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| Entrustable Professional Activity (EPA) 1: Dispensing medicines |
| April 2021 | Version 0.3 |

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Entrustable Professional Activity (EPA) 1:   
Dispensing medicines

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| **Overview** | 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. |
| **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. |
| **Most relevant 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 a summative entrustment decision** | Dispensing checklist (100 consecutive without error) – tool provided  Error and near miss logs – tool provided  Short practice observations (SPO)  Reflection on performance by intern – written or oral#  Entrustment discussions – guidance and template provided |
| **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 practised** | Not applicable to intern year. |

# The template provided as part of the ITA Activity – Reflection is a useful resource for this reflection by the intern.

# Information sources

## Dispensing checklist

This checklist is designed to provide evidence of the intern’s capacity to carry out the technical aspects of dispensing medicines with consistent accuracy. It should be completed by the intern until 100 prescriptions have been dispensed consecutively without error. Errors and near misses should be documented in the Error and near miss log. If an error occurs, the count restarts; near misses do not require the restart of the count. A near miss is an error which is detected by the intern; an error is one which is detected by an individual after the intern has completed the dispensing process.

Intern name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ahpra registration number: PHA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **No.** | **Date** | **Medication name, strength, quantity, directions** | **No error  (✓)** | **Error (X)** | **Near miss (NM)** | **Checked by** |
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## Error and near miss log

This log should be used to record errors and near misses made by the intern during the period of supervised practice. Errors are a part of professional practice, and the aim is to minimise their occurrence and maximise their detection before reaching the patient. This log should therefore be used as a means of identifying any patterns of error and/or near misses in order to allow the intern to **reflect and make changes** to minimise the chances of future recurrence; it can also be used as means of developing adaptive expertise by reflection on the underlying reasons behind the error or near miss. It is not intended to be used for punishment.

Intern name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ahpra registration number: PHA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Date** | **Error (E) or near miss (NM)** | **Prescription details – name, strength, quantity, directions, repeats** | **Details of error/near miss** | **How, when and by whom detected** | **Consequences for patient** | **Reflection – why did this happen?** | **Reflection – how can this be avoided in future?** | **Reflection – any actions needed by intern?** | **Comments by supervisor** |
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## Short practice observations (SPOs)

The purpose of the short practice observation (SPO) is to focus on both the cognitive and technical aspects of dispensing medicines. It would generally involve a supervising pharmacist observing the intern while dispensing a prescription, and may involve 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. Experienced non-dispensary staff should also be involved as observers where possible, in order to gather the perspectives of a diverse group of observers.

A minimum of 10 SPOs is considered appropriate for assessing the performance of the intern on this EPA. Clearly, an intern is likely to be observed regularly while dispensing prescriptions, but an SPO is a formal point where the intern and observers are advised that a more formal evaluation is to occur. It may occur as part of the 100 consecutive error-free dispensing’s, or it may occur at other times. It may be scheduled when initial assessment of the prescription needs consultation with a prescriber or gathering of other relevant information. Ideally, SPOs should be spaced throughout the period of supervised practice to allow for observation of improvements in performance. At the end of each SPO, an entrustment discussion (see below) should occur between the intern and the observers.

## Entrustment discussions

The entrustment discussion is intended to provide additional evidence to support (or not) a decision that an intern can be trusted to perform the EPA with a lower level of supervision (i.e. to progress from one level of supervision to the next). 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

* discussion of intern’s reflection on performance
* review of dispensing checklist and error/near miss logs
* 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.

**Ad hoc entrustment discussions** can be held at any stage of the intern year, and should form part of the overall evidence on which a summative entrustment decision is based. An ad hoc entrustment decision should form part of any formal SPO, and the outcomes recorded (a template is provided for guidance). The aim should be to give the intern a clear idea of where performance has been strong and where further improvement is necessary.

When either the intern or preceptor considers that the intern may be ready for level 4 supervision, a **summative entrustment discussion** may be held. At this discussion, evidence from previous activities, feedback and discussions should be reviewed, and the supervisor should ask additional questions until such time as a decision in favour of entrustment can be justified.

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 important to note, however, that even when an intern has been entrusted at level 4, the Pharmacy Board requirements for supervision while the intern is provisionally registered still apply (see EPA Guide).

Template for entrustment discussion

Dispensing Medicines

Intern name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_ Assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ad hoc entrustment discussion  Summative entrustment discussion

(Tick appropriate box)

|  |  |
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| **Discussion component** | **Assessor’s comments** |
| **Reflection on performance – areas of strength and areas for improvement** |  |
| **Ability to access information when needed** |  |
| **Reasoning in relation to appropriateness and safety** |  |
| **Risk awareness** |  |
| **What-if questions …** |  |
| **Other comments** |  |
| **Entrustment decision** | Intern entrusted at level  1  2  3  4 |

Assessment of EPA:

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| **Level 1** | Observe only, even with direct supervision |
| **Level 2** | Perform with direct, proactive supervision and intervention |
| **Level 3** | Perform with indirect proximal (nearby) supervision, on request and quickly available |
| **Level 4** | Perform with minimal supervision, available if needed, essentially independent performance\* |

\*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.