Competency M1.1 Demonstrate personal and professional integrity

M1.1.1.
Applies patient centred care principles as the cornerstone of professional practice

Level this behaviour currently demonstrated? Not yet competent or consistent
Do I need or want to do any more learning for this behaviour? Yes

Pharmacists provide professional services and advice to individual patients or service users as well as to entities acting on behalf of individuals.

This behaviour sits within the ‘Demonstrate personal and professional integrity’ competency and so this behaviour is about the responsibility pharmacists have to deliver professional services that remain centred on patients, always keeping in mind and respecting their needs, taking account of their rights and expectations as the foundation for all professional practice. The basis for patient centred care involves pharmacists understanding that each patient is unique and working in partnership with them, adapting what they do to address the needs and reasonable expectations of each person. Have a look at the Quality and Safety Commission website for some more resources.

M1.1.2.
Demonstrates awareness of position of trust in which the profession is held and practises in a manner that upholds that trust

Level this behaviour currently demonstrated? Not yet competent or consistent
Do I need or want to do any more learning for this behaviour? Yes

Patients or clients trust practitioners because they believe that, in addition to being competent, practitioners will not take advantage of them and will display qualities such as integrity, truthfulness, dependability and compassion. Patients or clients also rely on practitioners to protect their confidentiality.

Principle 6 of the Code of Ethics states: “Patients, colleagues and the public place their trust in you as a pharmacy professional. You must behave in a way that justifies this trust and maintains the reputation of your profession.” You have a responsibility to act with integrity and behave in a manner that upholds the good standing of the profession. This demonstrates that you understand your fundamental obligations to behave and practise in manner that upholds the reputation of your profession, and avoid any behaviour that might bring the profession into disrepute or impair the public’s confidence in the pharmacy profession.

M1.1.3.
Accepts responsibility and accountability for membership in the profession

Level this behaviour currently demonstrated? Not yet competent or consistent
Do I need or want to do any more learning for this behaviour? Yes

Pharmacists must be able to accept responsibility and be accountable for their actions, decisions and associated outcomes (both direct and indirect) that occur as part of their professional practice. They should make and justify any decision in a manner that reflects the code of ethics and pharmacy and medicines law.

There should be an awareness of and participation in professional indemnity requirements. (www.pda.org.nz)
### M1.1.4.
**Treats others with sensitivity, empathy, respect and dignity**

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Principle 4 of the Code of Ethics describes how showing respect for the dignity, views and rights of others is essential in forming and maintaining professionally appropriate relationships. This includes patients, their carers, pharmacy colleagues and other healthcare providers you come into contact with.

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### M1.1.5.
**Commits to continuing professional development (CPD) and lifelong learning**

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It is important to understand the concept of lifelong learning:

- Consider and appraise your current practice thoughtfully and regularly;
- Evaluate learning and identify learning needs according to accepted standards of practice,
- Formulate a plan to address learning needs and act appropriately
- Undertake self-directed learning as part of a structured learning plan
- Record actions taken to fill identified gaps in knowledge/skills/practice in line with Recertification Programme criteria

You should actively seek and use up-to-date pharmacy knowledge and skills to ensure a high standard of professional competence and undertake continuing education and professional development relevant to your current area of practice. Part of this responsibility is to understand and meet the recertification requirements of the Pharmacy Council and the ENHANCE programme. Taking responsibility for developing and completing a Professional Development Plan together with your learning partner that maintains and/or improves your professional capabilities is a good way of demonstrating this behaviour.

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### M1.1.6.
**Works within limits of own professional expertise and competencies, and within relevant scope(s) of practice**

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You should be able to recognise your limitations in knowledge, skills and experience within your current (or future) role and actively address these by accessing additional support, learning or experience, as and when required. It is important that you are aware of what you don’t know, and only provide professional services in those areas in which you know you are competent, within your Scope of Practice and any conditions on your APC.

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### M1.1.7.
**Accepts responsibility for own actions and performance**

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A pharmacist is professionally accountable and responsible for their own practice, the actions, omissions and outcomes associated with their professional role i.e. they are accountable and responsible for what they do or do not do, no matter what advice or direction a manager or another professional gives them. A pharmacist may be faced with conflicting professional or legal responsibilities; therefore they must use their professional judgement when deciding on a course of action and should use their professional and ethical principles as a basis for making those decisions.

