Professional
COMPETENCIES
for Canadian
PHARMACISTS
at Entry to Practice

March 2014

NAPRA ⚕ ANORP

National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

Professional Competencies for Canadian Pharmacists at Entry to Practice

Approved by the National Association of Pharmacy Regulatory Authorities' (NAPRA) Board of Directors November 2013, published March 2014.

NAPRA ANORP

National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

Table of Contents

NAPRA ANORP

National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

Introduction

Background

The National Association of Pharmacy Regulatory Authorities (NAPRA) is a not-for-profit organization established in 1995 and represents all provincial and territorial pharmacy licensing authorities whose mandate is the protection of the public. NAPRA's membership also extends beyond traditional geographic borders to include the Canadian Forces Pharmacy Services. One of the fundamental goals of the organization is to enable members to take a national approach in addressing common issues.

The document on professional competencies at entry to practice is one of the foundational documents that form the basis of the National Model Licensing Framework which describes the entry-to-practice requirements for initial licensing of pharmacists across Canada. This framework supports the requirements for labour mobility under the Agreement on Internal Trade (AIT). The document on professional competencies at entry to practice exists to guide the development of educational outcomes, educational program accreditation standards and national competency assessment examinations. As a secondary goal, this document also provides pharmacy students, pharmacists and the public with information on the expected competencies of a pharmacist at entry to practice. A regular review of the professional competencies for pharmacists at entry to practice is essential in maintaining a National Model Licensing Framework that supports optimal regulatory practices across Canada in order to enhance patient care and public protection. Due to the significant changes in the scope of practice of pharmacists currently underway across the country, it was determined that the entry-to-practice competencies should be updated at this time.

This document was developed concurrently with the document on competencies for pharmacy technicians at entry to practice. Both documents were reviewed in parallel with a view of updating the competencies where necessary to better support the role of both health professionals and to ensure that the terminology in both documents is appropriate and consistent. The project was undertaken with the generous support of funding from Employment and Social Development Canada (previously known as Human Resource and Skills Development Canada (HRSDC)).

Competencies are often described as significant job related knowledge, skills, abilities, attitudes and judgments required for competent performance by members of a profession. [xx] They provide an overview of what a pharmacist at entry to practice is able to do rather than *how* a pharmacist is expected to perform tasks. Detailed information on how to perform tasks is normally found in the standards of practice. At the national level, the expected standards of practice can be found in the most recent version of NAPRA's *Model Standards of Practice for Canadian Pharmacists*.

This document outlines the competencies required of pharmacists at entry to practice in Canada, keeping in mind changes expected in the next few years due to the ongoing progression of the profession. It is expected that as pharmacists progress through the various stages of their career and depending on the role they fulfill, these competencies will be further developed and new ones gained. The description of advanced practitioner competencies is beyond the scope of this document.

Approach

The document on professional competencies for pharmacists at entry to practice was first prepared in 1997 and then revised in 2007. This is the third version of the document, which takes into consideration the evolution of the role of the pharmacist within the health care system.

NAPRA ANORP

National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

A specific approach was adopted to undertake the review of this document. NAPRA's National Advisory Committee on Pharmacy Practice (NACPP) was assigned the task of steering the review. With the support of a consulting firm, the first step in the review consisted of conducting a scan of current practices in competency profile development as well as a review of emerging pharmacy practice trends. Both Canadian and international competency and standards profiles for pharmacists (12), pharmacy technicians (4) and other health professions (17) were reviewed. Results suggested that NAPRA's existing document on professional competencies at entry to practice was already well-aligned with other national and international pharmacy-related competency profiles in terms of the language, structure and categories used to describe practice. The emerging trends identified suggested a need for the document to better reflect the shift in pharmacy practice toward providing more clinical, patient-focused services. These trends were confirmed with a group of individuals from a variety of pharmacy organizations during two (2) focus groups sessions.

An evaluation of the types of competency frameworks used to describe the competency categories, units and elements was also conducted. Results suggested that the current function-based framework with some elements of a client-based framework was accepted by most stakeholders and worked well for a more task oriented profession such as pharmacy technicians. This information, coupled with the fact that members felt strongly that the same framework should be kept for both professions, led NACPP to support a function-based framework with some elements of a client-based framework for this review of both the pharmacist and pharmacy technician competencies.

The emerging trends identified then served, among other things, to enrich the discussion during a three (3) day workshop attended by a wide range of pharmacy organizations, as well as practicing pharmacists and pharmacy technicians from across the country. A revised document was produced in response to the workshop, and then amended based on the results of both internal and external consultations with a wide range of pharmacy stakeholders, including those most likely to use the document: educators and examiners. The final document was approved by the NAPRA Board of Directors on November 2, 2013. It is NAPRA's intent that the document be reviewed on a cyclical basis, approximately every five (5) years.

Although a function-based framework was maintained, the terminology used to denote the competency units and elements has changed. In this document, competency units are now referred to as key competencies and competency elements are now referred to as enabling competencies. Enabling competencies are the sub-elements to the key competencies.

