

ETHICS



Code of Ethics for Pharmacists

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Disclaimer

This Code is intended to provide guidance on the expected standards of ethical behaviour of pharmacists towards individuals, the community and society. It has been designed for use by individual pharmacists to assess their own practice. It is the sole responsibility of the individual pharmacist to determine, all circumstances, how to apply the principles of this Code.

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Contents

About PSA	4
Purpose and scope of the Code	5
Structure of the Code	9
Summary of Principles	10
The Code	11
Appendix 1: Glossary and explanation of terms	18
Appendix 2: Comparison of the Principles	22



About PSA

The Pharmaceutical Society of Australia (PSA) is recognised by the Australian Government as the peak national professional pharmacy organisation and represents Australia's 29,000 pharmacists¹ working in all sectors and locations.

PSA's core functions relevant to pharmacists include:

- » providing high quality continuing professional development, education and practice support to pharmacists;
- » developing and advocating standards and guidelines to inform and enhance pharmacists' practice; and
- » representing pharmacists' role as frontline health professionals.

PSA is also a registered training organisation and offers qualifications including certificate and diploma-level courses tailored for pharmacists, pharmacy assistants and interns.



Purpose and scope of the Code

Pharmacists in Australia are facing new and evolving challenges related to an increasingly complex healthcare system. In addressing these challenges, it is paramount that pharmacists practise ethically and professionally at all times, and know how to respond to the specific needs of individuals and the community. Ethical, professional practice is central to PSA's vision of *"Improving our nation's health through excellence in the practice of pharmacy"*.

The PSA's Code of Ethics for Pharmacists (the 'Code') articulates the values of the pharmacy profession and expected standards of ethical behaviour of pharmacists towards individuals, the community and society. The Code underpins the professional practice of all pharmacists in Australia. Note that the Pharmacy Board of Australia's definition² of 'practice' (adapted below) applies to the context of the PSA's Code.

To practice as a pharmacist means undertaking any role, whether remunerated or not, in which the individual uses their skills and knowledge as a pharmacist in their profession. Practice is not restricted to the provision of direct clinical care. It also includes working in a direct nonclinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles; and any other roles that impact on safe, effective delivery of services in the profession.



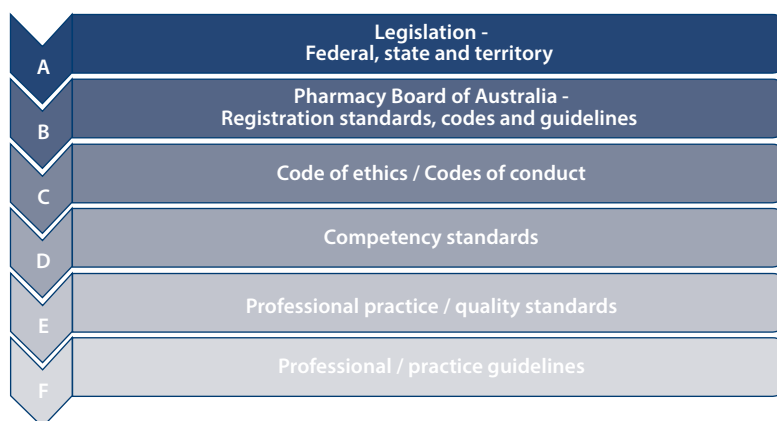
All pharmacists registered with the Pharmacy Board of Australia (the 'Board') need to comply with a code of conduct which is common across most health professions and applies to all health practitioners registered through the National Registration and Accreditation Scheme (operated by the Australian Health Practitioner Regulation Agency). The overarching code of conduct for registered health practitioners provides guidance on the ethical framework for the delivery of effective health services. It provides important standards for practitioner behaviour on:

- » providing good care, including shared decision-making
- » working with patients or clients
- » working with other practitioners
- » working within the healthcare system
- » minimising risk
- » maintaining professional performance
- » professional behaviour and ethical conduct
- » ensuring practitioner health
- » teaching, supervising and assessing
- » research.





As shown in the schema below, PSA's Code sits within a broader hierarchy of guidance underpinning and supporting the practice of pharmacists. It is important to emphasise that pharmacists must fulfil legal obligations at all times and that no part of the PSA Code must be interpreted as permitting a breach of the law or discouraging compliance with legal requirements.



