Pharmacist Medicines Therapy Assessment Standards (Level C Services)

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Tables and Figures

Introduction

This document describes the standards for Medicines Therapy Assessment (MTA) services that have been developed on behalf of the Pharmaceutical Society of New Zealand by leading representatives of the pharmacy sector (see Table 1 below), and following extensive consultation with relevant stakeholders.

MTA services are an example of Level C Medicines Management Services as described by the Pharmacy Council of New Zealand (the Council) Medicines Management Competence Framework, the competence requirements for which are specified by the Council's Standards Endorsement Process.

This document presents to the Council, the proposed standards and associated documentation in order to obtain Council endorsement. They were developed in the belief that once endorsed by the Council, there will be a requirement that pharmacists providing Medicines Therapy Assessment services maintain competency in the endorsed standards.

Development Process

In early 2009, the Pharmaceutical Society of New Zealand drew together the Medicines Therapy Assessment Standards Advisory Group to develop standards for pharmacists providing Medicines Therapy Assessment (MTA) services. Under the direction of Professor Stephen Duffull this group met several times and conversed via e-mail during the following 11 months.

Table 1. Medicines Therapy Assessment Standards Advisory Group members[1]

Professor Stephen Duffull (Otago University, and Advisory Group Chair)
Sandy Bhawan (Pharmacy Council of New Zealand)
Bob Buckham (New Zealand College of Pharmacists)
Jan Clare (Pharmaceutical Society of New Zealand)
Fiona Corbin (Sunflower Clinical Pharmacy Services Ltd)
Liz Johnstone (Pharmaceutical Society of New Zealand)
Andrew Orange (Pharmaceutical Society of New Zealand)
Ann Privett (Pharmaceutical Society of New Zealand)
Andi Shirtcliffe (Integrated Pharmacy Care Ltd)
Dr. Amanda Torr (WELTEC)
Lorraine Welman (MidCentral District Health Board)
Di Wright (Taranaki District Health Board)

During this time it became apparent to the Advisory Group that development of MTA standards should and could not be done in isolation from the development of other medicines review standards. Thus, Advisory Group members prepared a draft set of standards for use across all

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[1] Input from Dr. Linda Bryant (Comprehensive Pharmaceutical Solutions Ltd) was also sought by the Advisory Group. Dr. Bryant assisted the Advisory Group with decisions at their last face-to-face meeting in August 2009.

pharmacist medicines review services described in the DHBNZ National Pharmacist Services Framework.

These MTA standards form a subset of the draft set of standards developed by the Advisory Group. Council endorsement of these standards only is sought at this time.

Wide consultation was undertaken on these standards to assess their fitness for purpose. The consultation process is described in more detail in Appendix 1.

Purpose

These standards are intended to describe generic competence standards that describe the minimum levels of proficiency required by all pharmacists who intend to provide MTA services.

Scope of Practice

MTA services are within the Pharmacist Scope of Practice, as described and defined by the Council as follows (downloaded from www.pharmacycouncil.org.nz/scopes , on March 1st, 2011):

"The practice of pharmacy includes the custody, preparation and dispensing of medicines and pharmaceutical products; the provision of advice on health and well-being, including health screening, and the selection and provision of non-prescription medicine therapies and therapeutic aids. The pharmacist acts as a medicines manager, ensuring safe and quality use of medicines and optimising health outcomes by contributing to the selection, prescribing, monitoring and evaluation of medicine therapy. The pharmacist researches information and provides evidence-based advice and recommendations on medicines and medicine-related health problems to patients, their carers and other healthcare professionals. The pharmacist is an integral part of the healthcare team."

Scope of Services Provided

Medicines Review Services

MTA is the second of three Medicines Review Services defined by the DHBNZ National Pharmacist Services Framework that may be offered by pharmacists under the Pharmacist Scope of Practice. Each of the three Medicines Review Services (MUR, MTA, and CMM) has a different service focus and differing requirements. The differences in service focus is outlined on the following pages and summarised in Table 2 below.

Services are distinguished by the level of practitioner autonomy in delivering the service, the comprehensiveness of the service provided and the degree to which the service is delivered as part

of holistic approach that includes the patient, their family and whānau, the healthcare team and other professionals. It is noted that activities may vary depending on the context in which an individual practices.

Table 2. Comparison of Medicines Review Service components.

Medicine Management Component		MUR	MTA	CMM
Accurate/timely assessment of a person's need for medicines		✓	✓✓	✓✓✓
Appropriate choice of medicines and dosing regimens for patient need		✓	✓✓✓	✓✓✓
Efficient medicines preparation and supply		✓		
Facilitation of optimal patient utilisation of medicines		✓✓✓	✓✓	✓✓
Timely provision of accurate independent medicines education/information	To patients	✓✓	✓✓	✓✓
	To healthcare professionals	✓	✓✓	✓✓
Regular and efficient monitoring of the impact of medicines on a patient's health		✓	✓✓✓	✓✓✓
Pharmacist Practice Characteristic		MUR	MTA	CMM
Autonomy		✓✓	✓	✓✓✓
Access to clinical notes		✓	✓✓✓	✓✓✓
Therapy initiation/discontinuation and/or dose adjustment		✓	✓✓	✓✓✓

Medicines Use Review and Adherence Support (MUR) Services

Pharmacists providing MUR services assess the patient's use, understanding and adherence with their medication regimen. MUR Services involve structured and systematic, consultation-based reviews of all medicines currently prescribed for an individual Service User. For the provision of this service there will not necessarily be access to clinical information and the interaction and intervention is largely with Service Users rather than the prescriber.

Pharmacist Medicines Therapy Assessment (MTA) Services

MTA services are structured, systematic, documented and consultation-based service that contributes to the patient's treatment goals and is delivered by a practitioner working as part of a multidisciplinary healthcare team. MTA aims to improve the patient outcomes by optimising the safe, effective, rational and economic use of medicines. MTA services are described in detail in the DHBNZ National Pharmacist Services Framework, a summary of which is provided in Appendix 4.

Pharmacists providing MTA services work as part of a multidisciplinary team to optimise the selection of medicines for and the utilisation of medicines by individual patients, so that the patient's health related outcomes are optimised. The success of any MTA service is dependent on the development and maintenance of effective therapeutic partnerships between the various health professionals involved in an individual patient's care and those individual patients.

MTA services include many aspects, but focus mainly on the appropriate choice of medicines and dosing regimens for patient need and the regular and efficient monitoring of the impact of medicines on a patient's health.

In most cases it is expected that MTA will be initiated from a recommendation of a member of the patient's healthcare team.

Comprehensive Medicines Management (CMM) Services

Pharmacists providing CMM services work autonomously to provide advanced case-based active management of current and potential treatment for individual Service Users to improve therapeutic effectiveness and health outcomes. CMM services involve pharmacists making clinical decisions independently of, but aligned with agreed therapeutic goals identified by the multidisciplinary team.

