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| Entrustable Professional Activity (EPA) 1: Dispensing medicines  Preceptor and Intern User Guide |
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List of Abbreviations

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| --- | --- |
| Abbreviation | Term |
| AMH | Australian Medicines Handbook |
| APC | Australian Pharmacy Council |
| A RICH | Agency, Reliability, Integrity, Capability, Humility |
| EPA | Entrustable Professional Activity |
| ITA act | In Training Assessment Activity |
| ITP | Intern Training Program |
| SPO | Short Practice Observation |
| PDL | Pharmaceutical Defence Limited |
| PharmBA | Pharmacy Board of Australia |
| QCPP | Quality Care Pharmacy Program |
| QUM | Quality Use of Medicines |

# Who should use this document?

This document is to be used by pharmacist interns, preceptors, supervising pharmacists and Intern Training Program (ITP) providers.

This document outlines the Entrustable Professional Activity (EPA) – Dispensing medicines developed by the Australian Pharmacy Council (APC), to assist with the assessment of an intern’s achievement of one or more of the performance outcomes required to be demonstrated at the point of general registration as a pharmacist.

**Interns** will use the associated forms and templates for completing the dispensing of a series of prescriptions and discussing the technical and cognitive dimensions of these tasks with their supervisor.

**Preceptors and supervising pharmacists** (collectively referred to as Supervisors) will use the associated forms and templates to document observations of intern performance, provide feedback, assess intern performance and jointly formulate the intern’s development plan.

**Intern Training Program providers** will incorporate this EPA into the Intern Portfolio, which is the compiled record of the intern’s achievements during the intern year, and which is used as the basis for determining whether the intern has achieved the relevant performance outcomes.

# Supporting documents

Familiarity with the following documents is recommended and they should be read in conjunction with this User Guide.

1. Intern pharmacist and Preceptor Guide. Current version. Published by the Pharmacy Board of Australia. Available on the Pharmacy Board of Australia website [www.pharmacyboard.gov.au](http://www.pharmacyboard.gov.au).
2. Performance Outcomes Framework 2020. Published by the Australian Pharmacy Council (APC). Available on the APC website [www.pharmacycouncil.org.au](http://www.pharmacycouncil.org.au).
3. Intern Year Assessment Blueprint. Current version. Published by the Australian Pharmacy Council (APC). Available on the APC website [www.pharmacycouncil.org.au](http://www.pharmacycouncil.org.au).

# Overview: EPA 1: Dispensing medicines

This Entrustable Professional Activity (EPA) should be understood and undertaken within the overarching principles of Quality Use of Medicines (QUM) and person-centred care. In the context of this EPA, dispensing medicines includes both the cognitive and technical aspects of the process of ensuring that patients receive appropriate medications which can be used safely.

Cognitive aspects include clinical reasoning and decision-making in regard to the appropriateness of the prescribed medication, taking into account patient-specific details, co-morbidities, adverse and allergic reactions, drug interactions and contraindications, and other aspects which affect the safety and/or efficacy of a prescribed medication.

Technical aspects include accuracy and attention to detail in filling the prescription so that the patient receives the correct medication, and all legal requirements are met. Providing information to the patient regarding dispensed medications is covered in EPA 3 – Providing Counselling. It may be appropriate to carry out an assessment of EPA 1 together with EPA 3; the assessments can also be carried out independently.

Standard to be achieved

Prior to commencement of this activity, it is important that consensus is reached between the intern, the preceptor, and all supervising pharmacists as to the dispensing procedure to be adopted as the standard against which intern performance is assessed. This procedure should be documented and made available to all participants, and any clarifications which are necessary should also be clearly documented. Interns and supervisors MUST both be clear about the details of the dispensing procedure against which the intern’s performance is assessed.

Suitable references for dispensing procedures include the Guidelines for Dispensing of Medicines prepared by the Pharmacy Board of Australia (PharmBA), resources available through the Quality Care Pharmacy Program (QCPP[[1]](#footnote-2)), the Australian Commission on Safety and Quality in Health Care[[2]](#footnote-3) and Pharmaceutical Defence Limited (PDL)[[3]](#footnote-4).