The Board endorses PSA's Code and advises pharmacists to consider its relevance to their professional practice and be guided by it in addition to complying with the overarching code of conduct.

In its role of public protection, the Board may refer to or use the PSA Code when considering complaints or notifications involving the conduct or behaviour of pharmacists. Breaches of this Code may result in notification to the Board.

In addition, compliance with PSA's Professional Practice Standards and this Code is a requirement for pharmacists to be able to dispense and supply medicines on the Pharmaceutical Benefits Scheme^{3,4} and is also relevant to the delivery of professional services by pharmacists.

The values and principles in this Code are relevant to every pharmacist regardless of the role, scope, level or location of practice, for example:

- » for those **entering** or **planning to return** to the profession, the Code identifies the basic ethical and moral commitments of pharmacist care and serves as a source of education and reflection
- » for those **within** the profession, the Code serves as a basis for pharmacists to monitor their own ethical conduct and that of their colleagues
- » for those **outside** the profession, the Code provides guidance for assessing or learning about the minimum ethical conduct expected of pharmacists.



Ethical values

The Principles in this Code have been aligned to ethical values that embody professionalism: Care, Integrity and Competency. These values reflect the commitment of pharmacists to act in the interests of the patient (*beneficence*), do no harm or prevent harm from occurring (*non-maleficence*), respect self-determination (*autonomy*) and ensure fair and equitable allocation of resources (*justice*).

There has been particular discussion regarding the meaning of “Competency” as one of the values. In the context of this Code, “Competency” describes the personal commitment of pharmacists to be proficient (competent), which lies at the core of providing appropriate care. Comparable values include capability, proficiency, excellence and quality.



Cultural competence

This Code recognises the ethical obligation of pharmacists to provide care in a culturally safe and responsive manner. PSA is committed to supporting pharmacists in a way that acknowledges and incorporates the importance of culture, the assessment of cross cultural relations, vigilance towards the dynamics that result in cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs.

Culturally safe, appropriate and competent care is a key strategy for improving access to services and health outcomes for all individuals, including Aboriginal and Torres Strait Islander people.



Terminology

During the review of the previous version of this Code, the term “patient” was identified as being the most acceptable in the context of healthcare service provision and therefore the term is used throughout this Code. The term “patient” is also consistent with that used in the National competency standards framework for pharmacists (2016).⁵ PSA recognises that other terms with equivalent meaning include, for example, consumer, person, individual and client.

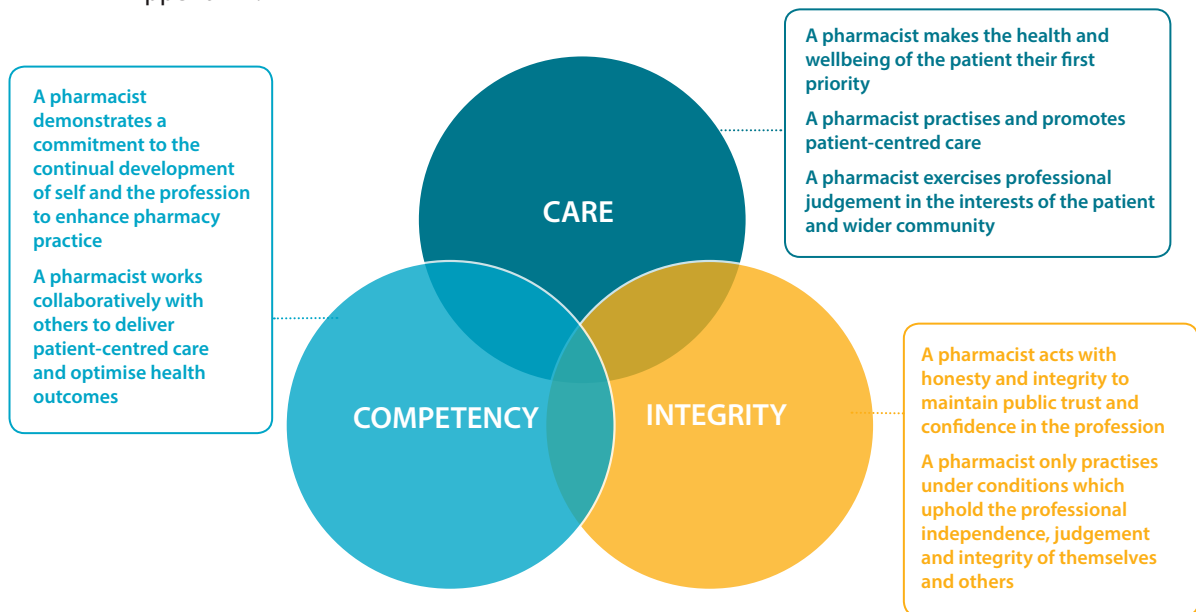
A term with an asterisk shown next to it on first occurrence in this document is listed in the Glossary (see Appendix 1).