Professional Practice

The *Vision for Pharmacy* promotes optimal drug therapy outcomes for Canadians through patient-centered care. [xxii] Pharmacists are key leaders who make this vision possible. Their role in the health care system has changed significantly over the past few years, particularly with the expansion of their scope of practice. As drug therapy experts, pharmacists use their knowledge and skills to undertake their expanded scope of practice which allows activities such as adaptation of prescriptions, prescribing for minor ailments and injection for immunization or other purposes. Although the scope of practice of the Canadian pharmacist may vary from jurisdiction to jurisdiction, the core competencies expected of pharmacists must be consistent nationally in order to facilitate labour mobility. However, it is expected that despite having the competencies necessary to perform a task, pharmacists will only do so when allowed in their jurisdiction.

The pharmacist may work in a variety of different practice settings, but when providing direct patient care, always works very closely with the patient and other health care professionals in order to achieve optimal drug therapy outcomes for the patient. One of the health care professional groups who may work side by side in the

same pharmacy environment is the pharmacy technician. Pharmacy technicians recently became a regulated profession in some Canadian jurisdictions to more effectively assist pharmacists in their role and allow them to take on more clinical, patient-focused services. Having the two groups, pharmacists and pharmacy technicians, working in the same pharmacy environment increases the importance of clearly describing their respective roles. In general, the pharmacist manages the overall pharmacy environment and as a drug therapy expert, provides leadership in drug therapy decision-making and focuses on the clinical aspects of direct patient care; while the pharmacy technician focuses on the technical aspects of the prescription, the gathering of patient information for the pharmacist to review, product preparation, product distribution, and inventory control. Both groups assume responsibility for their own actions, are accountable to the public and contribute to the overall functioning of the pharmacy to ensure a safe and healthy environment.

NAPRA ANORP

National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

Overarching Concepts

The following list of overarching concepts has guided the review of the professional competencies at entry to practice for both groups and must be considered when reading the entire document.

Pharmacists and Pharmacy Technicians:

1) Use a patient-centred care focus on the patient's needs, values, and safety to optimize patient outcomes.

2) Practise in accordance with their jurisdiction's legislation, professional standards, by-laws, guidelines and/or policies.

3) Are committed to life-long learning.

4) Act as mentors to promote the growth and development of the profession.

5) Collaborate with each other and members of the health care team and broader circle of care.

6) Use critical-thinking, problem-solving and decision-making skills appropriate to their role.

7) Take responsibility for their decisions and provide leadership as appropriate.

8) Possess pharmacy-specific knowledge, skills, abilities and attitudes to support their scope of practice.

9) Hold the patient's health and safety as a priority at all times.

NAPRA ANORP

National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

4

Glossary

1) **Adverse drug event:** any injury from a drug or lack of an intended drug; includes adverse drug reactions and harm from medication incidents. [xii]

2) **Care Plan:** a detailed document outlining the pharmacist's and the patient's activities and responsibilities, completed by the pharmacist, with the input and participation of the patient, designed to 1) resolve any drug therapy problems and relevant health related or drug related needs, 2) successfully achieve the health goals of the patient; and 3) prevent any potential drug therapy problems. A care plan can also be developed collaboratively with other members of the patient's circle of care. [Adapted from reference vi]

3) **Circle of care:** a term of reference used to describe all members of the health care team who have direct responsibilities of providing care to a patient. This team is dynamic, as the specific individuals providing care to a patient will change throughout a patient's care in response to the patient's changing health needs. [Adapted from references xiv and xv]

4) **Clinical preventive services:** interventions carried out by a health professional in partnership with his or her patient with the goal of promoting health and preventing illness or injury. Interventions may include an array of procedures such as counseling, screening, immunization and chemoprophylaxis. [Adapted from references i, xvii, xxiii]

5) **Close call:** an event that could have resulted in unwanted consequences, but did not because either by chance or through timely intervention the event did not reach the patient; also known as a near miss. [xii]

6) **Drug:** any substance or mixture of substances manufactured, sold or represented for use in:

   a) the diagnosis, treatment, mitigation or prevention of a disease, disorder or abnormal physical state, or its symptoms, in human beings or animals,

   b) restoring, correcting or modifying organic functions in human beings or animals, or

   c) disinfection in premises in which food is manufactured, prepared or kept. [xi]

7) **Drug-related need:** those health needs of a patient which have some relationship to drug therapy and for which the pharmacist is able to offer professional assistance, expressed by the patient in terms of their understanding, concerns, expectations, or behaviours about drug therapy and translated by the pharmacist as the absence or presence of drug therapy problems. [Adapted from reference vii]

8) **Drug therapy problem**: an undesirable event experienced by a patient that involves, or is suspected to involve, drug therapy, and that interferes with achieving the desired goals of therapy and requires professional judgment to resolve. There are seven possible classifications of drug therapy problems.

   a) The drug therapy is unnecessary because the patient does not have a clinical indication at this time.