A pharmacist must also accept responsibility for actions taken by other staff for whom they are responsible, e.g. students, retail or admin staff.
M1.1.8.
Shares professional strengths with others

Level this behaviour currently demonstrated?  Not yet competent or consistent

Do I need or want to do any more learning for this behaviour?  Yes

Part of your role as a professional is to contribute to the ongoing development of your profession by maintaining a positive attitude to professional development by understanding the benefits of, and actively participating in professional development activities, and being an active and supportive Learning Partner if required. This includes being willing and available to share your knowledge, skills and expertise to contribute to the development, education and training of colleagues and students.

Being involved in activities such as training staff; teaching; acting as a preceptor; mentoring students, interns and colleagues; participating in discussions and initiatives to develop the profession and showing professional leadership all contributes to demonstrating this behaviour.

Competency M1.2 Comply with ethical and legal requirements

M1.2.1.
Understands and is able to explain the rationale and application of regulations that are relevant to and impact on pharmacy practice

Level this behaviour currently demonstrated?  Not yet competent or consistent

Do I need or want to do any more learning for this behaviour?  Yes

M1.2.2.
Complies with those parts of the legislation that apply to his/her pharmacy practice

Level this behaviour currently demonstrated?  Not yet competent or consistent

Do I need or want to do any more learning for this behaviour?  Yes

Regulations in this behaviour refers to the Acts, Regulations, Guiding Documents and Codes of Practice that directly or indirectly impact on the professional practice of pharmacy. Pharmacy practice is highly regulated by both statute and common law and pharmacists should be familiar with the key regulations, standard and codes listed in Appendix 2 of the Competence Standards (see below for links).

These behaviours are about understanding the application of regulations as they relate to professional pharmacy practice. It is necessary to have an understanding of these (or know where they can be accessed) to be able to comply with them and explain their application to day to day work. Being able to explain the application of the legislation demonstrates an understanding of it. A very useful reference is the Pharmacy Practice Handbook (from the Best Practice member’s area)

All of the legislation (Acts and Regulations) can be found from http://legislation.govt.nz/, however, many of these also have dedicated websites that provide more information about their rationale and application (links below where applicable):

The NZ College of Pharmacists offer a membership module "Practice Pharmacy in a Professional Manner" on a biennial basis (last offered in 2013) and provides a working knowledge of the legislation, Pharmacist’s Code of Ethics and patient rights (all part of Domain M1).

Legislation

Commerce Act 1986
   - Anti-competitive Practices
Consumer Guarantees Act 1993
Crimes Act 1961
Fair Trading Act 1986
Health Act 1956
Health and Disability Commissioner Act 1994
Health and Disability Services (Safety) Act 2001
Health and Safety in Employment Act 1992
Health Practitioners Competence Assurance Act 2003
Human Rights Act 1993
Accident Compensation Act 2001

Medicines Act 1981
Medicines Amendment Act 2013
Misuse of Drugs Act 1975
New Zealand Bill of Rights Act 1990
NZ Public Health & Disability Act 2000
   - NZ Health and Disability Sector Overview(MOH July 2003)
Official Information Act 1982
Privacy Act 1993

On the Record is a practical guide to health privacy in NZ published by the office of the Privacy Commissioner, and a ready reference for managing common situations that health professionals face.
M1.2.3. Demonstrates sound knowledge and understanding of ethical principles and values that underpin the profession

| Level this behaviour currently demonstrated? | Not yet competent or consistent |
| Do I need or want to do any more learning for this behaviour? | Yes |

M1.2.4. Complies with the obligations created by the code of ethics

| Level this behaviour currently demonstrated? | Not yet competent or consistent |
| Do I need or want to do any more learning for this behaviour? | Yes |

The principles of the Code and their supporting obligations form the basis for the provision of a consistent high quality professional service which safeguards and promotes the well-being of patients, the community and maintains public confidence in the profession. Each principle is of equal importance.