Structure of the Code

There are seven statements of principle in this Code and these have been aligned with ethical values of Care, Integrity and Competency as shown in the diagram below.

A comparison of the Principles in the 2011 Code and this Code is shown at Appendix 2.



In the Code, each Principle statement is supported by an explanatory sentence section, followed by a number of statements of Obligations.



Principle statement

Explanatory sentence(s)

A pharmacist:

- first Obligation statement.
- second Obligation statement.

Note that the use of numbering associated with Principle statements and the listing of the Obligation statements is necessary to facilitate identification and referencing. They do not indicate any priority, order or hierarchy and should be regarded to be of equal importance.



Summary of Principles

CARE PRINCIPLE 1

A pharmacist makes the health and wellbeing of the patient their first priority.

CARE PRINCIPLE 2

A pharmacist practises and promotes patient-centred care.

CARE PRINCIPLE 3

A pharmacist exercises professional judgement in the interests of the patient and wider community.

INTEGRITY PRINCIPLE 1

A pharmacist acts with honesty and integrity to maintain public trust and confidence in the profession.

INTEGRITY PRINCIPLE 2

A pharmacist only practises under conditions which uphold the professional independence, judgement and integrity of themselves and others.

COMPETENCY PRINCIPLE 1

A pharmacist demonstrates a commitment to the continual development of self and the profession to enhance pharmacy practice.


COMPETENCY PRINCIPLE 2

A pharmacist works collaboratively with others to deliver patient-centred care and optimise health outcomes.



The Code

CARE PRINCIPLE 1



A pharmacist makes the health and wellbeing of the patient* their first priority.

The care, wellbeing and safety of the patient should be at the centre of all pharmacy practice. This principle applies to all pharmacists, even when not providing direct care to a patient.

A pharmacist:

- a. fulfils their duty of care to the patient first and foremost.
- b. works to ensure their duty of care is not compromised by other interests and manages potential conflicts in the interests of the patient.
- c. provides care in a compassionate, professional, timely, and culturally safe and responsive manner.
- d. supports people who are vulnerable and tailors provisions of care accordingly.
- e. promotes good health and wellbeing and acts to prevent harm to the patient.
- f. promotes the safe, judicious and efficacious use of medicines*, and prevents the supply of unnecessary and/or excessive quantities of medicines, or any product which may cause harm.
- g. before recommending a therapeutic product, considers available evidence and supports the patient to make an informed choice and only supplies a product when satisfied that it is appropriate and the person understands how to use it correctly.
- h. promotes continuity of care for patients across health sectors and providers, through appropriate referral and appropriate sharing of information.
- i. recognises the patient's health status, abilities, cultural and social needs, and provides or facilitates access to professional services* delivered by the pharmacist or other appropriate services.



CARE PRINCIPLE 2



A pharmacist practises and promotes patient-centred care.*


Participation by patients in healthcare decisions is a core principle of the Australian Charter of Healthcare Rights*. Patients have the right to be informed about the choices available in health care and to be involved in making decisions based on these choices.