This activity firstly requires interns to assess whether the prescription is appropriate for the patient, and then to dispense it accurately from a legal, ethical, and technical perspective. It is expected that an intern can articulate reasons for choosing to dispense a prescription, and also to take appropriate actions when there are risks which need to be addressed prior to dispensing. This may include gathering additional information from the patient, contacting the prescriber, or seeking other information considered necessary.

Errors, critical errors and near misses

Errors are a part of professional practice, and the aim is to minimise their occurrence and maximise their detection before reaching the patient. Errors must be clearly articulated and documented in relation to the dispensing procedure against which the intern’s performance is assessed. It is critical that agreement is reached – and documented – about what constitutes an error. An ERROR results in the dispensed item(s) not being suitable to be provided to the patient. Errors are also defined with respect to the workplace documented dispensing procedure.

For this EPA, it is also important to note the definitions of a **CRITICAL ERROR** and **NEAR MISS**.

It is a **CRITICAL** **ERROR** if the error made by the intern **is not detected by the intern** but is only detected on subsequent checking.

It is a **NEAR MISS** if the error made by the intern **is detected by the intern**, prior to any subsequent checking.

# EPA description

|  |  |
| --- | --- |
| **EPA Title** | Dispensing medicines |
| **Specifications and limitations** | **Outcome**:  Medications are safely, accurately, and appropriately dispensed to the correct patient, according to name, brand, strength, quantity, and formulation, with accurate directions on the label; dispensing reflects the intentions of the prescriber.  **Specifications**:  Prescription is checked for legality, validity, and completeness according to all relevant jurisdictional requirements.  Clinical appropriateness and safety of the prescribed medication for the specific patient is checked and confirmed; any changes are clearly documented.  Clarification is sought and documented where necessary.  Prescription details are accurately entered into dispensing system.  Appropriate product is selected from stock.  All required labels are attached appropriately to the product.  Prescription paperwork is assembled correctly.  Checks are carried out at appropriate stages of the process.  Products and paperwork are stored appropriately prior to collection.  Patient receives correct medications and associated paperwork.  **Limitations**:  None |
| **Potential risks in case of failure** | Inappropriate and/or inaccurate dispensing may lead to individual patient harm and/or harm to the health and safety of the public. |
| **Performance outcomes** | **3.14:** dispensing medicines safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines, and other relevant jurisdictional requirements to optimise patient outcomes.  **4.2:** identifying and acknowledging professional limitations and seeking appropriate support where necessary, including additional professional education and/or referral of patients to other health care professionals.  **5.3:** recognising and responding to the inherent complexity, ambiguity, and uncertainty of contemporary and future professional practice. |
| **Required knowledge, skills, attitudes, and experiences (A RICH)** | Knowledge of legal requirements for prescriptions (C)  Knowledge of scheduling of medicines (C)  Knowledge of pharmacology, medical chemistry, pharmacotherapeutics, pharmacodynamics, pharmacokinetics, formulations (C)  Communication skills (C)  Attention to detail (R)  Person-centred approach (I)  Awareness of personal limitations (H)  Willingness to seek assistance (H) |
| **Information sources to assess progress and ground an entrustment decision** | Dispensing and error log  Short practice observations (SPO)  Reflection on performance by intern[[4]](#footnote-5)  Entrustment discussions |
| **Entrustment/supervision level expected at which stage of training** | Level 2 or 3 on entry to intern year  Level 4 by end of intern year; may be entrusted earlier |
| **Time period to expiration if not practiced** | Not applicable to intern year. |

# Information sources

Two primary types of information should be gathered to allow assessment of the intern’s capacity to carry out this EPA. These are the log of prescriptions dispensed by the intern (Dispensing and error log), and information gathered during Short Practice Observations (SPOs) and subsequent feedback discussion. The former are intended to provide evidence that the intern is capable of consistently carrying out the process, whereas the latter are designed to focus in more detail on the cognitive elements, particularly the intern’s clinical reasoning and decision making.

Information for these two sources are considered to be complementary, and both are important elements of the overall demonstration of the intern’s performance.

