



Instructions: This is the complete list of indicators; reordered in the manner that patient care most likely unfolds. Prior to submitting your application you may like to use this checklist with each case to help you provide sufficient evidence.

Where will assessors find evidence of the following indicators?

Key activity	Indicators	Record of care	Case narrative	Supporting documents
Assess	1. The pharmacist gathered sufficient information about the patient to allow the pharmacist to work with the patient to optimize the patient’s health and drug therapy (Std. 3.1, 3.4, 3.5).			
Relationship	2. The pharmacist identified the patient’s expectations and goals of therapy (Std. 2.1(b)).			
Collaboration	3. The pharmacist identified or has taken reasonable steps to identify other health professionals who are providing care to the patient (Std. 14.4(a), 3.5(c), 1.4(e)).			
Collaboration	4. The pharmacist obtained diagnostic and other relevant health information from other health professionals with the aim of determining mutual goals of therapy (Std. 14.5, 14.6, 14.7, 1.4(d-e)).			
Relationship	5. The pharmacist took reasonable steps to provide the patient (and/or patient’s agent) with enough information to participate in the decision-making process or made it clear why this was not appropriate (Std.11.12(d)).			
Documentation	6. The pharmacist documented information provided by the patient and other reliable sources in the patient record (Std. Appendix A). *			
Assess	7. The pharmacist considered appropriate information to assess the patient’s signs and symptoms (Std. 3.1(a), 14.3).			
Documentation	8. The drug therapy problems (actual and/or potential) identified by the pharmacist were documented in the patient record (Std. 18.2, 18.3(c), Appendix A). *			
Assess	9. The actual and/or potential drug therapy problems were prioritized appropriately by the pharmacist (Std. 4.2).			
Assess	10. The pharmacist considered appropriate options to respond to drug therapy problems (Std. 5.1, 5.3).			
Care plan and follow-up	11. The pharmacist took appropriate action to address actual or potential drug therapy problem(s) as identified (Std. 5.1, 5.3). *			
Documentation	12. The pharmacist’s care plan was documented in the patient record (Std. 18.2, 18.3(c) ,Appendix A). *			

Key activity	Indicators	Record of care	Case narrative	Supporting documents
Care plan and follow-up	13. The pharmacist's follow-up plan identified parameters to be monitored (Std. 14.8(a)). *			
Care plan and follow-up	14. The pharmacist's follow-up plan identified appropriate timeframes (Std. 14.8(a)). *			
Care plan and follow-up	15. The pharmacist's follow-up plan identified expected outcomes (Std. 14.8(a)). *			
Care plan and follow-up	16. The pharmacist's care plan identified who will be responsible for the monitoring (Std. 14.8, 14.9). *			
Care plan and follow-up	17. The follow-up plan was implemented. Std. 14.8(b), 14.9 *			
Judgement	18. The pharmacist responded appropriately based on the results of the monitoring plan (Std. 14.8). *			
Documentation	19. The pharmacist documented the rationale for their recommendations/decisions in the patient record (Std. 11.13(c), 11.15(a), Appendix A). *			
Collaboration	20. The pharmacist communicated required information to the health professionals whose care of the patient may be affected by their recommendations/decisions (Std. 1.4(c), 11.13, 14.4(b), 14.10). *			
Collaboration	21. The pharmacist appropriately involved other health professionals in the care of the patient (Std. 1.7 (d-e), 5.3(e), 14.5).			
Judgement	22. The pharmacist based recommendations/decision on evidence and/or best practices (Std. 6.2(a), 11.10).			
Documentation	23. The pharmacist's documentation in the patient record was adequate to facilitate ongoing care (Std. 18.7, Appendix A). *			

* Indicates where assessors will primarily look for evidence