A pharmacist:

- a. respects the dignity and autonomy of the patient.
- b. recognises and respects patients' diversity, cultural knowledge and skills, gender, beliefs, values, characteristics and lived experience, and does not discriminate* on any grounds.
- c. encourages patients to participate in shared decision-making*, and assists by providing information and advice relevant to the patient's clinical needs in culturally appropriate language, detail and format.
- d. explains the options available, including the risks and benefits, by providing information that is impartial, relevant, up-to-date and independent of any personal commercial considerations to help patients make informed decisions.
- e. consults with an appropriate carer or substitute decision maker* if the patient lacks the capacity to provide consent.
- f. respects the patient's choice, including the right to refuse treatment, care or advice, or to withdraw consent at any time.
- g. ensures compliance with the patient's legal right to privacy and confidentiality as outlined in the Australian Privacy Principles* with appropriate security and safeguards applied to digital and hard copy information.
- h. informs the patient when exercising the right to decline provision of certain forms of health care based on the individual pharmacist's conscientious objection*, and in such circumstances, appropriately facilitates continuity of care for the patient.



CARE PRINCIPLE 3



A pharmacist exercises professional judgement in the interests of the patient and wider community.

A pharmacist commits to enhancing the quality use of medicines* in partnership with patients and the wider community. A pharmacist also takes a leadership role in advocating for high standards of public health.

A pharmacist:

- a. supports the rights of all patients, including Aboriginal and Torres Strait Islander peoples, to access culturally safe and responsive, high quality professional services.
- b. facilitates timely access to, and promotes equitable and sustainable use of, healthcare resources in an environmentally responsible manner.
- c. promotes and participates in public health initiatives.
- d. promotes professional and environmental responsibility and accountability for the control, procurement, preparation, handling, supply, storage and disposal of therapeutic goods.
- e. contributes to the achievement of the objectives of Australia's National Medicines Policy*.
- f. contributes to public safety by participating in pharmacovigilance* and risk management activities.



INTEGRITY PRINCIPLE 1



A pharmacist acts with honesty and integrity to maintain public trust and confidence in the profession.


Pharmacists' contribution to health care delivery occurs in many ways and through a variety of settings. In delivering any professional service, managing actual or potential conflicts of interest in a transparent manner is of fundamental importance. This ensures professional practice decisions are not (and nor are they perceived to be) impacted by any financial consideration or business arrangement.

A pharmacist:

- a. demonstrates accepted standards of professional and culturally appropriate personal behaviour regardless of the setting, including in person and by electronic* means e.g. social media* and digital health*.
- b. provides services in an environment which reflects the character and health-related nature of the profession.
- c. provides accurate, truthful, relevant, and independent information in a form that is appropriate for and not misleading to patients.
- d. will not abuse their professional position or exploit the vulnerability or lack of knowledge of others.
- e. responds honestly, openly, courteously and promptly to complaints and criticism.
- f. avoids conflicts of interest by not offering, requesting, or accepting incentives, gifts, hospitality or referrals that may affect, or be seen to affect, their professional independence or judgement.
- g. declares any actual, perceived or potential conflicts of interest in a clear, easy to understand, open and timely manner.
- h. will only purchase, supply or promote any medicine, complementary medicine, herbal remedy or other healthcare product where there is credible evidence of efficacy and the benefit of use outweighs the risk.
- i. does not engage in inappropriate advertising* or promotion that could undermine public trust in the profession.
- j. ensures that business practices are conducted primarily in the interests of patient health.



INTEGRITY PRINCIPLE 2



A pharmacist only practises under conditions which uphold the professional independence, judgement and integrity of themselves and others.

A pharmacist is responsible for their professional decisions and contributions made in practice. A pharmacist is part of a healthcare team working with colleagues, including patients, interns, students, support staff and other health professionals. Respect, good communication and cooperation produce successful team work and facilitate delivery of professional services.

A pharmacist:

- a. exercises professional autonomy, objectivity and independence, and manages actual, perceived or potential situations of conflict of interest.
- b. must not override the professional autonomy of another pharmacist unless patient safety is compromised.
- c. fulfils all legal obligations, including requirements related to professional indemnity insurance and workplace health and safety laws*.
- d. behaves in a manner that clearly demonstrates responsibility and accountability for all decisions made and actions taken in their professional practice.
- e. communicates with team members regarding each person's responsibility and line of reporting, and only delegates tasks to team members with appropriate qualifications, ability and experience.
- f. is responsible for actions of staff under their supervision.
- g. behaves with respect, and demonstrates good communication and cooperation with all team members, including students, interns, support staff and other health professionals.