In professional practice, pharmacists often employ non-pharmacists to carry out some of the technical aspects of dispensing, with the pharmacists more involved in the cognitive aspects, and final checking. However, during the intern year, it is considered appropriate for interns to be engaged in all parts of the process in order for them to develop an understanding of the risks and potential errors that can arise during the process. All interns should therefore be provided with sufficient training opportunities to complete the dispensing process from beginning to end in order to allow them to develop both their own expertise, and the capacity to oversee the process when carried out by others under their supervision.

## Dispensing and error log

This log is primarily designed to provide evidence of the intern’s capacity to carry out the technical aspects of dispensing medicines with consistent accuracy. The log requires interns to enter the number of medicines per script and the therapeutic class of medicines dispensed with a focus on ensuring that the medication(s) is dispensed without error. This information in addition to short practice observations and feedback discussions should inform entrustment decisions.

While the previous requirement to log a minimum of 10 prescriptions in different medicine categories has now been removed, Interns are encouraged to dispense a diverse range of medicines in the workplace.

The therapeutic classification of medicines dispensed with each script can be entered in the dispensing and error log. This enables supervisors to readily identify the range of products that the intern has been exposed to during dispensing activities. The Australian Medicines Handbook (AMH) can be used as a guide for determining therapeutic classification.

Interns should complete an entry in the dispensing and error log immediately after dispensing a prescription and ask their supervisor to sign that all medicines dispensed have been checked. Space is provided on the logs for recording of intern reflection if a near miss or critical error is identified. Interns should reflect on the factors that contribute to dispensing errors and demonstrate agency in minimising their occurrence and maximising their detection.

### Possible types of critical errors/near misses (not an exhaustive list)

While this is to some extent dependent on the specific workplace, the following list indicates types errors which may be relevant and important. Other types are also possible.

|  |  |
| --- | --- |
| * invalid prescription * wrong drug supplied * wrong formulation supplied * dosage error/dosage change missed * wrong quantity supplied * wrong directions * missed drug interaction or contraindication * wrong patient | * significant spelling error * calculation errors * wrong ancillary labels used or required ancillary labels omitted * prescriber not consulted when required * error with repeats * patient characteristics not considered (renal function, body weight etc.) * previous history not taken into account |

Table 1: Examples of critical errors and near misses

## Short practice observations

A short practice observation (SPO) involves a supervisor observing the intern while dispensing a prescription from beginning to end, followed by feedback and discussion with the intern to establish the intern’s clinical reasoning when deciding that the prescription is legal, valid, appropriate, and safe for the patient.

This guidance does not set a minimum number of SPOs required to adequately observe and assess intern performance because not all interns will be identical. Progression towards the required level of performance will vary.

While interns are observed regularly during medicines dispensing, it is important to clarify that a SPO marks a formal evaluation point. Thus Interns should be provided opportunity for this formal evaluation, aligned with individual growth in competence.

Ideally, SPOs should be spaced throughout the period of supervised practice to allow for observation of improvements in performance. It is not intended that SPOs be carried out in clusters or close together in time, but regularly spaced and scheduled at times when an intern is considered to have improved since a previous SPO. After the SPO, an entrustment discussion (see below) should occur between the intern and the supervisor.

Following the entrustment discussion and entrustment decision (see below), the intern creates a development plan to address any areas where improvements could be made. This development plan can be used as the basis for selecting the next opportunity for an SPO, and as the basis for evaluating progress during the intern year.

All aspects for observation by the supervisor on this form should be addressed for initial medicine dispensing SPOs, however as interns gain more experience and expertise, the focus should be on changes since the last SPO, and all aspects may not need to be answered in detail.

# Entrustment discussions

The entrustment discussion encompasses more than simply providing feedback about the intern’s performance of the EPA. The supervisor also seeks to understand the intern’s ability to perform in future scenarios when the context, patient and parameters may be different to what has been observed. It is not feasible to observe every possible scenario and context during the supervised practice period.

An entrustment discussion does not have to occur immediately after the SPO but should be scheduled within a reasonable time period to maximise opportunity for learning and development. These discussions provide additional evidence to support (or not) a decision that an intern can be entrusted to perform the EPA with increased autonomy, thereby requiring less supervision. Using the four-step framework, the preceptor should require the intern to:

1. Explain the activity.
2. Demonstrate depth of knowledge.
3. Demonstrate awareness of risks.
4. Demonstrate adaptive capacity and expertise (by answering “what-if” questions).

