 'organisation' means: an individual; or a body corporate; or a partnership; or any other unincorporated association; or a trust; that is not a small business operator, a registered political party, an agency, a State or Territory authority or a prescribed instrumentality of a State or Territory. For the purposes of the Act a pharmacist providing a health service is an organisation.

Pharmacists and the Commonwealth Privacy Legislation is a document included in the APF which provides further information in regard to privacy legislation.⁸

⁸ Pharmacists and Commonwealth Privacy Legislation. The Australian Pharmacy Formulary and Handbook 20th Edition: 374.

8. Reference Resources

Books and Journals

The following lists a number of reference books and journals that provide important information regarding drug information and pharmacy practice in Australia. Some of these books are mandatory texts for pharmacies in some jurisdictions. While these texts provide a good starting point the list does not claim to be exhaustive.

Books

Competency Standards for Pharmacists in Australia 'current edition' (available from the PSA) Discussed in detail in Section 6.

Australian Medicines Handbook (AMH) 'current edition'. The philosophy of the AMH is to use the best available evidence to support prescribing and dispensing recommendations. The purpose of the AMH is two fold: to provide a readily accessible, concise, up-to-date source of independent drug information to facilitate effective, rational, safe and economical prescribing; and to provide an educational tool for practitioners and students.

The AMH is structured as follows:

Chapters: Brings together treatment reviews and related drugs and drug classes. Nested documents keep common information together, enable comparisons and reduce repetition; cross references link relevant information. Practice points give tips and advice.

Treatment : Summarises evidence and clinical practice for a condition and gives context for drug treatment. Discusses and compares the role of different classes and individual drugs in treating the condition.

Drug class: Cross refers to Treatment(s). Provides information common to all members, e.g. mode of action, contraindications, adverse effects. Comparative information describes differences between class members.

Drug monograph; If a drug is a class member it cross refers to Class for essential information common to the group. If not in a class it may refer to Treatment(s). Contains specific information for individual drugs, e.g. dosage, indications and products.

Appendices; Include drug interactions, electrolytes, laboratory reference ranges and contact information.

Martindale: The extra pharmacopoeia: 'current edition' The Pharmaceutical Press, London. Martindale offers extensive unbiased, evaluated information on drugs and related substances used worldwide. System enhancements allow quick, easy searching for pharmacological and therapeutic data, synonyms, and manufacturers' brand names.

The Martindale knowledge base contains information on drugs in clinical use

worldwide, as well as selected investigational and veterinary drugs, herbal medicines, pharmaceutical excipients, vitamins and nutritional agents, vaccines, radiopharmaceuticals, contrast media and diagnostic agents, medicinal gases, drugs of abuse and recreational drugs, toxic substances, disinfectants, and pesticides. Sections of text summarise the relevant information, followed, if appropriate, by referenced abstracts or reviews that expand upon the details given in the text or add additional information.

Martindale contains:

- Generic drugs names including U.S., British, and international approved names
- Synonyms/chemical names
- Molecular formula/molecular weight, CAS registry numbers
- Pharmacopoeias
- Physical characteristics
- Adverse effects and their treatment
- Precautions, including contraindications
- Interactions
- Pharmacokinetics
- Uses and Administration, including pharmacology and dosage
- Preparations and brand names

Preparation summaries of more than 70,000 proprietary products from over 25 countries are included. Information is provided on brand name, manufacturer, country of origin, active constituents, and licensed uses. Cross-references link each ingredient to an appropriate drug monograph when possible.

In addition, more than 600 disease treatment reviews offer overviews of the diseases and drugs used in their treatment, along with key references. Cross-references are provided between disease reviews and relevant drug monographs.

Australian Pharmaceutical Formulary and Handbook (AFP): 20th Edition (distributed by the Pharmaceutical Society of Australia; also contains a list of useful websites) The content of the 20th edition of the Australian Pharmaceutical Formulary and Handbook (APF20) aim to assist pharmacists in the provision of pharmaceutical services intended to promote optimal health outcomes through the Quality Use of Medicines.

The APF is an essential reference source for pharmacists practising medication management. It is a basic text for the thousands of pharmacy students around the country.

The 20th edition has been extensively reviewed and new sections added. One example includes a new section on pharmacogenomics, reflecting the changes in therapy as a result of an improved understanding of molecular pathogenesis. Additionally, there are three other new sections on dehydration in children, managing constipation in children and managing missed doses of oral contraceptives. The extemporaneous dispensing section has been modified to include only formulae that are not available commercially, with some exceptions included predominantly for teaching purposes. The complementary medicines section has been expanded to

include some 43 extended monographs with increased evidence-based information as to the efficacy of the product. There are 284 references pertaining to this section. This section provides reliable information on complementary medicines.