COMPETENCY PRINCIPLE 1



A pharmacist demonstrates a commitment to the continual development of self and the profession to enhance pharmacy practice.

Pharmacists must commit to the ongoing development of self and lifelong learning. Pharmacists also have a role and responsibility to contribute to the evolution of the profession.

A pharmacist:

- a. maintains contemporary knowledge of evidence-based practice*.
- b. manages personal health and wellbeing to ensure there is no negative impact on professional practice.
- c. manages emotions effectively when acting in a professional role.
- d. is accountable for practising safely and providing professional services only within own scope of practice, and for maintaining professional competence related to scope of practice.
- e. commits to lifelong learning and self-development consistent with role, responsibility and scope of practice.
- f. commits to the continual development of the profession and participates in activities to that effect, for example: staff training; acting as a preceptor; mentoring students, interns and colleagues; promoting the roles and responsibilities of pharmacists to the community; developing and promoting professional roles to patients, other health professionals and governments.
- g. recognises signs or behaviour in self or colleagues which indicate a need for intervention with referral for advice and support, and exercises own legal responsibility for mandatory notification* of colleagues.



COMPETENCY PRINCIPLE 2



A pharmacist works collaboratively with others to deliver patient-centred care and optimise health outcomes.

Patient-centred care occurs when health professionals collaborate, communicate and cooperate to deliver better health outcomes and timely coordinated care.

A pharmacist:

- a. plans and manages professional activities according to the needs of patients.
- b. exercises independence and professional judgement working within their scope of practice when providing support and advice to other health professionals.
- c. respects and acknowledges the expertise of other health professionals.
- d. establishes good working relationships with health professionals and others to allow consultation, communication and cooperation in order to optimise health outcomes for the patient.
- e. refrains at all times from expressing defamatory or unprofessional complimentary remarks in public (including electronic media) about any patients, colleagues or other health professionals.



Appendix 1:

Glossary and explanation of terms

Key terms (shown with an asterisk next to it on first occurrence in the document) are explained below in the context of this Code.

Term	Definition or explanation (including reference source and/or web site link, as appropriate)
Australian Charter of Healthcare Rights	<p>Describes the rights of patients and other people using the Australian health system. It applies to all Australian health settings.</p> <p>The seven rights cover: access; safe and high quality care; respect; clear and open communication; participation in decisions and choices; privacy and confidentiality; comment on care.</p> <p>www.safetyandquality.gov.au/national-priorities/charter-of-healthcare-rights/</p>
Australian Privacy Principles	<p>The 13 principles under the <i>Privacy Act 1988</i> that apply to private health service providers covering the management and handling of personal and health information.</p> <p>https://www.oaic.gov.au/individuals/privacy-fact-sheets/general/privacy-fact-sheet-17-australian-privacy-principles https://www.oaic.gov.au/agencies-and-organisations/guides/app-quick-reference-tool</p>
Conscientious objection	<p>In health care, involves a practitioner's refusal to engage or provide a service primarily because the action would violate their deeply held moral or ethical value about right and wrong.</p>
Digital health	<p>The use of information technology/electronic communication tools, services and processes for the management of health information and delivery of safer, more efficient, and better quality healthcare services.</p> <p>Digital health examples include electronic health records (e.g. My Health Record), decision support tools, electronic referrals, electronic prescribing, real-time monitoring, telehealth services, wearable devices and personalised medicine.</p> <p>Australian Digital Health Agency. What is digital health? 2016. At: www.digitalhealth.gov.au/get-started-with-digital-health/what-is-digital-health</p> <p>Canada Health Infoway. What is digital health. 2016. At: https://www.infoway-inforoute.ca/en/what-we-do/digital-health-and-you/what-is-digital-health</p> <p>U.S. Food and Drug Administration. Digital health. 2016. At: www.fda.gov/medicaldevices/digitalhealth/</p>
Discriminate	<p>To make an unjust or prejudicial distinction in the treatment of different categories of people, especially on the grounds of race, sex or age.</p>
Electronic	<p>Any digital form of communication including (but not limited to) email, fax, Skype, internet and social media.</p> <p>Adapted from: Pharmacy Board of Australia. Code of conduct. p. 24. 2014;Mar. At: www.pharmacyboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx</p>