   b) Additional drug therapy is required to treat or prevent a medical condition in the patient.

   c) The drug product is not being effective at producing the desired response in the patient.

   d) The dosage is too low to produce the desired response in the patient.

   e) The drug is causing an adverse reaction in the patient.

   f) The dosage is too high, resulting in undesirable effects experienced by the patient.

   g) The patient is not able or willing to take the drug therapy as intended. [vi]

NAPRA ANORP

National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

9) **Enabling competencies:** the sub-elements or main ingredients to achieving the key competencies. (Adapted from reference viii)

10) **Evidence-informed approach:** the conscientious, explicit and judicious use of current best evidence in making decisions about the care of an individual patient, while incorporating the expertise of the pharmacist and the preferences, rights and specific attributes of the patient. (Adapted from references iv, xiv, xix)

11) **Health promotion:** the process of enabling patients to increase control over, and to improve their health. It not only embraces actions directed at strengthening the skills and capabilities of individual patients, but also action directed towards changing social, environmental, political and economic conditions so as to alleviate their impact on public and individual health. (xviii)

12) **High-alert drug:** a drug that bears a heightened risk of causing significant patient harm when it is used in error. (xii)

13) **Independent double check:** a process in which a second authorized individual conducts a verification. Such verification can be performed in the presence or absence of the first authorized individual. In either case, the most critical aspect is to maximize the independence of the double check by ensuring that the first authorized individual does not communicate what he or she expects the second authorized individual to see, which would create bias and reduce the visibility of an error. (Adapted from references xii, xv)

14) **Key competencies:** the important outcome objectives (i.e. what is to be achieved or performed).

15) **Medication incident:** any preventable event that may cause or lead to inappropriate drug use or patient harm while the drug is in the control of the health professional, patient, or consumer. Medication incidents may be related to professional practice, drug products, procedures, and systems, and include prescribing, order communication, product labelling/packaging/nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use. (xii)

16) **Medication reconciliation:** a formal process in which the pharmacist works together with the patient and other health professionals to ensure accurate and comprehensive medication information is communicated consistently across transitions of care. Medication reconciliation requires a systematic and comprehensive review of what the patient is actually taking which is then compared against the prescriber's orders, particularly upon admission, discharge or transfer of care. The goals of medication reconciliation are the pro-vision and maintenance of an accurate and current record of what medication a patient is taking (known as a Best Possible Medication History), correction of discrepancies between physician orders and what is being taken and prevention of adverse events and potential patient harm. (Adapted from references xii, xvi)

17) **Patient:** any person or authorized agent of the person who is provided a product and/or service that is within the practice of pharmacy. (Adapted from references xiii, xiv, xv)

18) **Patient record:** a record that contains patient demographics, profile of products provided, and other patient-specific information regarding care that is needed and/or provided. A patient record may include information such as name and contact information, third party insurance, allergies, intolerances, previous adverse effects, details of current and past drug regimens, current medical conditions, past medical history, immunization records, laboratory results, and care plans. (Adapted from reference xv)

19) **Physical assessments:** assessments of the body and its function. Pharmacists perform and assess findings of physical assessments for the purpose of evaluating the patient's need for or response to drug therapy. It is expected that a pharmacist at entry to practice be able to perform and assess findings of basic physical assess-ments commonly required in practice. (Adapted from references iii, xxi)

NAPRA ANORP
National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

6

20) Prescription: an order given by a practitioner directing that a stated amount of any drug or mixture of drugs specified therein be dispensed for the person named in the order. [x] For the purposes of this document, a prescription includes drug orders, refers to both new and refill prescriptions, and may be for Schedule II or III drugs in some jurisdictions.

21) Product: any drug or health product purchased commercially from a manufacturer or prepared in a pharmacy. Products may include point-of-care home monitoring devices, drug delivery devices, supplies, and medical equipment. (Adapted from reference xv)

NAPRA ☤ ANORP

National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

Competency Categories

The following competency categories are presented in no specific order of importance; all categories are considered important.

1. **Ethical, Legal and Professional Responsibilities**

   Pharmacists practise within legal requirements, demonstrate professionalism and uphold professional standards of practice, codes of ethics and policies.

2. **Patient Care**

   Pharmacists, in partnership with the patient and in collaboration with other health professionals, meet the patient's health and drug-related needs to achieve the patient's health goals.

3. **Product Distribution**

   Pharmacists ensure accurate product distribution that is safe and appropriate for the patient.

4. **Practice Setting**

   Pharmacists oversee the practice setting with the goal of ensuring safe, effective and efficient patient care.

5. **Health Promotion**

   Pharmacists use their expertise to advance the health and wellness of patients, communities and populations.

6. **Knowledge and Research Application**

   Pharmacists access, retrieve, critically analyze and apply relevant information to make evidence-informed decisions within their practice with the goal of ensuring safe and effective patient care.

7. **Communication and Education**

   Pharmacists communicate effectively with patients, the pharmacy team, other health professionals and the public, providing education when required.