Each pharmacist will have their own personal beliefs and values, but there are certain professional values on which all pharmacists are expected to base their practice. These professional values apply to the pharmacist’s conduct regardless of their area of practice, even if they do not treat, care for or interact directly with patients and the public.

When faced with conflicting professional, legal or ethical responsibilities, it is necessary to consider all possible courses of action and the risks and benefits associated with each one to decide what is in the best interests of patients and the public. It is important that professional judgement is not affected by personal or organisational interests, incentives, targets or similar influences. Pharmacists should be prepared to challenge the judgement of colleagues and other professionals if they have reason to believe that another’s decisions or course of action could affect the safety or care of others.

The Pharmacy Council Code of Ethics can be found at www.pharmacycouncil.org.nz/code_of_ethics
M1.3 Contribute to quality improvement

The principles of improving the quality of services and providing excellence in clinical care are not optional add-ons. They are integral to everyday clinical practice for all health professionals, and combine three components: setting clear standards, developing local systems for achieving them, and monitoring whether this has been achieved. The links between the three are illustrated below.

Pharmacists have a responsibility to maintain the quality of professional services provided to any user. They should be aware of the principles of quality assurance and the tools and methods available to evaluate those services. There should be an ongoing commitment to continuously improving the services offered to minimise risk and optimise the outcomes for service users.

You have an obligation to maintain a focus on the quality of the services provided regardless of your area(s) of practice. However, having a vision of continuously improving service quality is not sufficient. You also need to know what is required to make the vision a reality. You should have an awareness of appropriate tools and methods available to evaluate the quality of your clinical and/or professional services and to optimise outcomes and minimise risks to service users.

Understanding the concept of Clinical Governance is part of quality improvement. Clinical governance embodies three key attributes: high standards of care, responsibility and accountability for those standards, and a constant dynamic of improvement. It is about being accountable, taking professional responsibility, having the right systems and processes in place and about continuously improving what you do.

M1.3.1. Describes the principles of, and contributes to the requirements of quality improvement

| Level this behaviour currently demonstrated? | Not yet competent or consistent |
| Do I need or want to do any more learning for this behaviour? | Yes |

Quality improvement is an organised, systematic and proactive process that evaluates and measures current professional services. It encourages all health care team members to continuously ask “How are we doing?” and “Can we do it better?” (Edwards, 2008). More specifically, can we do it more efficiently? Can we be more effective? Can we do it faster? Can we do it in a more timely way? Continuous improvement begins with the culture of improvement for the patient, the practice, and the population in general. To achieve results and therefore improve quality, ‘how we do it now’ might need to change.

There are four core principles:

Focus on the Process.

QI consists of evaluating and measuring two main components:

1. what is done (what services are provided) and
2. how it is done (when, where, and by whom)

Improvement can be achieved by addressing either component; however, the greatest impact is when both are addressed at the same time

Focus on Service Users

An important measure of quality is the extent to which patients’ needs and expectations are met. This can include things like:

1. Identifying and reducing factors that lead to inequities in health outcomes (1.4.6)
2. Providing evidenced based healthcare
3. Optimising outcomes and minimising risk (e.g. support for patient engagement, coordination of care with other parts of the larger health care system, cultural competence, including assessing health literacy of patients, patient-centred communication, and linguistically appropriate care)

Focus on the team

The service is delivered through processes and systems in which different people fulfil different functions, so each individual has a responsibility to be an active and contributing member of the team, bringing their unique perspective to the process; i.e., how things work; what happens when changes are made, and how to sustain improvements during daily work. This brings their insights to the understanding of changes that need to be made and to the effective implementation of the appropriate processes, as well as to the development of ownership of the improved processes and systems. Contributions are made from each individual’s skill set and the team's synthesis of ideas.
Focus on use of the data

Data is the cornerstone of QI. It is used to describe how well current systems are working; what happens when changes are applied, and to document successful performance. Using data:

- Separates what is thought to be happening from what is really happening
- Establishes a baseline (Starting with low scores is ok)
- Reduces implementation of ineffective solutions
- Allows monitoring of procedural changes to ensure that improvements are sustained
- Indicates whether changes lead to improvements
- Allows comparisons of performance across sites

**M1.3.2.**
Understands and explains the concepts of clinical governance

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“Clinical governance is the framework through which [health] organisations or individuals are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.” (G. Scally and L.J. Donaldson. Clinical governance and the drive for quality improvement in the new NHS in England. BMJ, 317(7150):61–65, 1998.)