Term	Definition or explanation (including reference source and/or web site link, as appropriate)
Evidence-based practice	<p>The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available clinical evidence from systematic research.</p> <p>Sackett D et al. Evidence based medicine: what it is and what it isn't. Br Med J 1996; 312(7023):71–2.</p> <p>http://libguides.library.cqu.edu.au/ebp</p>
Inappropriate advertising	<p>In this document, this refers to any promotional, marketing or advertising activity that does not comply with, or align with the intent of, relevant requirements such as:</p> <p>Therapeutic Goods Advertising Code 2015. At: https://www.legislation.gov.au/Details/F2015L01787</p> <p>Australian Health Practitioner Regulation Agency. Guidelines for advertising regulated health services. 2014;May. At: www.pharmacyboard.gov.au/Codes-Guidelines/Guidelines-for-advertising-regulated-health-services.aspx</p> <p>Therapeutic Goods Administration. Price Information Code of Practice. 2006;Sep. At: https://www.tga.gov.au/publication/price-information-code-practice</p> <p>The Australian Consumer Law. At: http://consumerlaw.gov.au/the-australian-consumer-law/</p>
Mandatory notification	<p>Under legislation, registered health practitioners, employers of practitioners and education providers are required to make mandatory notifications to prevent the public being placed at risk of harm. This obligation applies to the conduct or impairment of all practitioners, not just those within the practitioner's own health profession.</p> <p>Australian Health Practitioner Regulation Agency. Guidelines for mandatory notifications. 2014;Mar. At: www.pharmacyboard.gov.au/Codes-Guidelines/Guidelines-for-mandatory-notifications.aspx</p>
Medicine	<p>A chemical substance given with the intention of preventing, diagnosing, curing, controlling or alleviating disease or otherwise enhancing the physical or mental welfare of people. Includes prescription and non-prescription medicines, including complementary health care products, irrespective of the administered route.</p>
National Medicines Policy	<p>The objectives of this Australian policy are: timely access to the medicines that Australians need, at a cost individuals and the community can afford; medicines meeting appropriate standards of quality, safety and efficacy; quality use of medicines; and maintaining a responsible and viable medicines industry.</p> <p>www.health.gov.au/nationalmedicinespolicy</p>
Patient	<p>The individual receiving health care products and services.</p>
Patient-centred care	<p>Health care that is respectful of, and responsive to, the preferences, needs and values of patients. The widely accepted dimensions are respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of family and carers, and access to care.</p>



Term	Definition or explanation (including reference source and/or web site link, as appropriate)
Pharmacovigilance	The science and activities relating to the detection, assessment, understanding and prevention of adverse effects or any other medicine-related problem. Also refers to the practice of monitoring the effects of a therapeutic good after it has been registered for use, especially in order to identify and evaluate previously unreported adverse reactions or changes in any trends.
Professional Service	Any service provided or activity undertaken within the pharmacist's scope of practice.
Quality use of medicines	One of the central objectives of Australia's National Medicine Policy. It means: selecting management options wisely, choosing suitable medicines if a medicine is considered necessary, and using medicines safely and effectively. The definition applies equally to decisions about medicine use by individuals and decisions that affect the health of the population. www.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm-copy2
Shared decision-making	A process where a health practitioner and patient jointly participate in making a health decision using the best available evidence. It involves integration of the discussion of options and their risks, benefits and uncertainties, and consideration of the patient's values, preferences, goals and circumstances. Australian Commission on Safety and Quality in Health Care. Shared decision making. 2016. At: www.safetyandquality.gov.au/our-work/shared-decision-making/ Hoffmann TC et al. Shared decision making: what do clinicians need to know and why should they bother? Med J Aust 2014;201(1):35–9. At: https://www.mja.com.au/system/files/issues/201_01/hof00002.pdf Elwyn G et al. The ethical imperative for shared decision-making. Eur J Pers Centered Healthc 2013;1:129–31. At: www.bjll.org/index.php/ejpch/article/download/645/686
Social media	This term describes the online and mobile tools that people use to share opinions, information, experiences, images, and video or audio clips and includes websites and applications used for social networking. Common sources of social media include, but are not limited to, social networking sites such as Facebook and LinkedIn, blogs (personal, professional and those published anonymously), WOMO, True Local and microblogs such as Twitter, content-sharing websites such as YouTube and Instagram, and discussion forums and message boards. Pharmacy Board of Australia. Code of conduct. p. 24. 2014;Mar. At: www.pharmacyboard.gov.au/Codes-Guidelines/Code-of-conduct.aspx