8. **Intra and Inter-Professional Collaboration**

   Pharmacists work in collaboration with the pharmacy team and other health professionals to deliver comprehensive services, make best use of resources and ensure continuity of care in order to achieve the patient's health goals.

9. **Quality and Safety**

   Pharmacists collaborate in developing, implementing, and evaluating policies, procedures and activities that promote quality and safety.

NAPRA ANORP
National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

8

Competencies

1. Ethical, Legal and Professional Responsibilities

Pharmacists practise within legal requirements, demonstrate professionalism and uphold professional standards of practice, codes of ethics and policies.

Key Competencies

Pharmacists are able to:

1.1 Practise within legal requirements.

1.2 Uphold ethical principles.

1.3 Manage actual and potential illegal, unethical, or unprofessional actions or situations in practice.

1.4 Apply principles of professionalism.

1.5 Document activities of practice in compliance with federal and provincial/territorial legislation, standards and policies.

Enabling Competencies

1.1 Practise within legal requirements.

1.1.1 Apply legal requirements to practice, including federal and provincial/territorial legislation, policies, by-laws, and standards.

1.1.2 Apply federal and provincial/territorial workplace, occupational health and safety, and other related legislation to the practice setting.

1.1.3 Apply federal and provincial/territorial privacy legislation to the collection, use, storage, disclosure and destruction of personal health information.

1.2 Uphold ethical principles.

1.2.1 Apply the principles of professional codes of ethics.

1.2.2 Apply ethical principles in the decision-making process.

1.3 Manage actual and potential illegal, unethical, or unprofessional actions or situations in practice.

1.3.1 Identify illegal, unethical or unprofessional actions or situations.

1.3.2 Conduct appropriate intervention to address illegal, unethical or unprofessional actions or situations.

NAPRA ANORP

National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

1.4   Apply principles of professionalism.

    1.4.1   Apply principles of self-regulation.

    1.4.2   Accept responsibility and accountability for own actions and decisions.

    1.4.3   Seek guidance when uncertain about own knowledge, skills, abilities, and scope of practice.

    1.4.4   Apply principles of continuing professional development including assessing own learning needs and developing a plan to meet these needs.

    1.4.5   Maintain appropriate professional boundaries.

    1.4.6   Protect the privacy and confidentiality of the patient.

    1.4.7   Manage situations of actual and perceived conflict of interest.

    1.4.8   Describe the Canadian health care system and the role of health professionals within it.

1.5   Document activities of practice in compliance with federal and provincial/territorial legislation, standards and policies.

    1.5.1   Maintain complete, accurate and secure patient records.

    1.5.2   Identify situations in which documentation should and should not be shared with other health professionals or third parties.

    1.5.3   Select appropriate methods to share documentation within the circle of care and facilitate patient care.

NAPRA ☉ ANORP

National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

10

2. Patient Care

Pharmacists, in partnership with the patient and in collaboration with other health professionals, meet the patient's health and drug-related needs to achieve the patient's health goals.

Key Competencies

Pharmacists are able to:

2.1   Develop a professional relationship with the patient.

2.2   Obtain information about the patient.

2.3   Assess the patient's health status and concerns.

2.4   Determine the patient's actual and potential drug therapy problems.

2.5   Develop the patient's care plan, in partnership with the patient and in collaboration with other health professionals.

2.6   Implement the patient's care plan.

2.7   Administer drugs to the patient using the necessary technical skills and applying the appropriate clinical knowledge.

2.8   Monitor the patient's progress and assess therapeutic outcomes.

Enabling Competencies

2.1   Develop a professional relationship with the patient.

2.1.1   Establish and maintain rapport by using effective communication skills.

2.1.2   Demonstrate a caring, empathetic, and professional attitude.

2.1.3   Determine and acknowledge the patient's needs, values, desired level of care and health goals.

2.1.4   Identify and respect the roles and responsibilities of each party in the relationship.

2.2   Obtain information about the patient.

2.2.1   Gather information from the patient using appropriate interview techniques, including active listening.

2.2.2   Gather information from the patient's health records and from other health care team members.

2.2.3   Perform, order and/or retrieve relevant laboratory tests and other diagnostic assessments.

2.2.4   Perform physical assessments.

2.2.5   Organize, reconcile and record the patient's information.

NAPRA ◆ ANORP

National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

2.3   Assess the patient's health status and concerns.

2.3.1   Assess the patient's health and drug-related needs, as expressed by the patient, considering the impact of factors such as culture, language, demographic and physical characteristics.

2.3.2   Assess the relevance, accuracy, currency and completeness of the information in relation to the patient's needs.

2.3.3   Interpret relevant laboratory tests and other diagnostic assessments.

2.3.4   Interpret findings of relevant physical assessments.

2.3.5   Perform medication reconciliation.

2.3.6   Assess the patient's ability to access and use his or her medication.

2.4   Determine the patient's actual and potential drug therapy problems.

2.4.1   Identify actual and potential drug therapy problems.

2.4.2   Prioritize drug therapy problems in collaboration with other members of the patient's circle of care.

2.5   Develop the patient's care plan, in partnership with the patient and in collaboration with other health professionals.