For the provision of this service the Service Provider will have access to full clinical notes and will proactively interact and/or intervene with both Service User (and/or their Care Giver) and their prescriber(s) to actively manage the formulation and implementation of a pharmaceutical care plan. This includes follow-up of the patient and reassessment of the patient's health status, and involves monitoring and modifying the care plan based on patient and multidisciplinary team parameters.

Pharmacist Medicines Therapy Assessment (MTA) Services Standards

Introduction

Five competence standards for MTA Services have been developed. They are designed to complement the seven existing Pharmacy Council of New Zealand competence standards for the Pharmacist Scope of Practice.

The MTA competence standard are:

MRS 1.   Interpret Medicines Review Services in the Context of the NZ Healthcare System.

MRS 2.   Practise Effective Working Relationships.

MRS 3.   Manage the Service

MRS 4.   Maintain Service Quality

MRS 5.   Practise Medicines Review

These Standards are generic standards intended to be applied across all levels of pharmacist Medicines Review Services described in the DHBNZ National Pharmacist Services Framework. They describe the minimum levels of proficiency required by all pharmacists intending to provide Medicines Review Services. All Medicines Review Services are within the Pharmacist Scope of Practice, as defined by the Pharmacy Council of New Zealand.

The key descriptor of each level of Medicines Review Service is provided by a Schedule, which outlines activities and attributes required of pharmacists undertaking that level of service. It is noted that activities may vary depending on the context in which an individual practises.

Specific requirements for MTA service provision are defined in the Schedule on page 15 of this document. This Schedule provides a list of activities and attributes required of pharmacists undertaking MTA services.

It is intended that these competence standards will be reviewed after two years of use.

MRS 1. Interpret Medicines Review Services in the Context of the NZ Healthcare System

This standard describes the supporting health sector knowledge required for a pharmacist to provide MTA services in the New Zealand healthcare environment.

Range Statement:

The pharmacist knows how the New Zealand healthcare system is structured and applies this knowledge in their provision of MTA services.

1.1.   Distinguish between levels of pharmacist medicines management services

1.1.1.   Recognise the differences between the health services provided under different scopes of practice.

1.1.2.   Describe the boundary determinants of the services outlined in the Pharmacy Council of NZ Medicines Management Competence Framework, provided within the pharmacist scope of practice.

1.2.   Interpret national and regional healthcare priorities and strategies

1.2.1.   Recognise the implications of national and local priorities for the team/organisation/area.

1.2.2.   Relate the goals of the relevant health care strategies to the context of own practice.

1.2.3.   Identify the roles and responsibilities of members of the local community healthcare team.

1.2.4.   Identify local support organisations that assist with meeting local healthcare needs e.g. Plunket, Sexual Health, Family Planning.

MRS 2. Practise Effective Working Relationships

This standard describes the ability of the pharmacist to establish and maintain effective working relationships with healthcare professionals and patients to promote patient autonomy and optimise health outcomes.

Range Statement:

The pharmacist is proactive, responsible and has accountability for building and maintaining effective working relationships with patients and other healthcare professionals (whether a formal team or a more loosely associated group) in the wider healthcare environment.

2.1. Practise effective working relationships with patients

2.1.1. Establish and maintain effective working relationships with patients and family/whānau/ caregiver.

2.1.2. Apply the principles of the consultation process.

2.1.3. Apply the principles of motivation to facilitate behavioural change.

2.1.4. Appropriately communicate accurate and relevant information to the patient in a timely manner.

2.1.5. Take into account patient's individual circumstances and preferences including cultural and health beliefs.

2.1.6. Apply the principles of concordance/adherence to optimise patient self management.

2.1.7. Apply the principles of partnership and involvement of family/whānau/caregiver to reach agreed goals with patient.

2.1.8. Monitor and follow up patients appropriately.

2.2. Practise effective working relationships within a multidisciplinary health care team

2.2.1 Establish and maintain effective working relationships with the healthcare team.

2.2.2 Use effective and appropriate communication skills to work collaboratively with the healthcare team.

2.2.3 Communicate accurate and relevant information with the healthcare team in a timely manner.

2.2.4 Respond to feedback received by the healthcare team in a timely manner.

2.2.5 Consult and work with other members of the healthcare team to optimise patient outcomes.

MRS 3. Manage the Service

This standard describes the ability of the Pharmacist providing MTA services to organise and deliver service objectives in a proactive, structured, and timely manner.

Range Statement:

The pharmacist is responsible for the planning, management and implementation of the MTA services.

3.1.   Manage own service delivery

3.1.1.   Describe the process involved to provide the service.

3.1.2.   Manage the service delivery in an effective, appropriate and timely manner.

3.1.3.   Document the service provided, including consultation, recommendations, agreed goals, action/care plan and follow up.

3.1.4.   Take responsibility for patient privacy.

3.1.5.   Apply principles of informed patient consent.

3.2.   Manage risk within own practice context

3.2.1.   Formulate and implement risk management policies/protocols that include the identification and resolution of new risk management issues.

3.2.2.   Recognise, manage and minimise identified risks.

3.2.3.   Recognise personal limitations and work within them.

3.2.4.   Recognise need for, and facilitate patient referral to another health professional when appropriate.

3.3.   Maintain patient records

3.3.1.   Document and update patient information including recommendations and agreed goals into cohesive formal record.

3.3.2.   Contribute to patients' medical records as appropriate.

MRS 4. Maintain Service Quality

This standard describes the ability of the pharmacist to ensure the ongoing quality of the medicine management service(s) he/she provides.

Range Statement:

The pharmacist proactively reviews his/her own performance using self reflection. Delivery and outcomes of the service are reviewed, measured and evaluated, and improvements implemented.

4.1.   Participate in personal professional development and peer support

4.1.1.   Undertake self-development through regular and relevant continuing professional development activities in the context of own practice.

4.1.2.   Participate in a formal network with other pharmacists providing similar services for professional support and review.

4.2.   Evaluate and practise continuous quality improvement

4.2.1.   Describe the principles of quality improvement.

4.2.2.   Formulate a Quality Improvement Plan for the service(s) provided that includes service, pharmacist and patient components.

4.2.3.   Measure and evaluate outcomes of the service(s) in a timely and responsive manner.

4.2.4.   Assess the results of the evaluation and consult within/outside the team to resolve issues.

4.2.5.   Implement changes and improvements in response to service evaluation.

4.2.6.   Participate in annual service review to manage quality improvement.

MRS 5. Practise Medicines Review

This standard describes the generic knowledge, skills and attitudes required by a pharmacist to provide MTA services. These services are undertaken in a proactive, structured and systematic manner by a pharmacist who is accountable and responsible for the delivery of the service to the patient.

Range Statement:

Pharmacists require the appropriate knowledge, skills and attitudes that allow them to provide the services that they intend to perform. See specific prerequisites in the attached Schedule for each element.

5.1.   Practise appropriate knowledge, skills and attitudes

5.1.1.   Maintain the specialist knowledge, skills and attitude required for the service as specified in accompanying schedule.

5.1.2.   Evaluate and apply recent, evidence based pharmacotherapeutic knowledge as appropriate within the service offered.

5.1.3.   Plan, manage, monitor and review pharmaceutical care plans where necessary, as appropriate within the service offered.

