



California Pharmacy Operations Pharmacy Policy

Policy Title: Clinical Pharmacy Pharmacist Competency Assessment and Maintenance	Policy Number: CAPHARM.6.2.1
Department Category: Clinical Pharmacy Services	Executive Owner: Northern and Southern California Vice Presidents of Pharmacy Operations and Services
Page: 1 of 3	Original Effective Date: 07/15/2004
Approving Committee: California Pharmacy Policy Roundtable (CA-PPRT)	Last Review Date: 04/01/2019
	Last Revision Date: 04/01/2019

1.0 Policy Statement(s)

- 1.1** Prior to performing any authorized procedure, a licensed pharmacist has met the minimum educational and job requirement for their Region.
 - 1.1.1 Southern California:** Refer to Southern California Amcare Pharmacist job description for minimal educational and job qualifications
 - 1.1.2 Northern California:** Either documented successful completion of an accredited clinical residency training or demonstrated clinical experience in direct patient care delivery. Direct patient care experience is documented using a standardized form developed by pharmacy operations (please refer to Attachment 1).
- 1.2** Pharmacists participates in knowledge and skills based training programs to ensure that they have attained the necessary knowledge and skill to manage patient's drug therapy. Minimally this is demonstrated by successfully completing the Clinical pharmacy competency assessment every 2 years.

2.0 Purpose

The purpose of this California Pharmacy policy is to describe requirements for the Clinical pharmacy Pharmacists to maintain their skills and knowledge through competency assessment and continuing education.

3.0 Scope/Coverage

This policy applies to pharmacists who are employed by the following entities:

- 3.1** Northern and Southern California Regions, Ambulatory Care and Clinical Operations Pharmacy

4.0 Definitions

None

5.0 Provisions

5.1 Trial/Probation Period Review Parameters

- 5.1.1** Upon hire, the manager is to discuss the probationary period, competency (knowledge, application of knowledge, skills) and performance expectations and evaluation procedures with the staff member.
- 5.1.2** Complete orientation checklist and file in the personnel file.



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- 5.1.3** Review the staff member's work and provide feedback on competency and performance during the probationary period, which may include verbal and/or written evaluations. Specific competency assessment, utilizing structured assessment and/or direct observation with or without peer review, noted below, should be completed in order to determine knowledge, application of knowledge and skills for each staff member providing patient care.
- 5.1.4** Conduct a performance evaluation and/or a structured assessment with the staff member before the end of the probationary period (follow bargaining unit contract for full and part time staff members). Obtain signatures, dates and file records in the personnel file.
- 5.2 Competency Assessment Parameters**
- 5.2.1** The pharmacy manager is responsible for delivering the competency assessment as outlined in this policy.
- 5.2.2** Specific competency assessment (knowledge, application of knowledge and skills) utilizing structured assessment and/or direct observation with or without peer review, as noted below, is completed minimally every two years for pharmacists providing patient care. Sign and date records of competency assessment and file in the personnel file.
- 5.3 Competency Assessment Tools**
- 5.3.1** These tools contain objective measures approved by pharmacy managers and other Subject Matter Experts (SMEs), where applicable. Examples of Competency Assessment Tools are listed below:
- 5.3.1.1** Structured Assessment (e.g., written competency assessment)
- 5.3.1.2** Peer Review
- 5.3.1.3** Direct Observation
- 5.3.2** The Competency Assessment Tools listed above is used minimally every two years or more frequently as determined by the Pharmacy Manager. Results of competency assessments should be available to pharmacists. A minimum passing level necessary for minimum competency is determined. A pharmacy manager/designee oversees the competency assessment process and documents findings relative to the criteria. The assessment is consistently applied. The results determine if any development is needed. If development is needed, a development plan (including content and time frame) is determined. After the development period is complete, competency is reassessed through competency tools or elements of the individual development plan as determined by the Pharmacy Manager.



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5.4 Competency Assessment Results

5.4.1 Results of the pharmacist’s competency assessment is maintained by local pharmacy operations within the pharmacist’s personnel records.

5.5 Pharmacist Responsibilities

5.5.1 Achieve, maintain competency, and participate in knowledge and skills based training programs to ensure that they have attained the necessary knowledge and skills to manage patients’ drug therapy.

5.5.2 Maintain knowledge with the medical literature related to drug therapy management within their practice setting(s).

6.0 References/Appendices

6.1 Attachment 1: [Northern California Direct Patient Care Experience Form – Applicant](#) (located at Pharmacy Policy website “Forms” section, AmCare Forms & Templates)

7.0 Key Words

Competency, assessment, maintenance,

8.0 Approval

This policy was approved by the California Pharmacy Policy Roundtable (CA-PPRT).

Policy Revision History

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