Pathology and therapeutics for pharmacists: (available from the Pharmaceutical Society of Australia).

Australian Drug Information (AusDI.) AusDI is the first comprehensive, authoritative, unbiased source of drug and therapeutic information developed for Australian pharmacists, medical practitioners, nurses and other health care professionals.

AusDI was developed originally by the 'Australianisation' of the USPDI database, together with the addition of information about drugs used in Australia but not included in the USPDI. The database is now updated continuously by a team of editors under the guidance of an Editorial Advisory Committee, and reflects Australian clinical practice and recommendations. The information is derived from a wide variety of local sources and is peer-reviewed in Australia.

Features include:

- Standardised format
- Menu for easy navigation through each monograph
- Fast and easy to use
- Updated regularly
- TGA approved and other medically accepted uses
- Advice on use in pregnancy and breastfeeding
- Drug interactions, precautions and contraindications rated according to clinical significance
- Concise clinically relevant points for use when counseling patients
- Doses for specific indications and dosage adjustments in paediatric and geriatric populations as well as in renal or hepatic impairment
- Adverse effects, including symptoms, rated according to frequency, severity and possible need for medical intervention
- Laboratory value alterations and patient monitoring

Therapeutic Guidelines. The therapeutic Guidelines series comprises 11 major subjects (books). These are titled:

- Analgesic
- Antibiotic
- Cardiovascular
- Dermatology
- Endocrinology
- Gastrointestinal
- Neurology
- Palliative Care
- Psychotropic
- Respiratory
- Pregnancy and breastfeeding.

The recommendations in Therapeutic Guidelines are based on the latest international

literature, interpreted by some of Australia's most eminent and respected experts, with each statement having been examined, subjected to challenge and discussed over a series of day-long meetings. The finished texts represent the essence of current available evidence.

APPGuide. The APPGuide includes more than 3,900 prescription and non-prescription Product Information monographs (PIs) and nearly 2000 Consumer Medicine Information listings (CMI). CMI are free to browse without logging in. You must subscribe to view all other information.

The APPGuide includes new features such as Drug–Drug Interactions and Herb–Drug Interactions. The APPGuide Online also includes extra reference material, such as Australian Approved Food Additive Numbers, Medicines in Pregnancy, Patient support organisations and a Pharmacological and Therapeutic index. The APPGuide Online is updated monthly.

MIMS Annual represent (in part) a collection of the product information of all currently marketed medicines in Australia.

Journals

Australian Prescriber: <http://www.australianprescriber.com> (available free to all pharmacists.) The journal provides an independent source of information about medicines. The internet site provides links to other pharmacy and medical journals.

Australian Pharmacist. Official journal of the PSA. Only available to members of PSA as part of membership.

Journal of Pharmacy Practice and Research. (Provided free to members of SHPA or available on subscription.)

Australian Journal of Pharmacy. A general interest pharmacy publication available on subscription. An internet-based copy is also available.

Note: there are many other pharmacy and medical journals available through subscription services. Some internet sites offering free access to pharmacy and medical journals are listed in the following section.

Internet Resources

The internet provides a host of websites that offer access to pharmacy related information. While many of these sites provide extremely valuable information, it should be recognised that some sites are not peer reviewed, or may be sponsored or otherwise supported by the pharmaceutical industry. Other sites may have been developed by individuals or groups, not allied to academic institutions, government or research agencies, who are promoting treatment modalities and or other philosophies unsupported by rigorous scientific research.

The APF provides an extensive list of internet-based resources for pharmacy.⁹ The resources are grouped under the following headings:

- Professional Organisations
- Government and Regulatory Bodies
- Medication Safety
- Electronic Journals
- References and Databases
- Evidence-based Research
- Critical Appraisal
- Epidemiology
- Search Tools Useful for Finding Pharmacy Information
- Therapeutic Advice and Information.

A number of internet sites provide free access to pharmacy and medical journals. Such sites include:

www.freemedicaljournals.com/
www.coreynahman.com/pharmacyjournals.html
www.medscape.com/px/urlinfo
www.uspharmacist.com
www.australianprescriber.com

Internet sites focussing on evidence-based research include:

www.cochran.org
www.ir2.ox.ac.uk/bandolier
www.nice.org.uk

A number of internet sites are identified in other sections of this manual.

⁹ Pharmaceutical Society of Australia. Australian Pharmaceutical Formulary and Handbook. 20th Edition 312-321..

9. Professional Diary

For the pre-registration pharmacist a professional diary may be required as part of the assessment process against the Competency Standards. For the registered pharmacist such a diary may be required in the future in some jurisdictions to demonstrate recency of practice when such provisions are incorporated into registration acts.