5.2.   Demonstrate professional reasoning and judgment

5.2.1.   Practise sound reasoning and judgment when making decisions or recommendations, including analytical skills, judgment skills, interpretation skills, and appraisal of options.

5.2.2.   Integrate relevant patient and medicine related factors including uncertainties in the decision making process to solve problems holistically.

5.2.3.   Evaluate medicine and health information in the absence of definitive evidence or when there is conflicting evidence to make patient centred decisions.

5.2.4.   Prioritise recommendations when problem solving to optimise patient medicines-related outcomes.

5.3.   Take professional responsibility and accountability

5.3.1.   Take responsibility for own decisions and resulting outcomes that affect patients both directly and indirectly.

5.3.2.   Show accountability to team(s) and/or governance bodies relevant to own practice.

Schedule to the Pharmacist MTA Services Standards

This Schedule provides a list of activities and attributes required of pharmacists undertaking MTA Services. It is noted that activities may vary depending on the context in which an individual practices.

MTA Service Description Summary

MTA is a structured, systematic, documented and consultation-based service that contributes to the patient's treatment goals and is delivered by a practitioner working as part of a multidisciplinary healthcare team. MTA aims to improve the patient outcomes by optimising the safe, effective, rational and economic use of medicines.

This service includes many aspects, but focuses mainly on the appropriate choice of medicines and dosing regimens for patient need and the regular and efficient monitoring of the impact of medicines on a patient's health.

In most cases it is expected that MTA will be initiated from a recommendation of a member of the patient's healthcare team.

To deliver these services a pharmacist must be able to:

1. Develop and maintain rapport with the patient.

2. Obtain an accurate medicine history by consulting with the patient, their medical practitioner and other prescriber(s).

3. Assess the patient's adherence to current treatments including any or issues preventing or limiting adherence.

4. Assess the current clinical status of the patient based on all available information, including clinical notes. Provision of this service is dependent on the availability of patient notes.

5. Identify and evaluate actual and potential medicine problems (including treatments that have been omitted, inappropriate treatments, inappropriate doses, routes of administration, choice of formulation and dosing regimens, potential and actual adverse medicine reactions, potential medicine interactions).

6. Negotiate treatment goals and timelines for attainment of goals with both patient and medical practitioner.

7. Apply knowledge of current evidence-based medicine to meet the individual needs of the patient.

8. Formulate and document a pharmaceutical care plan for individual patients.

9. Contribute as part of the multidisciplinary team to the formulation and documentation of a comprehensive care plan, and assist the team to modify the care plan based on regular assessment of the patient's status.

10. Document medicines management activities in an accurate, timely and concise manner.

When undertaking MTA services a pharmacist should:

In addition to the requirements above, when undertaking MTA services a pharmacist should provide the following patient-orientated services (as appropriate):

1. Undertake therapeutic medicine monitoring using target concentration intervention.

2. Provide accurate and timely medicines information to health professionals and patients.

3. Undertake adverse medicine reaction management.

In delivering MTA services, a pharmacist will:

1. Actively participate in multidisciplinary meetings or ward rounds.

2. Regularly participate in peer review processes.

3. Be able to justify their decisions and practice using their knowledge and application of optimal evidence based practice.

4. Demonstrate the ability to work with people from different cultures and apply culturally specific aspects of care.

5. Negotiate with health professionals to get access to relevant patient notes.

Requirements for Accreditation to provide MTA Services

In order to be able to deliver MTA services a pharmacist must be registered in the Pharmacist Scope of Practice in New Zealand and hold a current Annual Practising Certificate (APC) without conditions. In addition, pharmacists providing MTA services will need to be able to demonstrate that they have an appropriate level of experience, knowledge, skills, and peer support.

Experience

Pharmacists providing MTA services will need to have at least TWO years patient orientated experience in a hospital, community or primary care setting after initial registration in the Pharmacist Scope of Practice following registration in the Intern Pharmacist Scope of Practice.

For the purposes of clarity, patient orientated experience refers to a role where the principal focus is centred on direct face-to-face patient interaction. Pharmacists should be working in such a role on an almost daily basis for at least two years to gain the practical experience required for MTA services.

Pharmacists registered in the Pharmacist Scope of Practice via Trans Tasman Mutual Agreement (TTMR) or Recognised Equivalent Qualification Route (REQR) pathways must be able to demonstrate that they have had a minimum of TWO years post registration experience in an appropriate environment.

Knowledge and skills

Knowledge

Current pharmacotherapeutic knowledge to the level expected from successful completion of a Postgraduate Certificate in Pharmacy (Medicines Management) is required to deliver MTA services.

In addition, a pharmacist providing MTA services must have appropriate and current knowledge in the following areas:

- Knowledge of the local and national healthcare system relevant to MTA service provision; and

- Patient rights relevant to the provision of MTA services; and

- Cultural awareness and diversity relevant to MTA service provision; and

- Models of care including but not limited to service models to enhance adherence/concordance, and the importance of partnership with and involvement of the patient in therapeutic decisions.

- Quality improvement relevant to the provision of MTA services; and

- Medicines information management, i.e. researching, interpreting, and communicating patient focused medicines information; and

- Medicines management, i.e. monitoring and individualising medicines therapy, including interpretation of laboratory investigations, recognising and managing adverse reactions to and interactions with medicines, and managing medicines use in special populations.

Skills

In addition to the knowledge components above, pharmacists providing MTA services must be able to demonstrate:

- Effective therapeutic and working relationships with the patient and/or their caregiver, the patient's prescriber(s) and other health providers taking into account an individual's circumstances and preferences including cultural and health beliefs; and

- Efficient processes, systems, documentation and record keeping of MTA service provision.

Peer Support

Pharmacists providing MTA services work as part of a multidisciplinary team to optimise the selection of medicines for and the utilisation of medicines by individual patients, so that the patient's health related outcomes are optimised. Because of this, some peer support will be available by virtue of the team environment.

However, to formalise peer support pharmacists providing MTA services are also required to establish a collegial relationship with a doctor, pharmacist, or Nurse Practitioner who holds registration within a scope of practice in the same or related branch of health in which the MTA pharmacist is providing services. This collegial advisor could be part of the multidisciplinary team in which the pharmacist works, or could be independent of that team and their role is to be available to the MTA pharmacist as agreed, for advice and guidance.

Pharmacists providing MTA services are also be required to actively participate in regular peer review to provide and receive support to/from peers providing similar services. The purpose of peer review is to use the expertise and experience of peers to provide the MTA pharmacist with guidance, feedback and critique of their performance.

Pharmacists providing MTA services should also have active professional affiliations with relevant special interest groups in NZ or with recognised groups abroad (e.g. NZHPA Drug Information and Clinical Pharmacy Special Interest Group, the Paediatric Society of NZ, UK Clinical Pharmacy Association, etc.)

Assessment of Competence

Assessment of competence is by way of a portfolio of evidence that demonstrates the pharmacist providing MTA services has appropriate experience, knowledge, skills, and peer support to deliver MTA services effectively and safely. The pharmacist providing MTA services has the responsibility for ensuring that the submitted portfolio identifies his/her level of knowledge and skills and equates his/her knowledge and skills with specific MTA competence standards and the accompanying Schedule.