## Key elements of entrustment discussions

* discussion of intern’s reflection on performance
* review of dispensing and error log
* use of probing questions such as:
  + where to find legal requirements
  + what should be considered when confirming the safety and appropriateness of prescribed medicines
* evaluation of intern’s understanding of risks:
  + key check points in the dispensing process
  + risks of failure to consider patient-specific and medication-related factors
  + intern’s possible “blind spots”
* use of “what-if” questions such as:
  + unable to read prescription
  + unable to contact prescriber for clarification
  + pressure from patient
  + invalid prescription presented
  + possible forgery presented
  + not therapeutically safe or appropriate

Supervisor feedback following these discussions should be recorded in the *Assessment of EPA- 1 Dispensing medicines form*. Feedback should be simple and concise and can be documented using the KEEP, START, STOP approach to feedback. This is a useful framework for receiving and delivering feedback in three sections. Supervisors may find it beneficial to approach feedback by responding to the following three questions.

1. What should the Intern KEEP doing?
2. What should the intern START doing?
3. What should the intern STOP doing?

# Entrustment Decisions

Entrustment decisions are NOT a rating of the intern’s performance. Entrustment involves making a holistic decision about the level of supervision the intern will need to continue to practice based on triangulation of all the information gathered about the intern’s capability to safely and effectively dispense. This information is based on the supervisor’s professional judgement and is informed by the SPO(s), review of dispensing and error logs, intern reflection and the entrustment/feedback discussions. Simply put, an entrustment decision answers the question “What level of supervision will this intern require going forward, based on what I have gathered about their performance and abilities?”

For this EPA, competency to safely and appropriately dispense medicines will be deemed to have been achieved when the Intern can be entrusted at Level 4.

## Ad hoc entrustment decisions

An ad hoc entrustment decision can form part of any SPO. The aim of an ad hoc entrustment decision should be to provide the intern with a clear understanding of where performance has been strong and areas where further improvement is necessary. Ad hoc entrustment decisions should form part of the overall evidence on which a summative entrustment decision is based.

## Summative entrustment decisions

When either the intern or preceptor believes that the intern may be ready for assessment, a **summative entrustment discussion** may be held. During this discussion, prior evidence from activities, feedback and previous discussions should be reviewed. The preceptor should also pose additional questions until such time as a decision in favour (or not) of entrusting the intern to perform the activity with increased autonomy (resulting in decreased supervision) can be reached.

**For level 4 entrustment**, following a summative entrustment discussion, and based on available evidence, the preceptor will need to answer the questions:

**Do I trust this intern to dispense prescriptions as safely and accurately as a fully registered pharmacist?**

**Do I trust this intern to act as a checker for prescriptions dispensed by other dispensary staff?**

If the answers to both questions are **YES**, a level 4 entrustment decision may be appropriate. It is critical to note, however, that even when an intern has been deemed entrustable at level 4, the Pharmacy Board requirements for supervision while the intern is provisionally registered still apply. In addition, at least one pharmacist with general registration must be physically present on the premises in accordance with legal requirements under the Health Practitioner Regulation National Law.

From a practical perspective, within the individual workplace, supervisors may identify that an intern is entrustable at level 4 but should still ensure that their work is adequately checked. This may entail allowing the intern to carry out the activity independently but putting measures in place to require an independent verification of accuracy and appropriateness.

Supervisors will need to balance the level of supervision that is required by the intern with the professional responsibility of the supervisor to ensure accountability and patient safety.

# Summary

Figure 1: Steps in assessment of EPA

1. <https://www.qcpp.com/home> [↑](#footnote-ref-2)
2. <https://www.safetyandquality.gov.au> [↑](#footnote-ref-3)
3. <https://pdl.org.au> [↑](#footnote-ref-4)
4. A template provided as part of the In Training Assessment (ITA) Activity – Reflection is a useful resource for this reflection. [↑](#footnote-ref-5)