2.5.1   Determine the patient's health goals and optimal therapeutic outcomes, specifying measurable endpoints, target values and timeframes.

2.5.2   Assess possible treatment options, including drug and other therapeutic methods, using an evidence-informed approach.

2.5.3   Outline the potential benefits and risks of the treatment options.

2.5.4   Recommend the optimal treatment for the patient.

2.5.5   Provide education to support the patient in making informed decisions about their care plan.

2.5.6   Determine the actions required, and person responsible for each action, to achieve the patient's health goals.

2.5.7   Consult other health professionals as appropriate and adjust the proposed care plan accordingly.

2.5.8   Determine the monitoring parameters, including the clinical indicators, techniques and timelines.

2.5.9   Communicate the rationale for the care plan within the circle of care.

NAPRA ANORP

National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

12

2.6   Implement the patient's care plan.

2.6.1   Provide consultation and education to support the patient in successfully implementing the care plan.

2.6.2   Undertake the actions and interventions outlined in the care plan including prescribing drugs, adapting prescriptions, and collaborating within the circle of care.

2.7   Administer drugs to the patient using the necessary technical skills and applying the appropriate clinical knowledge.

2.7.1   Administer drugs by injection* using the necessary technical skills and applying the appropriate clinical knowledge.

2.7.2   Administer drugs by routes other than injection using the necessary technical skills and applying the appropriate clinical knowledge.

2.8   Monitor the patient's progress and assess therapeutic outcomes.

2.8.1   Review monitoring parameters, end points and timelines outlined in the patient's care plan.

2.8.2   Discuss with the patient the ongoing monitoring and information sharing responsibilities of the pharmacist, patient and other health professionals.

2.8.3   Follow-up with the patient to evaluate the effectiveness of care plan activities.

2.8.4   Assess the patient's adherence and tolerance to drug therapy.

2.8.5   Assess the effectiveness and safety of the drug therapy.

2.8.6   Undertake appropriate intervention based on the patient's progress towards their health goals and revise the care plan accordingly.

---

* Detailed competencies required of pharmacists providing injections are outlined in the supplement to this document entitled *Supplemental Competencies on Injection for Canadian Pharmacists*.

NAPRA **ANORP**

National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

3. Product Distribution

Pharmacists ensure accurate product distribution that is safe and appropriate for the patient.

Key Competencies

Pharmacists are able to:

3.1   Dispense a product safely and accurately that is appropriate for the patient.

Enabling Competencies

3.1   Dispense a product safely and accurately that is appropriate for the patient.

   3.1.1   Address concerns related to the validity, clarity, completeness or authenticity of the prescription.

   3.1.2   Assess the therapeutic appropriateness of the prescription for the patient.

   3.1.3   Select appropriate products and ingredients using knowledge of bio-equivalency, therapeutic equivalency, interchangeability, quality, integrity and stability of drugs.

   3.1.4   Perform pharmaceutical, compounding and patient-specific calculations, including pharmacokinetic and other therapeutic calculations.

   3.1.5   Develop master compounding formulas.

   3.1.6   Prepare and compound non-sterile and sterile products according to recognized guidelines and standards of practice.

   3.1.7   Identify and address patterns of unusual drug prescribing and usage including possible diversion or drug misuse.

   3.1.8   Check the product and its prescription label against the prescription using a systematic approach, including an independent double check.

NAPRA ANORP

National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

14

4. Practice Setting

Pharmacists oversee the practice setting with the goal of ensuring safe, effective and efficient patient care.

Key Competencies

Pharmacists are able to:

4.1   Optimize the safety, efficacy and efficiency of operations in the practice setting.

4.2   Oversee pharmacy inventory to ensure safe, effective and efficient patient care.

4.3   Oversee record keeping activities to ensure safe, effective and efficient patient care.

Enabling Competencies

4.1   Optimize the safety, efficacy and efficiency of operations in the practice setting.

    4.1.1   Demonstrate the organizational and time management skills necessary to effectively prioritize, organize and manage patient care.

    4.1.2   Manage support personnel such that assigned functions are carried out to meet accepted standards.

    4.1.3   Assess the impact of automation and other technology in the practice setting on the safety, efficacy and efficiency of patient care.

4.2   Oversee pharmacy inventory to ensure safe, effective and efficient patient care.

    4.2.1   Assess the impact of inventory and formulary management systems and strategies, including new technologies, on the safety, efficacy and efficiency of patient care.

    4.2.2   Select licensed and legitimate sources for ordering stock and supplies.

    4.2.3   Address issues with the drug supply chain, including drug shortages and drug recalls.

    4.2.4   Develop procedures to ensure the return or proper disposal of recalled, expired and unusable products.

    4.2.5   Supervise controlled substances in the practice setting by ensuring audit and resolving or reporting discrepancies.