A professional diary can take many forms. However, in essence it is a record of events that occur during a pharmacist's professional practice that demonstrate their competency in the provision of a range of pharmaceutical services. As the diary can show evidence of practice across a wide spectrum of the Competency Elements it would be expected that this be reflected in the range of practices recorded. For example it would be unproductive to record the same practice (e.g. counselling) for every diary entry. Assessors (for whatever purpose) expect to see sufficient evidence of a wide variety of practices to indicate that a pharmacist, at whatever stage of professional development, is obtaining a range of professional experiences.

It is also useful for the diary to include a summary sheet to assist in highlighting Competency Elements that have already been covered, and also identifying those that have yet to be experienced. A *pro forma* professional diary is included on the following page, together with an example of a summary sheet.

Diaries used by pre-registrant pharmacists will usually have a provision where the preceptor (supervisor) can countersign an entry. Diaries used to demonstrate recency of practice may instead incorporate a statutory declaration to be signed by the pharmacist to indicate that the entries represent a true and correct record of practice.

Another section of a professional diary is that of intervention recording in relation to dispensing and drug information. A standardised method of documenting interventions is not only useful for assessment throughout a pro-registration training program, but it also establishes a professional attitude to practice that will be of value later in a career. For example intervention recording can provide documentary proof for enhanced PBS remuneration programs, implementing Quality Care Pharmacy Programs or demonstrating recency of practise for the purposes of continuing registration. A *pro forma* intervention form follows.

Professional Diary (example for pre-registrant pharmacist)

Situation

Actions

Outcomes and/or comments

Additional learning required

Competencies demonstrated

Graduate _____ **Supervisor** _____ **Date** _____

Professional Diary (example for registered pharmacist)

Situation

Actions

Outcomes and/or comments

Additional learning required

Competencies demonstrated

I declare the information provided above is a true and correct record of an aspect of my practice as a pharmacist

Name _____ **Signature** _____ **Date** _____

Name _____ **Diary Summary Sheet**

Competency Element				
<i>Functional Area 1: Practice pharmacy in a professional and ethical manner</i>				
1.1 Practice legally				
1.2 Practice to acceptable standards				
1.3 Pursue life-long professional learning				
<i>Functional Area 2: Manage work issues and interpersonal relationships in pharmacy practice</i>				
2.1 Apply communication skills				
2.2 Participate in negotiations				
2.3 Address problems				
2.3 Manage conflicts				
<i>Functional Area 3: Optimal use of medicines.</i>				
3.1 Participate in therapeutic decision-making				
3.2 Provide ongoing pharmaceutical management				
3.3 Promote rational drug use				
<i>Functional Area 4: Dispense medicines</i>				
4.1 Assess prescriptions				
4.2 Evaluate prescribed medicines				
4.3 Supply prescribed medicines				
<i>Functional area 5: Prepare pharmaceutical products</i>				
5.1 Consider requirements for preparing a product				
5.2 Compound pharmaceutical product				
5.3 Prepare cytotoxic product				
<i>Functional Area 6: Provide primary care.</i>				
6.1 Assess primary care needs				
6.2 Address primary health care needs of patients				
6.3 Promote good health in the community				
<i>Functional Area 7: Provide medicines and health information and education</i>				
7.1 Retrieve information				
7.2 Evaluate and synthesise information				
7.3 Disseminate information				
<i>Functional Area 8: Apply organisational skills in the practice of pharmacy</i>				
8.1 Supervise staff				
8.2 Plan and manage pharmacy resources.				

Pharmacist Name _____ **Signature** _____ **Date** _____

Intervention Form

Pharmacist Name _____

Date _____ **Patient Initials** _____ **DOB** _____

Presenting situation (detail below)	Dose	
	Interaction / ADR	
	Quantity /Duration	
	Directions	
	Clerical / legal	
	Other	
Action taken (detail below)	Prescriber contacted	
	Patient contacted	
	Patient history reviewed	
	Literature reviewed	
	Generic drug substituted	
	Other	
Outcome (detail below)	Script dispensed as written	
	Script clarified and dispensed	
	Script changed and dispensed	
	Script not dispensed	
	Patient counselled	
	Other	

10. National Forensics, Ethics and Calculations (NFEC) Examination and Stage II Examination

Candidates are required to pass a National Forensic, Ethics and Calculations Examination (NFCE) before they can attempt the Stage II Examination. The NFEC Examination assesses their understanding of the laws and ethics governing the practice of pharmacy in Australia and their ability and accuracy with pharmaceutical calculations. The NFEC Examination can be attempted when the candidate has completed at least 25% of their period of supervised practice.

The Stage II Examination is designed to assess the candidate's competency to practice as a pharmacist in Australia. It consists of three components - the Australian Pharmacist Competency Assessment Tool (APCAT), a practical and an oral examination. The Stage II Examination is held in Australia and can only be undertaken by a candidate resident in Australia when the candidate has completed all or most (and at least 75%) of their required period of supervised practice.