The portfolio contents must include evidence of the applicant's competence against each of the MTA competence standards. As a minimum, the portfolio will include:

- Evidence of successful completion of relevant and appropriate courses, e.g. Otago University's Postgraduate Certificate in Pharmacy (Medicines Management), Auckland University's Postgraduate Certificate in Clinical Pharmacy, or demonstration of equivalent knowledge and skills, etc.

- Provision of at least three peer-reviewed MTA case studies undertaken within the previous 12 months, showing evidence of effective therapeutic and working relationships, cultural awareness, efficient systems, process, and documentation, etc.

Appendix 2 provides suggested examples of evidence for the MTA Accreditation Portfolio and how competence in each of the MTA Competence Standards might be evidenced.

Portfolio assessment will be the responsibility of the New Zealand College of Pharmacists. The College of Pharmacists will assess the evidence provided by the pharmacist against the MTA competence standards and the Schedule to the standards and provide feedback on gaps in evidence that need filling.

Pathways to Accreditation to Provide MTA Services

The flowchart in Appendix 3 shows the most likely routes to MTA Accreditation. It may not provide pathways for all possible scenarios, but covers the most likely envisaged circumstances. The pathways described recognise prior and current learning and extra knowledge and skills required for MTA Accreditation.

Note that because all the requirements of service audit and outcomes cannot be provided with an initial application for Accreditation, Provisional Accreditation for six months will be granted on the production of a suitable portfolio. During this six month window, the Provisionally Accredited MTA Pharmacist is required to undertake and record CPD events (including Peer Review) in a Learning Log, undertake a Quality Audit of the service and record the results of that audit, and record the outcomes of MTA interventions. Once this additional information has been submitted and is considered satisfactory, the MTA Pharmacist will be fully Accredited.

It is expected that a Pharmacist who is working in an MTA-like role and who undertakes a postgraduate certificate course will be able to submit a portfolio that demonstrates competence sufficient for full Accreditation as an MTA Pharmacist. A Pharmacist who is not working in an MTA-like role, but who undertakes a postgraduate certificate is expected to need more time to gather evidence of competence sufficient for full Accreditation, but will likely achieve Provisional Accreditation on completion of the postgraduate certificate.

Ongoing Competence Requirements for the Provision of MTA Services

Pharmacists delivering MTA services will be expected to be participating in continuing professional development (CPD) and meet current recertification requirements to continue to hold an APC.

In addition to APC recertification requirements, pharmacists providing MTA services will be required to undertake additional recertification requirements on an annual basis. This is to ensure that competence to provide such services are maintained.

In addition to APC recertification requirements the provision of the following recertification is required for MTA recertification:

- A copy of the pharmacist's current APC without conditions; and

- A declaration from the MTA pharmacist, countersigned by the pharmacist's collegial advisor, that the MTA pharmacist has completed ONE peer-reviewed case study that shows evidence of the application of clinical knowledge, effective therapeutic and working relationships, cultural awareness, efficient systems, process, and documentation, etc.; and

- A log/schedule of CPD (including peer review) undertaken in the last 12 months; and

- A declaration from the MTA pharmacist that they have a Quality Improvement Plan that is not more than 2 years old

- Notification of the date of the last service review undertaken.

In this way, the MTA Pharmacist provides evidence of ongoing service provision, quality of service provision, professional development, and service quality improvement.

While some fine tuning of systems and process is inevitable, formal review of the assessment and recertification requirements will be undertaken after three years of use. Such a review would not be for the sake of wholesale change but to reassess the fit-for-purpose nature of these activities. This time frame allows any potential change to be based on evidence indicating what has, and what hasn't worked.

Appendix 1. MTA Standards Consultation

Draft competence standards for MTA were included in a consultation on Medicines Review Services undertaken during the last half of October and most of November 2010 – approximately five weeks in total. This consultation proposed generic competencies for all Medicines Review Standards as outlined in the DHBNZ National Framework of Pharmacist Services, but specifically asked for feedback on the competencies required for the provision of MTA services within the broader framework.

The process consisted of a consultation document that included contextual information, the standards being consulted on, and 18 questions to prompt feedback.

The main portal for receiving consultation feedback was SurveyMonkey, though hard copy submissions were also received.

Consulted parties

Feedback was sought from all members of the Pharmaceutical Society of New Zealand Incorporated and hospital pharmacy managers throughout New Zealand. In addition, feedback was requested from the following organisations and people:

- The Pharmacy Guild of New Zealand Incorporated
- The Clinical Advisory Pharmacists Association
- The Waikato Community Pharmacy Group
- The Canterbury Community Pharmacy Group
- Ngā Kaitiaki o te Puna Rongoā o Aotearoa, The Māori Pharmacists Association
- Radius Pharmacy
- Pharmacy Partners
- Auckland University School of Pharmacy
- Otago University School of Pharmacy
- The Pharmacy Defence Association
- The Pharmacy Industry Training Organisation

- PHARMAC
- Medsafe
- Health Workforce New Zealand
- The National Health Board
- Danny Wu, Primary HealthCare Strategy Implementation Manager, Ministry of Health.
- Dr Paul McCormick, Consultant to Minister of Health
- Jennifer Langton, Private Secretary Health to Associate Minister of Health
- The Health and Disability Commissioner
- District Health Boards New Zealand
- Carolyn Gullery, Funding and Planning Manager Canterbury DHB
- The Accident Compensation Corporation

- The Asthma Foundation of New Zealand
- Diabetes New Zealand
- The Heart Foundation of New Zealand
- Consumer New Zealand
- Grey Power
- The IPA Council of New Zealand
- General Practice New Zealand
- The Rural General Practice Network
- The Otago Southern Region Primary Health Organisation
- Southern Primary Health Organisation
- The Royal New Zealand College of General Practitioners
- The GP Nursing Alliance
- New Zealand Nurses Organisation
- The New Zealand Medical Association
- The Royal Australasian College of Physicians
- The Royal Australasian College of Surgeons
- Australian and New Zealand College of Anaesthetists
- The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- The Royal Australian and New Zealand College of Ophthalmologists
- The Royal Australian and New Zealand College of Psychiatrists
- The New Zealand Association of Optometrists
- New Zealand Dental Association
- Podiatry New Zealand
- Pharmacybrands Ltd
- The New Zealand Self-Medication Industry Association Ltd
- Medicines New Zealand

Survey Respondent Characteristics

A total of 35 respondents submitted responses via SurveyMonkey. In addition, three written responses were received, from Grey Power, from the Accident Compensation Corporation (ACC), and from the Royal New Zealand College of General Practitioners (RNZCGP).

The characteristics of respondents via SurveyMonkey to the on-line survey are as follows:

Ethnicity   22 responses of which 17 (77.3%) stated that they were a New Zealander of European descent, 1 (4.5%) stated that they were Chinese, and 4 (18.2%) stated that they belonged to a different ethnic group from those options provided.