It is the term applied to collecting all the activities that promote, review, measure and monitor the quality of patient care into a unified and coherent whole. It has been defined as a systematic and integrated approach to assurance and review of clinical responsibility and accountability that improves quality and safety resulting in optimal patient outcomes.

The core aim of clinical governance is to raise the quality of health care for patients by reducing unacceptable variations in clinical practice, improving quality and combining the disparate strands of quality improvement (education, audit, risk management, evidence-based practice, guidelines) into a cohesive whole and connecting the results of this to the planning of future services.

**M1.3.3.**
Recognises quality as a core principle of healthcare provision

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**M1.3.4.**
Contributes to own organisation’s quality improvement plan

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**M1.3.5.**
Participates in regular evaluation activities relevant to own practice and acts upon findings in a timely and responsive manner

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The focus of clinical governance is the system for organising and delivering care, with an aim of involving health professionals in leading and improving this. Robust clinical governance requires a clinical workforce who are engaged and committed to What this and service improvement in their organisation and to better patient care.

Other definitions accessible in the published research literature seem to have in common the idea that medical and other professionals have a responsibility to step up and change the systems and processes of care that they contribute to in order to improve patient safety and quality of care and provided services. At the heart of this is the idea that health professionals are best placed to encourage performance improvement amongst peers and should be involved in leadership. You can read more on the health Quality and Safety Commission website.

See also M1.3.6
M1.3.6.
Investigates and applies research to improve quality and safety

Level this behaviour currently demonstrated? Not yet competent or consistent
Do I need or want to do any more learning for this behaviour? Yes

As well as the more formal evaluation processes outlined in the behaviours above (1.3.1, 1.3.2, 1.3.3, 1.3.4), the "research" in this element may be more about the 'informal' research that you might do to improve the way you work, by identifying areas of practice requiring improvement, e.g. process/system issues, that you seek to change and improve.

Having identified that there is a problem - to improve or solve a problem it is often useful to collect some background information or do some 'research' (to get an understanding of the issues around it or why it is happening). Then you can resolve the problem more effectively - as you have a better understanding of it.

Example:
You notice that the dispensary seems to always be extremely busy on Thursdays. You do some informal research to find out if this is just a coincidence or if Thursdays are a day you need to actively make changes to cope with the extra work load. So you look at the average prescription numbers/day and from this can confirm that Thursdays are busier, you also find out that the reason for this is that your local GP practice holds a clinic on Thursdays (you have gathered information).

You can then take steps to ease the pressure on Thursdays e.g. anticipating the extra work load and rescheduling routine weekly tasks to avoid Thursdays, or changing your staffing ratios to reflect the workload.

Example:
You find that information isn't 'handed-over' well from the previous day, so you collect examples of problems that this is causing (e.g. prescriptions that have owes on them, out-of-stocks, Mrs X has called in for a product that was going to be ordered in for her but you know nothing about it and can't find it. etc.). This allows you to objectively identify what the problems are and you can now talk with the other pharmacy staff to set up better communication process to prevent things falling between the cracks.

You create a 'communications book' for the pharmacy that contains any information required about tasks that are unfinished for any reason from the previous day(s). This illustrates how a problem is identified, information is gathered (research) to get a better understanding of the causes of the problem and then something is done to resolve it.

M1.4 Practise pharmacy within New Zealand's culturally diverse environment

M1.4.1.
Undertakes regular self reflection to identify own cultural values

Level this behaviour currently demonstrated? Not yet competent or consistent
Do I need or want to do any more learning for this behaviour? Yes

Everyone has culture. However, while we are born into cultures we are not born with culture. Culture is something that we learn. Culture is dynamic and adapts to changing circumstances. Some aspects of culture are our identity; ethnicity, age or generation; gender; sexual orientation; education; occupation and socio-economic status; and ability/disability. Culture can also be used to describe our way of life and the values, beliefs, and attitudes that we use in everyday life. Some definitions of culture focus on art, religion, eating habits, rituals, humour, science, law, sports, ceremonies and so on. It is important to understand that there is as much variation within cultures, as between them and that individuals express their cultures in various ways depending on the circumstances.