Term	Definition or explanation (including reference source and/or web site link, as appropriate)
Substitute decision maker	<p>An individual, either chosen by the patient informally, or assigned or appointed formally (under a legal framework), to make healthcare decisions on behalf of the patient whose decision-making capability is impaired.</p> <p>Adapted from: Advance Care Planning Australia. Substitute decision maker. 2016. At: http://advancecareplanning.org.au/advance-care-planning/for-professionals/substitute-decision-maker/</p>
Workplace health and safety laws	<p>A business owner has legal responsibilities to implement health and safety practices in the workplace for employees, contractors, volunteers, visitors, customers or the public.</p> <p>Complying with legal requirements to create a safe work environment can also: help retain staff; maximise employee productivity; minimise injury and illness in the workplace; reduce costs of injury and workers' compensation.</p> <p>Workplace health and safety acts, regulations and codes of practice. At: https://www.business.gov.au/info/run/workplace-health-and-safety/whs-oh-and-s-acts-regulations-and-codes-of-practice</p>



Appendix 2:

Comparison of the Principles

The table below shows the alignment of the Principles in the 2011 code and the revised (2016) Code.

Existing Code (2011)		Revised Code (2016)		
1. A pharmacist recognises the health and wellbeing of the consumer as their first priority.		Care Principle 1 A pharmacist makes the health and wellbeing of the patient their first priority.		Care
2. A pharmacist pays due respect for the autonomy and rights of consumers and encourages consumers to actively participate in decision-making.		Care Principle 2 A pharmacist practises and promotes patient-centred care.		
4. A pharmacist acknowledges the professional roles in and responsibilities to the wider community.		Care Principle 3 A pharmacist exercises professional judgement in the interests of the patient and wider community.		
3. A pharmacist upholds the reputation and public trust of the profession.		Integrity Principle 1 A pharmacist acts with honesty and integrity to maintain public trust and confidence in the profession.		Integrity
8. A pharmacist conducts the business of pharmacy in an ethical and professional manner.				
7. A pharmacist agrees to practise only under conditions which uphold the professional independence, judgement and integrity of themselves or others.		Integrity Principle 2 A pharmacist only practises under conditions which uphold the professional independence, judgement and integrity of themselves and others.		
5. A pharmacist demonstrates a commitment to the development and enhancement of the profession.		Competency Principle 1 A pharmacist demonstrates a commitment to the continual development of self and the profession to enhance pharmacy practice.		Competency
6. A pharmacist maintains a contemporary knowledge of pharmacy practice and ensures health and competence to practise.				
9. A pharmacist works collaboratively with other health professionals to optimise the health outcomes of consumers.		Competency Principle 2 A pharmacist works collaboratively with others to deliver patient-centred care and optimise health outcomes.		

References:

1. Pharmacy Board of Australia. Registrant data. Reporting period: 1 July 2016 – 30 September 2016. At: www.pharmacyboard.gov.au/documents/default.aspx?record=WD16%2f22249&dbid=AP&chksum=rnVoUMwwfTTCPkZCa53p7g%3d%3d
2. Pharmacy Board of Australia. Registration standard: recency of practice. 2015;Dec. At: www.pharmacyboard.gov.au/documents/default.aspx?record=WD15%2f18495&dbid=AP&chksum=UrZFDGvia06NTL9i3Tz2KQ%3d%3d
3. *National Health (Pharmaceutical Benefits) (Conditions of approval for approved pharmacists) Determination 2007*. At: www.comlaw.gov.au/Series/F2007L02703
4. Commonwealth of Australia and The Pharmacy Guild of Australia. Sixth Community Pharmacy Agreement. Clause 7.9.1(b), p. 20. 2015;May. At: <http://guild.org.au/the-guild/community-pharmacy-agreement>
5. Scheduled for release in early 2017. Further information will be available at www.psa.org.au.

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