The 4 respondents that made up this latter category consisted of one respondent of Scottish ethnicity, one respondent of Serbian ethnicity, one respondent of English ethnicity, and one group response.

Role   22 responses of which all stated that they were health practitioners. Of these, 19 (86.4%) stated that they practiced in pharmacy, 2 (9.1%) stated that they practiced in medicine, and 1 (4.5%) stated that they practiced in community pharmacy.

Appendix 2.   Suggested Examples of Evidence for MTA Accreditation Portfolio

MRS 1   INTERPRET MEDICINES MANAGEMENT SERVICES IN THE CONTEXT OF THE NZ HEALTHCARE SYSTEM

This standard describes the supporting health sector knowledge required for a pharmacist to provide Medicine Management Services in the New Zealand healthcare environment.

Range Statement: The pharmacist knows how the New Zealand healthcare system is structured and applies this knowledge in their provision of Medicine Review Services. This knowledge is applied to all levels of medicine review service.

1.1   Distinguish between levels of medicines management services

1.1.1   Recognise the differences between the health services provided under different scopes of practice.
- Able to differentiate boundaries of pharmacist Scopes of Practice (Intern, Pharmacist, Prescriber)
- Know which Competence Standards apply to which scope
- Able to describe different roles and activities in own scope compared to other scopes.

1.1.2   Describe the boundary determinants of the pharmacist services outlined in the Pharmacy Council of NZ Medicines Management Competence Framework, provided within the pharmacist scope of practice.
- Explains principles and differences of each level of pharmacist services outlined in PCNZ Medicines Management Competence Framework (A –Competence Standards for the Pharrmacy profession, B - MUR,C - MTA, D - CMM)
- Explains extent and limitations of each service (eg service users, level of collaboration, accreditation, competence & qualifications, patient information access etc)

1.2   Interpret national and regional healthcare priorities and strategies

1.2.1   Recognise the implications of national priorities for the team/organisation/area
- Understands the goals of relevant national and regional healthcare strategies eg Maori Health Strategy, Primary Heathcare Strategy, Medicines NZ, Whānau Ora: Transforming our futures, NZ Health Strategy
- Understands the six national health targets and how these impact on local priorities eg reducing unplanned admissions for chronic disease management, the frail elderly, after-hours care
- Describes national public health education strategies eg immunisation, sexual health, needle exchange

1.2.2   Relate the goals of the relevant health care strategies to the context of own practice.
- Discusses diseases management strategies that are priority areas for action in the pharmacist's local community (e.g. asthma, diabetes, heart disease, arthritis and cancer).
- Recognises local priorities for healthcare eg chronic disease management, elderly, reducing disparities
- Describes availability of screening programmes eg breast cancer, glaucoma in local community
- Describes local initiatives for public health eg immunisation, sexual health, needle exchange

1.2.3   Identify the roles and responsibilities of members of the local community healthcare team
- Ability to describe the complementary roles and responsibilities of members of the healthcare team.
- Compiles and maintains up to date index of local healthcare team, including contact details
- Describes preventive health services and information provided by national/local organisations in the community eg Diabetes NZ, AsthmaNZ, Glaucoma NZ, Immunisation Advisory Centre
- Inform and advises patients about the roles of the local community healthcare team

1.2.4   Identify local support organisations that assist with meeting local healthcare needs eg Plunket, Sexual Health, Family Planning
- Knows how and where to access local community support organisations
- Compiles and maintains up to date index of local support organisations

MRS 2   PRACTISE EFFECTIVE WORKING RELATIONSHIPS

This standard describes the ability of the pharmacist to establish and maintain effective working relationships with healthcare professionals and patients to promote patient autonomy and optimise health outcomes

Range Statement:

The pharmacist is proactive, responsible and has accountability for building and maintaining effective working relationships with patients and other healthcare professionals (whether a formal team or a more loosely associated group) in the wider healthcare environment.

2.1   Practise effective working relationships with patients

2.1.1   Establish and maintain effective working relationships with patients and family/whanau/caregiver
- Provides a services approach that, as far as possible, accommodates the requirements and preferences of the patient, including cultural and health beliefs
- Shows respect and consideration for patients
- Recognises patient's agenda (ideas, concerns, expectations) leading to understanding of the patient's unique experience of the situation.
- Able to articulate pharmacist's plan and intentions and bring both together to give a shared understanding to allow for explanations, planning and decision-making.
- Understands the importance of patient involvement/engagement in health service delivery (e.g. make their own choices about who to involve in their care and whether to accept or decline advice, services or products).

2.1.2   Apply the principles of the consultation process
1. Initiate the session (setting and privacy, build rapport, reasons for consulting, establishing shared agenda).
2. Gather information (patient's story, identify verbal and non-verbal cues, facilitate accurate identification of patient's problems).
3. Build relationship (develop rapport, record notes, accept patient's views/feelings, demonstrate empathy and support, ensure ownership of both process and outcome by those affected).
4. Explanation and planning (give appropriate information and explanations, agree on management plan)
5. Close the session (summarise and clarify agreed plan).

2.1.3   Apply the principles of motivation to facilitate behavioural change
- Understands change cycle, identifies patient's readiness to change and facilitates progress
- Identifies purpose of required change, provides skills and/or knowledge necessary to facilitate change, provides specific direction, encouragement/collaboration, reward
- Creates positive environment for change (Positively confront possible erroneous beliefs, expectations, and assumptions that may underpin negative patient attitude; reduce or remove components of the environment that lead to failure or fear).
- Identifies triggers, fears, abilities of patients and addresses these
- Promotes the benefits of using medicines and/or treatments consistent with evidence based guidelines

2.1.4   Appropriately communicate accurate and relevant information to the patient in a timely manner.
- Provides information in written and/or verbal form that does not elicit concern, anger or other adverse response, but enhances patient understanding of their medical condition and/or their treatment
- Communicates information clearly, accurately and concisely
- Able to identify information needs of patient
- Uses communication style, vocabulary and method appropriate for the situation and the patient
- Demonstrates insight into individual patient background issues that may impact on understanding
- Recognises and minimises possible barriers to effective communication eg emotions, culture, values, beliefs, disabilities
- Ascertains patient knowledge and understanding and modifies language and format of information to enhance understanding
- Understands impact of non verbal factors eg gestures, posture
- Agrees on and meets time frame for response if not immediately possible

2.1.5 Take into account patient's individual circumstances and preferences including cultural and health beliefs.
- Demonstrates sensitivity to the needs, values, beliefs and cultural background of the patient
- Provides flexibility in service delivery to accommodate the values, beliefs and cultural backgrounds of patients as far as reasonably possible
- Understands how different values, beliefs and cultural backgrounds of patients can influence the provision of medicine management services
- Avoids stereotyping e.g. recognises that culture/ethnicity is not necessarily reflected in an individual's physical appearance
- Demonstrates awareness that general cultural information may not apply to specific patients
- Shows consideration for the patient's knowledge of their own condition and preferred course(s) of treatment
- Negotiates terms of the therapeutic relationship with the individual where appropriate
- Recognises the right of individuals to have health beliefs and practices different to one's own