We continually express our culture; the danger is being unaware of that expression. Coming to an understanding of the ways in which our beliefs, experiences, values, and assumptions are linked to culture is an essential feature of culturally responsive practice. Cultural responsiveness requires us to acknowledge and understand our own cultural values and how this impacts our practice. It comes from understanding self and others so that different values are understood and respected, rather than one set of values being imposed on all.

Some online tools to help identify your own culture:
- www.culture-advantage.com/awarenesspage2.html
- A Cultural Competence Guide for Primary Health Care Professionals in Nova Scotia
M1.4.2.
Understands and is able to explain the impact that own identity, including cultural values, has on one’s practice as a pharmacist

Level this behaviour currently demonstrated?  Not yet competent or consistent
Do I need or want to do any more learning for this behaviour?  Yes

This includes cultural awareness: being aware of your own culture and beliefs and respectful of the beliefs and cultures of others, and recognising that these cultural differences may impact on the pharmacist–patient relationship and on the delivery of services. You need to be able to demonstrate a reasonable degree of insight into how your personal background may impact on your ability to successfully communicate and work with service users from a variety of different cultural and linguistic backgrounds.

A Cultural Competence Guide for Primary Health Care Professionals in Nova Scotia is a very good (Canadian) resource that includes tools and resources to assist primary health care professionals in providing culturally competent health care. Culture is a broad term used in reference to a wide variety of groups. In order to respectfully and effectively address health needs and issues related to race, ethnicity and language, the focus of this guide is on these elements of culture. It is divided in to five sections:

- **Section I** provides general information about cultural competence, followed by key concepts that come up in relation to cultural competence. The section concludes with brief demographic, historical and health barriers synopses of Nova Scotia’s four most prominent diverse communities: First Nations, African Canadians, Immigrant Canadians as well as Acadians and Francophone Canadians.
- **Section II** contains information and tools most relevant to primary health care providers, including self-assessment questionnaires and useful patient / client encounter questions.
- **Section III** focuses on the role management and administrative staff play in developing cultural competence within primary health care, and includes organisational assessments and the role of Human Resources divisions.
- **Section IV** recognizes the integral role front-line staff play in client/patient –organisation interaction, and provides tools for front-line staff to use in assessing their cultural competence.
- **Section V** concludes the guide with additional resources, such as community contacts, online resources and definitions of terms.

M1.4.3.
Identifies and values the cultural diversity of own area of practice

Level this behaviour currently demonstrated?  Not yet competent or consistent
Do I need or want to do any more learning for this behaviour?  Yes

Most local authorities have community profiles available on line. You could also look at communitymatters.govt.nz. This website provides New Zealand community profiles to help identify and understand the current and future trends in social, economic, environmental, and cultural well-being of New Zealand communities. The information in the community profiles will come from a number of sources which are publicly available.

You can also access local community support information through your local Citizens Advice Bureau or your DHB.

National support organisations often have local support group contact details available through their websites eg AsthmaNZ, NZ Heart Foundation, Plunket

M1.4.4.
Respects others, both individually and collectively

Level this behaviour currently demonstrated?  Not yet competent or consistent
Do I need or want to do any more learning for this behaviour?  Yes

“When we treat people EQUALLY we ignore differences.  
When we treat people EQUITABLY we recognize and respect differences.”

This behaviour refers to the understanding, respect and empathy that you should demonstrate to others regardless of ethnicity or cultural background. We all practise pharmacy within a New Zealand cultural framework - you probably have patients/customers who are from a variety of cultural backgrounds - how do you adapt your response to these customers to meet their needs?