4.3   Oversee record keeping activities to ensure safe, effective and efficient patient care.

    4.3.1   Address barriers to safe, effective and efficient patient care arising from the health information technology or other method of organizing, maintaining and retrieving records in the practice setting.

    4.3.2   Recommend appropriate record-keeping procedures and technologies for maintaining the integrity, security and permanence of records in the practice setting.

NAPRA ● ANORP

National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

5. Health Promotion

Pharmacists use their expertise to advance the health and wellness of patients, communities and populations.

Key Competencies

Pharmacists are able to:

5.1   Engage in health promotion activities with the patient.

5.2   Participate in public health activities.

5.3   Contribute to the maintenance of a healthy environment for the public.

Enabling Competencies

5.1   Engage in health promotion activities with the patient.

5.1.1   Assess the primary health needs of the patient, considering the socio-economic, cultural, environmental and other factors that are barriers to, or facilitators of, health and wellness for the patient.

5.1.2   Incorporate information on health promotion into practice in order to routinely provide advice and deliver patient-based clinical preventive services.

5.1.3   Collaborate with the patient and other health professionals in the development and implementation of patient-specific health promotion strategies, including smoking cessation and immunization.

5.1.4   Facilitate the patient's access to and interaction with support agencies and health services within the healthcare system.

5.2   Participate in public health activities.

5.2.1   Incorporate community-based clinical preventive services into daily practice.

5.2.2   Collaborate with other health professionals and the community in the development and implementation of public health strategies and initiatives.

5.2.3   Participate in organized initiatives for disaster, pandemic and emergency preparedness.

5.3   Contribute to the maintenance of a healthy environment for the public.

5.3.1   Promote the proper handling and disposal of drugs and hazardous materials with the patient, self and others.

5.3.2   Identify and minimize the risk of disease transmission from the pharmacy environment.

NAPRA ANORP

National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

16

6. Knowledge and Research Application

Pharmacists access, retrieve, critically analyze and apply relevant information to make evidence-informed decisions within their practice with the goal of ensuring safe and effective patient care.

Key Competencies

Pharmacists are able to:

6.1   Apply knowledge, research skills and professional judgment to the decision-making process.

6.2   Respond to questions using appropriate strategies.

6.3   Apply relevant information to practice.

Enabling Competencies

6.1   Apply knowledge, research skills and professional judgment to the decision-making process.

   6.1.1   Critically analyze and develop solutions to problems in pharmacy practice.

   6.1.2   Make decisions using an evidence-informed approach.

   6.1.3   Rationalize recommendations and decisions with critically analyzed evidence and accurate explanations.

6.2   Respond to questions using appropriate strategies.

   6.2.1   Use a variety of retrieval techniques to access reliable sources of relevant information, including evidence-based information when possible.

   6.2.2   Evaluate and interpret the information.

   6.2.3   Apply critical appraisal techniques to scientific and research information.

   6.2.4   Analyze the information to determine the appropriate response.

   6.2.5   Organize and provide information or education using strategies appropriate for the target audience.

NAPRA **ANORP**

National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

6.3   Apply relevant information to practice.

> 6.3.1   Gather new information, including evidence-based information when possible, that may be applicable to practice.
>
> 6.3.2   Evaluate and interpret the information using critical analysis techniques.
>
> 6.3.3   Use current, relevant and reliable information to improve practice.
>
> 6.3.4   Contribute to the development of new knowledge by participating in research when appropriate.

7. Communication and Education

Pharmacists communicate effectively with patients, the pharmacy team, other health professionals and the public, providing education when required.

Key Competencies

Pharmacists are able to:

7.1   Establish and maintain effective communication skills.

7.2   Implement safe, effective, and consistent communication systems.

7.3   Deliver an education session to an individual or group.

Enabling Competencies

7.1   Establish and maintain effective communication skills.

7.1.1   Demonstrate proficiency in written and verbal English or French.

7.1.2   Demonstrate appropriate verbal and non-verbal communication skills, including listening skills.

7.1.3   Demonstrate appropriate interview techniques.

7.1.4   Select appropriate communication and education techniques for use with the patient and other health professionals.

7.1.5   Conduct interpersonal interactions, including conflict management, in a professional manner.

7.1.6   Communicate with sensitivity, respect and empathy.

7.2   Implement safe, effective and consistent communication systems.

7.2.1   Use communication techniques that maximize safety and understanding, including repeating back verbal orders, using recognized terminology and avoiding unnecessary or unsafe abbreviations.

7.2.2   Implement a consistent method for recording and storing information for efficient access and retrieval by relevant personnel.

7.2.3   Select appropriate technology to facilitate communication.

7.3   Deliver an education session to an individual or group.

7.3.1   Identify the learning needs of participant(s).

7.3.2   Select educational methods that are appropriate for the learner(s).

7.3.3   Employ appropriate communication techniques to deliver the educational session.

7.3.4   Evaluate the outcomes of the education session against the learning needs.

NAPRA ANORP

National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

8. Intra and Inter-Professional Collaboration

Pharmacists work in collaboration with the pharmacy team and other health professionals to deliver comprehensive services, make best use of resources and ensure continuity of care in order to achieve the patient's health goals.