2.1.6 Apply the concept of the concordance/adherence model to patient self management
- Understand the five dimensions (Social & economic factors, Health system & care team related factors, Therapy, Condition and Patient related factors) that affect adherence/concordance and their individual and combined impact on the patient and use these to enable patient self management
- Know and use strategies to assist adherence eg provide perceptual (influence knowledge, beliefs, attitudes) and practical (build capacity and resources) support
- Involves the patient as an active participant in the delivery of professional services
- Initiates action (s)

2.1.7 Apply the principles of partnership and involvement of family/whanau/caregiver to reach agreed goals with patient
- Involves patient and family/whanau/caregiver in the formulation of a care plan and achieve shared understanding of onward management, and to clarify or establish treatment goals.
- Involves the patient and/or family/whanau/caregiver as active participants in service delivery
- Careplans include patient and family/whanau/caregiver preferences, as far as possible, after all options have been explored and explained
- Recognises and manages situations or circumstances where conflicting interests arise
- Can maintain rapport and cooperation with patient and family/whanau/caregiver
- Partners with patient and family/whanau/caregiver to enhance health literacy and understanding of conditions to assist with goal setting.

2.1.8 Monitor and follow up patients appropriately
- Applies agreed criteria to patient follow up
- Uses systematic process to review clinical progress and management of implemented careplan.
- Assesses and reviews therapeutic treatment goals

2.2 Practise effective working relationships within a multidisciplinary health care team

2.2.1 Establish and maintain effective working relationships with healthcare team
- Recognises and respects the professional rights, skills and contributions of other team members.
- Understands the role, responsibilities and expertise of the pharmacist in relation to that of other members of the health care team.
- Accepts the value of partnerships and teamwork to improve patient care.
- Demonstrates a positive attitude to working collaboratively with others.
- Respects and preserves he relationships that other members of the health care team have with consumers.
- Maintains rapport and work in partnership with other health professionals to achieve therapeutic goals.
- Works with others to maintain a supportive team environment
- Understands the effect on one's own actions on others
- Actively negotiates and resolves misunderstandings or miscommunication within the team

2.2.2 Use effective and appropriate communication skills to work collaboratively with the healthcare team
- Provides clear and concise explanation and/or justification of a decision.

- Participates constructively in team meetings and discussions
- Listens actively and carefully to other team members

2.2.3   Communicate accurate and relevant information with the healthcare team in a timely manner
- Agrees on and meets time frame for response if not immediately possible
- Provides information accurately and concisely in written and verbal form
- Accepts responsibility for completing tasks in a timely manner.
- Manages multiple and/or conflicting demands on time.
- Ensures all team members receive necessary information within suitable time frames

2.2.4   Respond to feedback received by the healthcare team in a timely manner.
- Responds to the demands and expectations of members of the health care team.
- Adopts a collaborative approach to reviewing the impact of actions taken to identify any further action required.

2.2.5   Consult and work with other members of the healthcare team to optimise patient outcomes.
- Collaborates with other health care professionals to enable consumers to achieve the best health outcomes.
- Provides feedback, encouragement and support to other team members.
- Works with colleagues to ensure resources are adequate and appropriate for the usual workload.
- Knows the personnel and other support systems available to facilitate and support various activities.
- Recognise when additional information or expertise is needed from other team members to complete tasks.
- Actively contributes pharmacist's perspective and makes a positive contribution to team based problem-solving and decision making.
- Facilitates understanding by sharing information and expertise

MRS 3   MANAGE THE SERVICE

This standard describes the ability of the Pharmacist providing Medicines Review services to organise and deliver service objectives in a proactive, structured, and timely manner.

Range Statement.

The pharmacist is responsible for the planning, management and implementation of the Medicines Review services.

3.1   Manage own service delivery

3.1.1   Describe the process involved to provide the service.
- Establishes systems and Standard Operating Procedures for service delivery including management of required resources
- Establishes policies that describe achievable goals consistent with the intent of the service
- Describes how the structure of the service supports and aligns with strategic objectives of local, regional and national priorities
- Uses a systematic process to identify tasks and timelines for service delivery
- Defines lines of accountability, responsibility and reporting within the service delivery

3.1.2   Manage the service delivery in an effective, appropriate and timely manner.
- Ensures service delivery is aligned with documented Standard Operating Procedures and agreed goals of organisation
- Works within organisation's Standard Operating Procedures
- Maintains procedures that support consistent and efficient service delivery
- Maintains standards of professional care relevant to the legislative obligations, responsibilities and duty of care of all collaborating health professionals.
- Identifies and manages all required resources to ensure they are sufficient and appropriate for service delivery
- Promptly accesses resources needed for service delivery
- Develops a medicines and health information contact network resource

3.1.3   Document the service provided, including consultation, recommendations, agreed goals, action/care plan and follow up.

- Recognises the importance of accurately recording recommendations and outcomes in a manner consistent with professional standards and workplace policy
- Uses a systematic process for documentation of service delivery
- Identifies existing tools or develops new resources eg consultation templates that facilitate service documentation
- Formally documents recommendations and outcomes of service as required by contracting agency

3.1.4 Take responsibility for patient privacy
- Understands and complies with relevant privacy legislation (eg Health Information Privacy Code 1994) impacting on professional pharmacy practice (ie. collection, use and disclosure of personal information (including health information).
- Understands the consumer's expectations and rights in relation to maintenance of privacy and confidentiality.
- Takes all reasonable steps to guarantee patient privacy is maintained and to prevent unauthorised or accidental disclosure of confidential information.

3.1.5 Apply principles of informed patient consent.
- Understands the importance of the consent process which allows patients to exert autonomy and grant or withhold permission and supports the patient's rights to be informed and make autonomous decisions.
- Understands the essential elements of valid consent (e.g. capacity to consent, clear and accurate explanation, confirming the consumer understands, absence of coercion, explicit statement of right to decline or can be withdrawn by the patient at any time.)
- Obtains consumer consent as required for professional services, including those where personal health information will be shared with other health professionals.
- Maintains records of informed patient consent
- Documents and manages procedure when consent is denied or withdrawn.

