

**SKILLS FRAMEWORK FOR HEALTHCARE  
TECHNICAL SKILLS AND COMPETENCIES (TSC) REFERENCE DOCUMENT**

|                                    |   |  |   |                |                |                |
|------------------------------------|---|--|---|----------------|----------------|----------------|
| <b>TSC Category</b>                | Patient Care  |  |   |                |                |                |
| <b>TSC</b>                         | Medication Reconciliation in Pharmacy Support   |  |   |                |                |                |
| <b>TSC Description</b>             | Create the most accurate list possible of all medications consumed by a patient to ensure accurate and complete medication information transfer during transitions of care  |  |   |                |                |                |
| <b>TSC Proficiency Description</b> | <b>Level 1</b>  | <b>Level 2</b>   | <b>Level 3</b>  | <b>Level 4</b> | <b>Level 5</b> | <b>Level 6</b> |
|                                    | <b>HCE-PTC-1022-1.1</b>   | <b>HCE-PTC-2022-1.1</b>  | <b>HCE-PTC-3022-1.1</b>   |                |                |                |
|                                    | Assist with physical medication reconciliation  | Assist with system medication reconciliation   | Perform medication reconciliation   |                |                |                |
| <b>Knowledge</b>                   | <ul style="list-style-type: none"> <li>Medication reconciliation workflow</li> <li>Impact of Personal Data Protection Act on medication records access</li> <li>Proper disposal of pharmaceutical waste</li> <li>Institutional packing standards</li> <li>Physical appearance of drugs</li> <li>Organisational documentation systems</li> <li>Legal requirements and institutional standards for drug labelling</li> <li>Storage conditions for drugs</li> </ul>  | <ul style="list-style-type: none"> <li>Health record systems</li> <li>Interpretation methods of health records</li> <li>Drug interactions</li> <li>Pharmacology principles</li> <li>Sources of medication information</li> </ul>   | <ul style="list-style-type: none"> <li>Clinical conditions that may affect suitability of drug use</li> <li>Drug information</li> <li>Patient interview skills</li> <li>Organisational procedures relating to the creation, retrieval and sharing of patient medication list</li> <li>Medication management processes</li> <li>Therapeutic and clinical concepts on use of medication</li> </ul>  |                |                |                |
| <b>Abilities</b>                   | <ul style="list-style-type: none"> <li>Inspect patients' medicine containers to ensure that the drugs in the containers are not defective, have not expired and match the labels</li> <li>Report to supervisors on abnormal conditions of drugs</li> <li>Repackage drugs</li> <li>Count physical numbers of each medication</li> <li>Document the name, strength, and quantity of medications</li> <li>Determine drug identity, accuracy of labelling instructions, expiry date, storage condition and suitability of use of patients' medications</li> <li>Perform proper relabelling of drugs with</li> </ul> | <ul style="list-style-type: none"> <li>Obtain best possible medication history (bpmh)</li> <li>Review medicine lists</li> <li>Retrieve patients' medical records</li> <li>Recognise initial sources of information</li> <li>Highlight to pharmacists on drug duplications and omissions</li> <li>Recognise situations where other sources of information including general practitioners (GPs), nursing homes, dialysis centres are needed and contact them</li> </ul> | <ul style="list-style-type: none"> <li>Recognise situations where verification with patients or caregivers is necessary and contact them to clarify</li> <li>Verify patients' physical medication supply</li> <li>Compare medication history obtained with medicines ordered</li> <li>Identify changes in medication regimens</li> <li>Identify discrepancies during interviews and refer to pharmacists for further review</li> <li>Recognise potential medication errors that may occur if discrepancies are unintentional and the urgency to rectify such discrepancies</li> </ul> |                |                |                |

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|--|-------------------------------------|--|---|--|--|--|
|  | updated administration instructions |  | <ul style="list-style-type: none"> <li>• Document medication reconciliation performed in a structured format using terminology that is consistent and comprehensible by other staff</li> <li>• Conduct patient interviews independently</li> <li>• Adapt to patients' needs during medication reconciliation</li> <li>• Propose solutions or recommendations for the medications that required reconciliation</li> <li>• Review discrepancies and detected errors to ascertain if they are actionable by pharmacists</li> </ul> |  |  |  |
|--|-------------------------------------|--|---|--|--|--|