Key Competencies

Pharmacists are able to:

8.1   Create and maintain collaborative professional relationships.

8.2   Contribute to the effectiveness of working relationships in collaborative teams.

8.3   Participate in the delivery of collaborative health services.

8.4   Accept and make referrals for specific services.

Enabling Competencies

8.1   Create and maintain collaborative professional relationships.

8.1.1   Identify potential collaborators with whom to initiate ongoing professional relationships.

8.1.2   Collaborate with other parties in the relationship to define the roles and responsibilities of each party.

8.2   Contribute to the effectiveness of working relationships in collaborative teams.

8.2.1   Interact respectfully with other members of the team by accepting accountability for themselves and managing disagreements and conflict.

8.2.2   Demonstrate leadership abilities in team processes.

8.2.3   Share decision-making activities with other members of the team.

8.3   Participate in the delivery of collaborative health services.

8.3.1   Participate in the formation and functioning of a collaborative team.

8.3.2   Collaborate with team members to ensure appropriate utilization of resources.

8.3.3   Collaborate with team members to determine and achieve team goals and objectives.

8.3.4   Participate in the assessment of the patient and development of the care plan in collaboration with other members of the team.

8.3.5   Implement and monitor the sections of the care plan for which the pharmacist is responsible.

8.3.6   Facilitate continuity of care.

8.4   Accept and make referrals for specific services.

8.4.1   Recognize signs, symptoms and risk factors indicative of health needs that fall beyond the scope of practice of pharmacy.

8.4.2   Select the most appropriate health professional or health agency for the referral.

8.4.3   Accept responsibility for referrals from other health professionals.

9. Quality and Safety

Pharmacists collaborate in developing, implementing, and evaluating policies, procedures and activities that promote quality and safety.

Key Competencies

Pharmacists are able to:

9.1   Contribute to a culture of patient safety.

9.2   Contribute to continuous quality improvement and risk management activities related to pharmacy practice.

9.3   Ensure the quality, safety and integrity of products.

9.4   Create and maintain a working environment that promotes safety.

Enabling Competencies

9.1   Contribute to a culture of patient safety.

9.1.1   Apply principles of patient safety to improve practice.

9.1.2   Employ best practices when informing the patient of the occurrence of a medication incident or adverse drug event.

9.1.3   Share information about problems, resolutions, system changes and lessons learned with the workplace team.

9.2   Contribute to continuous quality improvement and risk management activities related to pharmacy practice.

9.2.1   Apply principles of continuous quality improvement to practice.

9.2.2   Apply principles of risk management to practice by anticipating, recognizing and managing situations that place the patient at risk.

9.2.3   Identify the occurrence of a medication incident, adverse drug event or close call and respond effectively to mitigate harm and prevent reoccurrence.

9.2.4   Identify high-alert drugs and high-risk processes in order to respond effectively.

NAPRA ANORP
National Association of Pharmacy Regulatory Authorities
Association nationale des organismes de réglementation de la pharmacie

22

9.3   **Ensure the quality, safety and integrity of products.**

9.3.1   Ensure the cleanliness, functionality and integrity of compounding, packaging, dispensing, and storage equipment.

9.3.2   Ensure that products are stored and transported under the conditions required to maintain product quality, safety and integrity, including cold chain management.

9.3.3   Evaluate the quality of supplies and products using recognized quality assurance techniques including visual inspection, verification of the legitimacy of the supplier and use of manufacturers' quality markers.

9.4   **Create and maintain a working environment that promotes safety.**

9.4.1   Minimize and manage distractions in the work environment.

9.4.2   Manage factors that affect personal wellness including work-life balance, sleep deprivation and physical and emotional health.

9.4.3   Identify factors that impact the safety of the working environment including resource allocation, procedural consistency and ergonomics.

9.4.4   Handle hazardous products safely by minimizing personal exposure and reducing environmental contamination.

References

i) Agence de la santé et des services sociaux de Montréal. *Le pharmacien dans un système de santé qui sert aussi à prévenir*. Cadre de reference; 2012.

ii) Association of Faculties of Pharmacy of Canada. Educational Outcomes for First Professional Degree Programs in Pharmacy (Entry-to-Practice Pharmacy Programs) in Canada [Internet]. c2010 [cited 2013 Jan 9] Available from: http://www.ccapp-accredit.ca/site/pdfs/university/AFPC_Education_Outcomes_AGM_June_2010.pdf

iii) Barry A et al. *An evaluation of teaching physical examination to pharmacists*. CPJ July/August 2012; 145 (4):174-179.