3.2   Manage risk within own practice context

3.2.1 Formulate and implement risk management policies/protocols that include the identification and resolution of new risk management issues
- Recognises potential sources of external and internal risk in services delivery and possible consequences
- Recognises possible risks that may occur when service is delivered by multiple health care providers
- Develops and/or and maintains appropriate professional services documentation that include policies/protocols for identifying, managing and resolving identified risk and promoting patient safety
- Monitors and reviews risks and issues on an ongoing basis. New and emerging risks will be considered as part of the process.
- Implements documented risk reduction processes to minimise harm
- Regularly reviews policy compliance & protocol suitability to identify areas for improvement

3.2.2 Recognise, manage and minimise identified risks
- Identified risks are quantified in terms of their probability of occurrence and seriousness of outcome
- Manages risks in a proactive and continuous manner
- Maintains procedures that provide systematic review of identified risk
- Anticipates risk occurrence and takes preventive action to manage or minimise risk occurrence
- Can describe and/or promptly access risk management protocols
- Complies with workplace guidelines intended to reduce risk
- Participates in and responds positively to any action designed to minimise risk – either to prevent risk occurring, to mitigate outcomes after event or to prevent recurrence eg root cause analysis
- Uses appropriate documentation system to record incidents and actions taken to minimise impact on patients and/or organisation
- Assists in maintaining a 'no blame' culture to allow open review of risk occurrence and opportunity for improvement
- Assists in building a risk aware culture within the organisation, including appropriate education of personnel involved in service delivery

3.2.3 Recognise personal limitations and work within them.
- Use reflective techniques to identify personal limitations in knowledge, skills and experience in relation to the services provided.
- Knows how and where to access additional information and/or expert advice and assistance when needed.
- Recognises personal limitations in expertise and/or interpretive ability that would require additional support
- Accepts responsibility for identifying and responding to personal circumstances that could impair professional performance.
- Knows where and how to access sources of support when required as a result of impaired performance

3.2.4 Recognise need for, and facilitate patient referral to another health professional when appropriate.
- Identifies circumstances when referral to another health professional is required
- Provides clear explanation of the reasons for referral without causing patient and/or family/caregiver/whanau any unnecessary concern or anxiety
- Facilitates referral to another health professional to ensure patient have access to appropriate expertise
- Collaborates and/or liaises with other health professionals to optimise patient health outcomes
- Complies with accepted professional guidelines and protocols for referring patients
- Completes any required documentation to allow another health professional to maintain optimal patient continuum of care

3.3   Maintain patient records

3.3.1 Document and update patient information including recommendations and agreed goals into cohesive formal record.
- Uses a systematic method for documenting recommendations and outcomes
- Accurately and concisely documents own process and recommendations into patient's record, or informs primary health care professional as soon as reasonably possible to ensure records are current

3.3.2 Contribute to patients' medical records as appropriate.
- Uses accepted nomenclature and conventions to update patient information to ensure it is readily accessible to other health professionals caring for that patient to enable continuum of care

MRS 4   MAINTAIN SERVICE QUALITY

This standard describes the ability of the pharmacist to ensure the ongoing quality of the medicine review service(s) he/she provides.

Range Statement:

The pharmacist proactively reviews his/her own performance using self reflection. Delivery and outcomes of the service are reviewed, measured and evaluated, and improvements implemented.

4.1   Participate in personal professional development and peer support

4.1.1 Undertake self-development through regular and relevant continuing professional development activities in the context of own practice.
- Maintains a positive attitude to ongoing learning and professional development.
- Uses self assessment, reflective learning, peer review and performance review as sources of feedback on professional capability.
- Analyses own learning needs relative to current specific role and uses this to develop a personal structured development plan to maintain and/or improve professional capability.
- Accepts responsibility for achieving learning and professional development goals and demonstrates habits of self-learning
- Participates in a range of activities (e.g. experiential learning, academic courses, presentations, clinical audits and workshops) that address learning and professional development needs.
- Regularly monitors learning and development achievements against personal development plan and changes in practice.
- Applies new knowledge and/or experiences to enhance problem solving abilities, change or extend professional practice or deliver new services.

- Implements and describes practice change subsequent to reflective review process.

4.1.2 Participate in a formal network with other pharmacists providing similar services to share and learn from each other's experiences
- Understands relevance and need for peer support
- Participates in developing plan for peer meetings
- Actively promotes a culture that is cooperative, supportive and non competitive
- Develops effective supportive relationships within the group
- Actively participates in peer meetings on a regular (at least 5 – 6 times annually)
- Uses peer meetings as a foundation to develop an action plan for addressing any identified learning as a result of the meeting.
- Uses structured process to systematically review the quality of care provided, as measured against professional standards of practice.

4.2   Evaluate and practise continuous quality improvement

4.2.1   Describe the principles of quality improvement.
- Understands the role quality improvement plans serve in risk management and harm minimisation as well as service improvement
- Understands the reasons for structured QIP – identify issues or processes that need to or could be improved, plan implementation of improvements, monitor implementation and outcomes of changes
- Understands the methods and tools used for measuring performance and assessing quality of care including Adverse event monitoring, Satisfaction surveys, Benchmarking, Evidence based medicine, Clinical guidelines, Risk management
- Promotes improvement and the achievement and maintenance of excellence in the quality of medicine management services and the service environment

4.2.2   Formulate a Quality Improvement Plan for the service(s) provided that includes service, pharmacist and patient components.
- QIP follows a recognised structure eg
  1. FOCUS (Define and verify the process to be assessed)
  2. ANALYSE (Collect & analyse data to establish baselines, identify root causes and point toward possible changes)
  3. DEVELOP (develop action plans for improvement based on collected data, including implementation, communication, and measuring/monitoring)
  4. ACTION (Implement the action plans)
  5. EVALUATE (Install an ongoing measuring/monitoring system to ensure success)
- Systematically uses a range of quality improvement or quality assurance tools to identify areas for improvement (eg peer review, stakeholder feedback, audit, self-assessments against quality standards), to develop an action plan and to measure the impact of those actions.

4.2.3   Measure and evaluate outcomes of the service(s) in a timely and responsive manner
- Uses the type of data needed to analyse performance (eg process not people, improvement not defence, what can be controlled, data collected represents reality (fact), not assumption.
- Surveys healthcare team, patients and other stakeholders/service users about the development and/or review of service policies and procedures.

4.2.4   Assess the results of the evaluation and consults within/outside the team to resolve issues
- Uses the outcomes of a quality improvement programme to evaluate need for change or improvement in the medicines management programme or service delivery
- Uses healthcare team, peer and consumer feedback to assess opportunity and/or necessity for change or improvement
- Accesses and uses both internal and external expertise to identify how changes or improvement can be managed and/or implemented.

4.2.5   Implement changes and improvements in response to service evaluation.
- Uses data and information gathered about medicine management services to implement changes required to improve services provided.
- Uses consumer and/or stakeholder feedback (e.g. surveys) or the results of service monitoring (e.g. complaints monitoring) or quality improvement activities to improve medicine management services.

4.2.6   Participate in service audits to manage quality improvement

- Applies required professional practice standards in the workplace.
- Plans and implements activities to maintain or improve the quality of medicine management services and/or the work environment.

MRS 5   PRACTICE MEDICINES MANAGEMENT

This standard describes the generic knowledge, skills and attitudes required by a pharmacist to provide Medicines Review Services. These services are undertaken in a proactive, structured and systematic manner by a pharmacist who is accountable and responsible for the delivery of the medicine management service to the patient.

Range Statement

Pharmacists require the appropriate knowledge, skills and attitudes that allow them to provide the range of services that they intend to perform. See specific prerequisites in attached schedule for each element.

5.1   Practise appropriate knowledge, skills and attitudes

5.1.1   Attain the specialist knowledge, skills and attitude required for each level of service as specified in accompanying schedule.
- eg holds APC in Pharmacist Scope of Practice with no conditions, PG Cert, PG Diploma etc
- Meets ongoing competence requirements expected for level of medicine management service offered.