You can download and use the Association of Professional Chaplains (USA) “Cultural & Spiritual Sensitivity: A Learning Module for Health Care Professionals” which provides a tool for you to assess your own cultural and social identity, provides skills and a case study to test your learning and then some excellent multicultural health tips *(Don’t treat others as YOU would want to be treated.  
- Try to learn how THEY want to be treated.)*
Understands and explains the impact of culture on health status and on maintenance of health

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Good practice includes being aware that differences such as gender, sexuality, age, belief systems and other anti-discrimination grounds in relevant legislation may influence care needs, and avoiding discrimination on the basis of these differences. The Association of Professional Chaplains (USA) have some excellent resources for health professionals about working with people of various cultures and religions. You can download their [Cultural and Spiritual Competency Handbook](#) (February 2014) which provides overview information about culture and beliefs including dying and death, food, health, pregnancy and birth and other facilitating practices for:

**Religions:**
- Western Religions (Christianity (and several subsets), Islam, Judaism and comparisons),
- Eastern Religions (Buddhism, Hinduism, Sikhism),
- Other (Bahá’í, Hawaiian Spirituality, Native American, Rastafarian Movement, Santeria, Voodoo, Wicca)

**Cultures**
- Major American Cultures (African American/Black, Hispanic American, Native American, Native Hawaiian)
- African Cultures (Ghanaian, Kenyan, South African)
- Caribbean Cultures (Cuban, Haitian, Jamaican)
- Middle Eastern/North African Cultures (Arab, Egyptian, Iranian, Libyan)
- East Indian Cultures
- East Asian Cultures (Chinese, Filipino, Japanese, Korean, Vietnamese, Indonesian, Tibetan)
- Euro-Asian Cultures (Gypsy / Roma, Russian)

Identifies and works towards reducing factors that contribute to inequities in health outcomes

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There is considerable evidence, both internationally and in New Zealand, of significant inequalities in health between socioeconomic groups, ethnic groups, and people living in different geographical regions and males and females (Acheson 1998; Howden-Chapman and Tobias 2000).

Research indicates that the poorer you are, the worse your health. In some countries with a colonial history, indigenous people have poorer health than others. Inequalities in health are unfair and unjust. They are also not natural; they are the result of social and economic policy and practices. Therefore, inequalities in health are avoidable (Woodward and Kawachi 2000).

The New Zealand Health Strategy acknowledges the need to address health inequalities as ‘a major priority requiring ongoing commitment across the sector’ (Minister of Health 2000).

Like all people, individuals from culturally diverse populations have differing skills, knowledge, and values. It is important to understand people as individuals within the context of cultural competence. While culturally diverse populations often experience barriers in accessing primary health care or feelings of exclusion in general, it cannot be assumed that all people within these groups experience the same reality. The form of exclusion experienced may not be the same across groups of people.

Some useful NZ resources are:
- **Fact and Action Sheets on Health Inequities** June 2011 NZMA – provides a brief stocktake on health inequities in New Zealand, both on what the current state of play is and what the future policy priorities might be.
- **Health Inequities Position Statement**. RNZCGP
- **A Health Equity Assessment Tool (Equity Lens) for Tackling Inequalities in Health** Ministry of Health (2004)
- The [Ministry of Health website](#) provides a wide variety of resources, statements and papers that describe some of the factors that contribute to health inequities in NZ and the strategies that government has in place to address these.

Understand Hauora Māori

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In New Zealand all health professionals have obligations under The Treaty of Waitangi and this activity refers to the understanding, respect and empathy that a pharmacist should demonstrate to others (regardless of ethnicity or cultural background) in our culturally diverse country.

A contemporary application of Te Tiriti o Waitangi in a healthcare setting places emphasis on raising awareness, understanding and commitment to improving the health status of Māori. It emphasises an obligation to a partnership relationship alongside Māori to ensure 'that each partner is proactive and jointly responsible for improving Māori health'.

**Article 1: Kawanatanga** The Principle of Participation -commitment to ensure Māori participation is achieved and maintained at all levels of any organisation.

**Article 2: Tino Rangātiratanga** The Principle of Partnership -commitment to ensuring partnership with Māori in service development and delivery, and providing opportunities for Māori to develop and implement strategies to improve the services and outcomes of Māori.

**Article 3: Oritetanga** The Principle of Protection -commitment to ensuring Māori share in the same health benefits as all peoples of NZ. Māori will have equitable access to health services, that are safe, responsive, respectful and acknowledges Māori cultural needs, beliefs and values.