iv) Canadian Nurses Association. *Position Statement: Evidence-Informed Decision-Making and Nursing Practice* [Internet]. c2010 [cited 2013 Jan 9]. Available from: http://www.nanb.nb.ca/PDF/CNA-Evidence_Informed_Decision_Making_and_Nursing_Practice_E.pdf

v) Canadian Patient Safety Institute. *The Safety Competencies*, 1st Ed [Internet]. c2009 [cited 2013 Jan 9]. Available from: http://www.patientsafetyinstitute.ca/English/toolsResources/safetyCompetencies/Documents/Safety%20Competencies.pdf

vi) Cipolle RJ, Strand LM, Morley P. *Pharmaceutical Care Practice: The Patient-Centered Approach to Medication Management*. 3rd edition. McGraw-Hill Medical; 2012.

vii) Cipolle RJ, Strand LM and Morley P. *Pharmaceutical Care Clerkship Manual*. The Peters Institute of Pharmaceutical Care; June 2000. Available from: http://www.pharmacy.umn.edu/img/assets/14772/Pharmaceutical Care Clerkship Manual All.pdf

viii) Frank JR. *The CanMEDS 2005 Physician Competency Framework: Better Standards. Better Physicians. Better Care*. c2005. The Royal College of Physicians and Surgeons of Canada.

ix) General Chapter <797> *Pharmaceutical Compounding-Sterile Preparations* [Internet]. In: The United States Pharmacopeia 35-National Formulary 30. The United States Pharmacopeial Convention, 2011. Available from: http://www.usp.org/sites/default/files/usp_pdf/EN/USPNF/key-issues/c797.pdf

x) Government of Canada. *Food and Drug Regulations* [Internet]. [cited 2013 Jan 9]. Available from: http://laws-lois.justice.gc.ca/PDF/C.R.C.,_c._870.pdf

xi) Government of Canada. *Food and Drugs Act* [Internet]. [cited 2013 Jan 9]. Available from: http://laws-lois.justice.gc.ca/PDF/F-27.pdf

xii) Institute for Safe Medication Practices Canada. *Definitions of Terms* [Internet]. c2000-2013 [cited 2013 July 4]. Available from: http://www.ismp-canada.org/definitions.htm

xiii) National Association of Pharmacy Regulatory Authorities. *Model Standards of Practice for Canadian Pharmacy Technicians* [Internet]. c2009 [cited 2013 Jan 9]. Available from: http://napra.ca/Content_Files/Files/Model_Standards_of_Prac_for_Cdn_PharmTechs_Nov11.pdf

xiv) National Association of Pharmacy Regulatory Authorities. *Professional Competencies for Canadian Pharmacists at Entry to Practice* [Internet]. c2007 [cited 2013 Jan 9]. Available from: http://napra.ca/Content_Files/Files/Entry_to_Practice_Competencies_March2007_final_new_layout_2009.pdf

xv)   National Association of Pharmacy Regulatory Authorities. *Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice* [Internet]. c2007 [cited 2013 Jan 9]. Available from: http://napra.ca/Content_Files/Files/Professional_Competencies_for_Canadian_Pharmacy_Technicians2007.pdf

xvi)   Ontario College of Pharmacists. *Best Possible Medication History Guidelines for Medication Reconciliation* [Internet]. c2007. [cited 9 July2013]. Available from: http://www.ocpinfo.com/client/ocp/OCPHome.nsf/web/Best+Possible+Medication+History+Guidelines+for+Medication+Reconciliation

xvii) Office of technology assessment, US Congress. *Benefit Design in Health Care Reform: Clinical Preventive Services* [Internet]. c1993 [cited 2012 Dec 10]. Available from: http://www.fas.org/ota/reports/9309.pdf

xviii) Public Health Agency of Canada. *Glossary of Terms* [Internet]. c2010 [cited 2013 Jan 10]. Available from: http://www.phac-aspc.gc.ca/php-psp/ccph-cesp/glos-eng.php

xix)   Ramaratnam S, Tharyan P, Thambu D. *Understanding the nuances of evidence-informed healthcare.* The Hindu [newspaper online]. 2012 June 24 [cited 2013 Jan 9]. Available from: http://www.thehindu.com/opinion/open-page/article3563308.ece

xx)   Raymond MR. *Job analysis and the specification of content for licensure and certification examinations*. Applied Measurement in Education. 2001; 14(4): 369-415.

xxi)   Simpson S, Wilson B. *Should pharmacists perform physical assessments?* CJHP 2007; 60(4): 271-273.

xxii) Task Force on a Blueprint for Pharmacy, Canadian Pharmacists Association. *Blueprint for pharmacy: the Vision for Pharmacy* [Internet]. c2008 [cited 2013 Jan 9]. Available from: http://blueprintforpharmacy.ca/docs/pdfs/2011/05/11/BlueprintVision.pdf?Status=Master

xxiii) World Health Organization, International Pharmaceutical Federation. *Developing pharmacy practice: A Focus on Patient Care.* Handbook, 2006 Edition [Internet]. c2006 [cited 2013 Jan 9]. Available from: http://www.who.int/medicines/publications/WHO_PSM_PAR_2006.5.pdf