5.1.2   Evaluate and apply recent, evidence based pharmacotherapeutic knowledge as appropriate within the level of service offered.
- Ensures information resources are sufficient and appropriate for the type of information required
- Identifies and uses appropriate information sources for different types of information
- Accesses and uses current clinical or research literature needed to support own medicine review service
- Accesses and uses current relevant evidence-based guidelines and established standards and criteria (e.g. specialised institutional protocols, or best practice guidelines (NZ Guidelines Group).
- Interprets and uses information from multiple sources to provide an overall, evidence based medicine management plan within the context of own medicine review service

5.1.3   Plan, manage, monitor and review pharmaceutical care plans where necessary, as appropriate within the level of service offered.
- Identifies situations where improvements in medicine use can or should be achieved through a formal review of medicine use.
- Applies evidence-based information to inform recommendations
- Formulates and justifies evidence based conclusions and recommendations for changes
- Presents review findings and recommendations clearly and concisely in appropriate and/or required format.

5.2   Demonstrate professional reasoning and judgment

5.2.1   Practise sound reasoning and judgment when making decisions or recommendations, including analytical skills, judgment skills, interpretation skills, and appraisal of options.
- Uses professional knowledge and judgement to identify actual or potential medicine related problems
- Differentiates between and evaluates available treatment options and can explain the rationale underlying the final recommendation in terms of factors relevant to the individual patient
- Uses logical decision-making to develop a plan for addressing the key medication-related issues identified.
- Differentiates and evaluates professional opinion, advice or recommendations from information resources

5.2.2   Integrate relevant patient and medicine related factors including uncertainties in the decision making process to solve problems holistically.
- Identifies patient related factors eg age, weight, disease state, health beliefs or literacy, that are likely to impact on efficacy or safety of treatment

- Identifies medicine related factors eg bioavailability, pharmacokinetics, therapeutic range, preservatives, stability that are likely to impact on efficacy or safety of treatment
- Integrates and evaluates the significance of these factors in making decisions within the context of own medicine review service
- Identifies appropriate treatment options (including complementary medicines and non-medicinal interventions) to overcome medication related problems.
- Identifies situations where changes in therapy (initiation, alteration, discontinuation) may contribute to individual patient benefit

5.2.3   Evaluate medicine and health information in the absence of definitive evidence or when there is conflicting evidence to make patient centred decisions.
- Identifies when available information is inconsistent or in conflict, or when available information resources are inadequate
- Uses a range of information resources to obtain or provide confirmation of required information
- Justifies the selection of information considered relevant that contributes to recommendations
- Integrates and evaluates information from different sources to enable an appropriate evidence based decision and/or recommendation
- Establishes and justifies decisions/recommendations in the face of divergent or conflicting information or where there is a lack of information

5.2.4   Prioritise recommendations when problem solving to optimise patient outcomes.
- Prioritises the care needs of patient
- Identifies situations where immediate intervention on behalf of the patient is justified
- Explains and justifies priorities of recommendations (patient safety, benefit, cost or other criteria)

5.3   Take professional responsibility and accountability

5.3.1   Take responsibility for decisions and outcomes that affect patients both directly and indirectly.
- Accepts responsibility for the actions and decisions taken in the course of professional practice and the associated outcomes (direct and indirect).
- Promptly responds to poor or potentially poor outcomes (e.g. in the event of error or misinformation).
- Accepts responsibility for assuring the quality of professional services provided.
- Accepts responsibility for and explains professional judgments, actions, omissions and outcomes associated with professional contribution
- Advocates for patient's rights or needs within the professional role and expertise of a pharmacist

5.3.2   Show accountability to team(s) and governance bodies relevant to own practice.
- Understands pharmacists are accountable for the services they provide and the associated outcomes.
- Applies principles of open disclosure as they apply to health care incidents.
- Responds to the demands and expectations of members of the health care team.
- Explains and demonstrates the pharmacist's roles and responsibilities in terms of the position they hold within their healthcare team
- Understands the structure of the organisation and medicine review service they work within
- Describes where their position fits in the structure and their responsibilities and accountabilities.

Appendix 3. Pharmacy Council of NZ Endorsed Accreditation Pathway

Council Endorsed Medicines Therapy Assessment Accreditation Pathway

- Registered in Pharmacist scope of practice, hold a current APC with no conditions;
- ≥2 years post registration, with relevant and appropriate patient orientated experience; **AND**
- Holds either a
    - Post Graduate Certificate in Pharmacy (Medicines Management), University of Otago OR
    - Post Graduate Certificate in Clinical Pharmacy or Pharmacy Practice, University of Auckland

Currently working in a MTA-like role

Yes

No

Yes:

Established collegial relationship with a collegial advisor

Full MTA Accreditation (meets all portfolio requirements)

Meet ongoing competency requirements to retain MTA accreditation

No:

Establish collegial relationship with a collegial advisor

Provisional Accreditation (meets some portfolio requirements)

Full MTA Accreditation (meets all portfolio requirements)

Meet ongoing competency requirements to retain MTA accreditation

Council notes that an Accreditation/Recognition of prior experience and learning (A/RPEL) pathway will be available, and that this will be for pharmacists currently working in an MTA- like role who do not hold the specified post graduate qualifications. It is likely that these pharmacists will hold other postgraduate qualifications such as the PG Diploma or Masters in Clinical Pharmacy. The A/RPEL assessment process must be a systematic and valid assessment process. These pharmacists should be assessed on an individual basis.

Pharmacy Council of NZ

Appendix 4. DHBNZ National Pharmacist Services Framework: Medicines Therapy Assessment Services Description Summary

Service Title	Description
Medicines Therapy Assessment (MEDICINES REVIEW SERVICES contd.)	<u>Aim:</u> to improve current medicines utilisation and potential prescribing for individual Service Users, and to improve individual Service User's health related outcomes. <u>Definition:</u> clinical review of all current therapy where the Service Provider has access to full clinical notes and the interaction and intervention involves either or both Service User and prescribers e.g. participation in a multi-disciplinary team <u>Components include:</u> (a) The physical presence of the Service User whenever possible as dictated by best practice, unless, due to disability or geographical isolation within New Zealand as well as the inability to visit the service provider regularly, this is impractical. (b) The utilisation of a private area for discussions with Service Users and their family/whanau (c) Service Provider may be involved in weekly rounds or multidisciplinary team meetings (or similar) (d) Formal referral into the service from other healthcare providers (e) Assessment of all therapy for existing or potential medicine therapy problems (f) Counselling about current medicines (g) Counselling about current medical conditions (within the boundaries of the Service Provider's scope of practice) (h) Removal of out of date medicines and medicines that are no longer required (with the Service User's permission within allowed regulatory parameters) (i) Reporting of suspected significant adverse medicine effects (j) Assistance with and monitoring of adherence (k) Peer review (l) Formal referral and report when issues are identified as beyond the Service Provider's scope, to appropriate health professionals. (m) Appropriate documentation of services provided

Reference: *http://www.dhbnz.org.nz/Site/SIG/NPSF/NPSF-Framework.aspx*, *(accessed 08 April 2011)*