Even if a pharmacist is not in a situation where the Treaty would apply, we just need to be aware of our obligations. In this respect, it will form part of all of our practices - whether in community or hospital or in non-traditional pharmacy roles.

### M1.5.2. Understands Māori perspectives of health

| Level this behaviour currently demonstrated? | Not yet competent or consistent |
| Do I need or want to do any more learning for this behaviour? | Yes |

There are many resources available to enable a greater understanding of Māori views of health. Some written specifically for health professionals are:

- **Working with whānau**
  Working more effectively with whānau is vital to doing a good job as a health professional and central to having a high-quality health system and to our commitment to the Treaty of Waitangi.

- **The Māori Responsiveness Strategy 2013 - 2023** PHARMAC
  As a Government agency, PHARMAC has a commitment to upholding the articles expressed through the principles of the Treaty of Waitangi. PHARMAC's Māori Responsiveness Strategy provides a framework for ensuring that PHARMAC responds to the particular needs of Māori in relation to medicines.

- **He Rongoā Pai - He Oranga Whānau**
  This is a free programme on medicines information for Māori community based health workers. It aims to improve knowledge and provide information to whānau about the safe and effective use of medicines. The course aims to:
  - improve access to medicines
  - increase awareness of safe and appropriate use of medications
  - promote medications as part of managing overall healthcare, and
  - includes a component on rongoā Māori to improve your understanding of how pharmaceuticals can work alongside rongoā Māori

  It’s important that whānau receive the most up to date information in a way that is of value to them and their community. The content of the He Rongoā Pai, He Oranga Whānau wānanga is currently being reviewed to reflect the changes in the health system and community. A new wānanga timetable will be listed toward the end of 2014.

- **Rongoā medicine**
  New Zealand has a long history of rongoā Māori (traditional healing) and Māori a long history of integrating traditional and western health practices. Combining traditional healing and western medical approaches is increasingly common in the health sector, as we strive to be more responsive and accessible to Māori.

  This section of the website provides some basic information about rongoā Māori and links to more information.

- **Māori health – Academic articles and journals**
  This section contains links to academic journal articles covering various aspects of Māori health

**Basic Practice Update on Māori Health**, NZ College of Pharmacists

**Best Health Outcomes for Māori: Practice Implications** Medical Council of NZ resource booklet, December 2008
M1.5.3.
Recognises the differing health status of Māori and non-Māori and incorporates strategies in own practice to address these

Level this behaviour currently demonstrated? Not yet competent or consistent
Do I need or want to do any more learning for this behaviour? Yes

As a population group, Māori have on average the poorest health status of any ethnic group in New Zealand. The Government and the Ministry of Health have made it a key priority to reduce the health inequalities that affect Māori. If Māori are to live longer, have healthier lives, and fulfil their potential to participate in New Zealand society, then the factors that cause inequalities in health need to be addressed.

Several useful publications addressing this topic are available from both the Ministry of Health website and the Maori Health website. Pharmac provides Te Whaioranga, a website intended for health practitioners working with whanau. It addresses several key issues such as poor access to and use of medicines among whānau, and the need to promote knowledge and understanding about the role of medicines in preventing illness and maintaining wellness among our Māori community. The Maori Health Strategy for the Pharmacy Profession is available from the PSNZ website. The Medical Council of NZ Statement on best practices when providing care to Maori patients and their whanau is available from their website.

M1.5.4.
Pronounces Te Reo Māori correctly, in particular proper nouns, understands common or relevant words and can use them when appropriate

Level this behaviour currently demonstrated? Not yet competent or consistent
Do I need or want to do any more learning for this behaviour? Yes

This activity does not require a pharmacist to be fluent in Te Reo Maori, or even to have completed a Te Reo Maori course, although these are examples that could be provided to illustrate how you have met the requirements of this activity. What is required is that a pharmacist has a basic understanding of common or relevant Maori words and can pronounce them correctly, particularly proper nouns.

There are several resources available to enable you to meet the requirements of this activity. Many of them will be available locally, and you can access others from the Standard One Learning Resources available both from the Learning Resources tab of this website, or from the back of the Standard One Practice Review distributed to all PSNZ members in 2012.