An APC Certificate will be issued on satisfactory completion of: a supervised practice period, a pre-registration training program, a first aid certificate, a pass in the NFEC Examination and pass the Stage II Examination. The APC examination procedure is consistent with the competence-based assessment processes used by Australian pharmacy registering authorities, and consequently the APC Certificate is recognised by all those authorities.

Registering authorities may also have additional requirements candidates may have to meet; and these may attract additional fees. It is not possible to specify the precise nature of these requirements as each case is determined on its own merit by the particular registering authority in the state or territory in which the candidate wishes to register. It is the candidate's responsibility to ask the registering authority what these additional requirements may be.

Guides to the NFEC and APCAT Examinations may be found on the APEC page of the APC website at www.pharmacycouncil.org.au

Examination Outlines

National Forensic Ethics and Calculations (NFEC) Examination

This examination will be offered 12 times per year on the 3rd Tuesday of each month in each state and territory in Australia. Candidates may take the examination after completing at least 25% of their supervised practice period.

The NFEC Examination is of one hour duration and comprises two parts (Part A and Part B). Part A covers forensics and ethics and Part B covers calculations. The Examination is a restricted open book examination; the only allowable texts are:

- (i) the Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) and/or local state guides to the Poisons and Drugs Schedules (of the Pharmacy Guild of Australia)
- (ii) relevant state pharmacy acts and regulations;
- (iii) information from the following website:
<http://www.pbs.gov.au/html/healthpro/info/supplying>).

Candidates are required to achieve an overall pass in the NFEC Examination, with a pass in both parts of the Examination.

The NFEC Examination must be undertaken in the State or Territory in which most of the supervised practice hours have been completed. Copies of previous examination papers are not available.

Successful NFECE results will remain valid for twelve (12) months from the last day of the month that the examination was attempted. NFECE results must be valid at the time the candidate enrolls in, and at the time the candidate sits the Stage II Examination.

There is no limit to the number of times a candidate may attempt the NFECE, however, unsuccessful candidates are strongly encouraged to seek counselling with an Examining Committee representative to identify their weaknesses prior to attempting the Examination again.

Stage II Examination

The three components of the Stage II Examination are outlined below:

Australian Pharmacy Competency Assessment Tool (APCAT)

This written examination will be offered 2-3 times per year depending on the state – generally at the same time as the practical and oral examinations. It may be offered in Canberra at other session times. The examination may be attempted after all or most (and at least 75%) of the candidate's supervised practice hours have been completed.

The examination covers pharmacy practice in Australia and consists of one paper which comprises 120 multiple choice questions (MCQ). The paper will be of two and a half hours duration. The examination is a restricted open book examination; the only allowable texts are the current editions of the *Australian Medicines Handbook* and the *Australian Pharmaceutical Handbook and Formulary*.

Candidates are required to achieve an overall pass in the APCAT with a pass in each of the functional areas covered by the examination. APC does not provide information on the mark achieved by candidates in the separate components of the

Stage II Examination. (Refer to 'Stage II Examination Outcomes' below).

Practical Examination

The Practical Examination will comprise 2 parts. In Part A, a candidate will be required to produce two products. In Part B, the candidate will be presented with a number of scenario based questions which will require written answers. The duration of the examination is 2.5 hours.

Candidates must pass both parts of the examination, and while the result of the examination is a pass/fail there will be an overriding qualifier which states "a candidate who puts a patient at risk will not pass". Candidates should refer to the Section 'Stage II Examination Outcomes' for information about marking and results for the Stage II Examination.

The Practical Examination will be offered 2 – 3 times per year depending on demand and also on arrangements in the particular state or territory. The examination may be attempted after all or most (and at least 75%) of the supervised practice hours have been completed. The candidate must sit in the state or territory where the majority of hours have been worked unless an exception to this arrangement is granted by APC.

Oral Examination

This examination has a duration of one hour and will be based on discussion involving a number of scenarios presented to the candidate. The result will be a judgement on whether the candidate is "competent" or "not yet competent".

The oral examination will be offered 2 – 3 times per year depending on demand and also on arrangements in the particular state or territory. The examination may be attempted after all or most (and at least 75%) of the supervised practice hours have been completed. The candidate must sit in the state or territory where the majority of hours have been worked unless an exception to this arrangement is granted by APC.

Stage II Examination Outcomes

APC does not provide results in individual components of the Stage II Examination. Candidates are required to achieve a satisfactory level of competency in each of the three components and an overall result is determined holistically with a combination of these. Results for the Stage II Examination will be provided on a 'pass/fail' basis only.

A supplementary examination *may* be offered in one component of the Stage II Examination.

Unsuccessful candidates are strongly recommended to seek counselling with an Examining Committee representative before attempting the Examination again.