M1.6 Make effective decisions

Clinical reasoning, one of the important aspects of professionalism, is the combination of the thinking and decision making process associated with professional practice. It is a critical skill central to professional autonomy enabling pharmacists to act in a wise and considered manner, after taking into account all the known factors relating to that decision.

To carry out this well, it is necessary to be able to process multiple variables, balance various priorities, negotiate the interests of the different participants involved in the decision making process, inform all decisions and actions with knowledge of current best practice and make those decisions within the context of professional autonomy, and sometimes in the face of inconsistent or conflicting information.

The end result should be a sound professional judgement, clearly and logically communicated in a timely manner about the course of action most likely to be of benefit to the service user. This may include collaboration with or onward referral to another health professional if necessary.

M1.6.1.
Demonstrates the ability to make accurate, evidenced based and timely decisions

Level this behaviour currently demonstrated? Not yet competent or consistent
Do I need or want to do any more learning for this behaviour? Yes

It is expected that pharmacists will identify, interpret and apply evidence-based information, resources, treatment guidelines or protocols within the required context to reach their decision. To do this, it is necessary to be able to access, and understand
research, consensus or best practice treatment guidelines or protocols for specific conditions or areas of practice, and then review the available information efficiently to address query specific issues.

They should be able to effectively manage problems/issues that may act as barriers to a timely decision eg interferences (e.g. telephones, interruptions) that consume time without contributing to task completion, use problem-solving skills to identify corrective action needed to resolve specific problems/issues that may impede progress, and have an ability to manage normal work and contingencies/unplanned events or demands to meet work deadlines.

**M1.6.2.**
**Distinguishes between important and unimportant issues and prioritises their resolution**

**Level this behaviour currently demonstrated?** Not yet competent or consistent

**Do I need or want to do any more learning for this behaviour?** Yes

This behaviour is about accepting responsibility and gathering the required information for making decisions for task prioritisation by addressing problems, managing activities and resources, planning and completing tasks by dealing with multiple and/or conflicting demands on time. Pharmacists should be aware of and consider relevant factors (e.g. consumer need, workflow issues, timelines, urgency, importance, available resources, needs of other members of the team) that impact on the priority allocated to tasks and have the initiative and flexibility to adjust priorities in response to changing circumstances.

The goals of the team should be considered when prioritising tasks, and thought given to delegation of tasks to other members of the pharmacy team where appropriate, e.g. non clinical duties to support staff.

**M1.6.3.**
**Recognises when it is appropriate to collaborate with and include others in decision making, or to refer decisions on**

**Level this behaviour currently demonstrated?** Competent

**Do I need or want to do any more learning for this behaviour?** Yes

This behaviour requires a pharmacist to be able to recognise situations where additional information or expertise is needed from others and to collaborate with them to enable optimal outcomes for the service user. They should be able to maintain rapport and work cooperatively to achieve this, and actively contribute a pharmacist’s perspective and make a positive contribution to team based problem-solving and decision making.

Pharmacists must be able to identify circumstances where onward referral is indicated, and be able to explain the reasons for this referral to the service user.

They should also be able to identify appropriate personnel to resolve, e.g. discuss with medical/nursing/pharmacy staff.

**M1.6.4.**
**Listens to others when decisions are questioned and is open to further evidence**

**Level this behaviour currently demonstrated?** Not yet competent or consistent

**Do I need or want to do any more learning for this behaviour?** Yes

A pharmacist should demonstrate a positive and proactive approach in their response to feedback on their decisions, always keeping in mind the best end result for the people that the decision will affect.

Having your decision questioned is always difficult, but listening to a colleague’s differing viewpoint with an open mind is an essential professional skill which can often unlock significant areas of growth and development. Be aware of the things you don’t know you don’t know! Individual self-worth is not diminished by suggestions for improvement.

Being able to understand and integrate further information enables the best decision to be made and optimal outcomes to occur.

**M1.6.5.**
**Communicates decisions comprehensively including the rationale behind the decision**

**Level this behaviour currently demonstrated?** Not yet competent or consistent

**Do I need or want to do any more learning for this behaviour?** Yes