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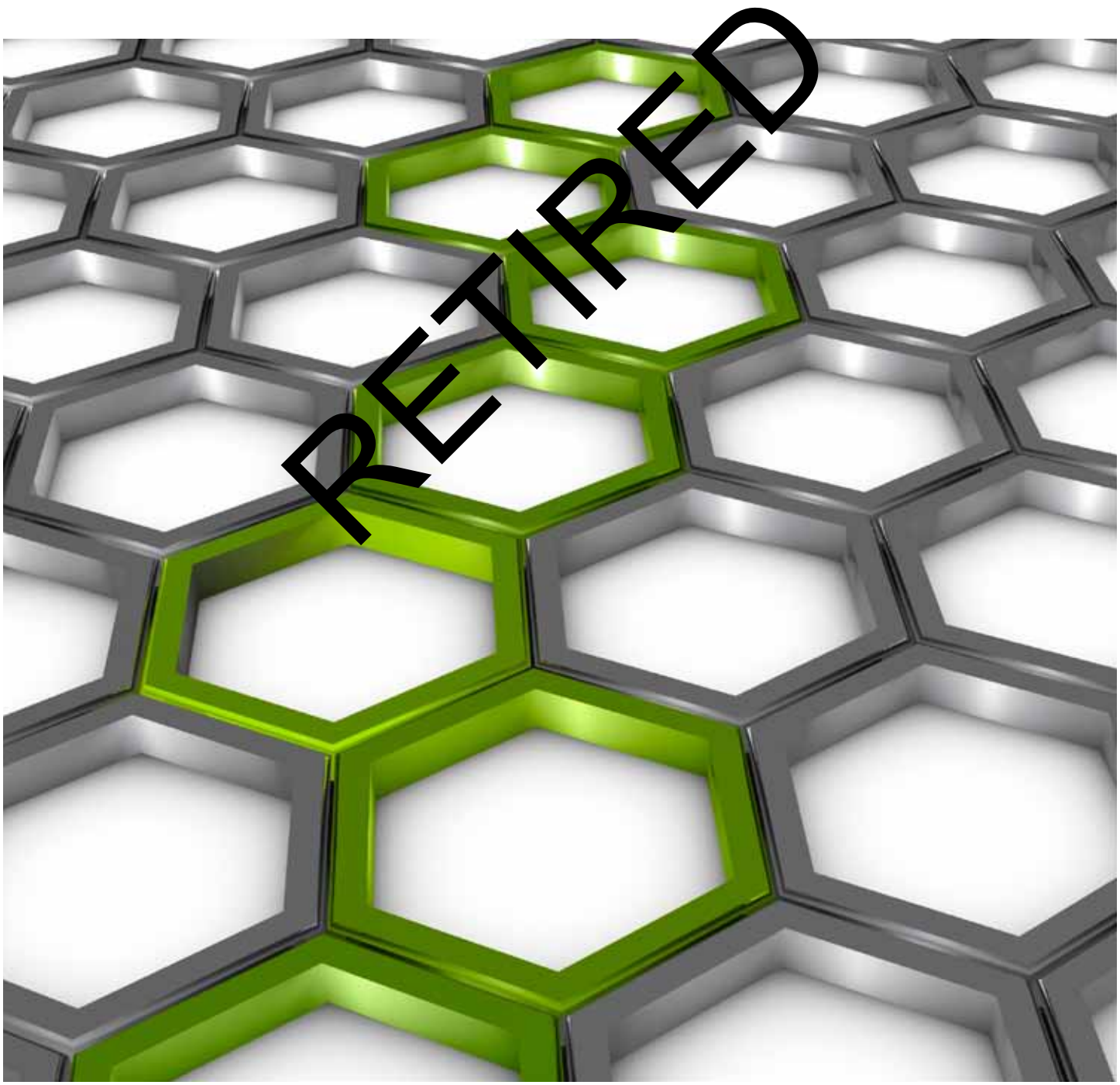
COMPETENCIES REQUIRED TO PRESCRIBE MEDICINES

Putting quality use of medicines into practice



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This information is intended for health professionals and health organisations. Reasonable care is taken to provide accurate and up to date information at the date of creation. This information is intended as a guide only and health organisations should exercise their own independent skill and judgement when determining a prescribing competency framework to describe the knowledge, skills and behaviours required of their practitioners with autonomous prescribing rights. Where permitted by law, NPS disclaims all liability (including for negligence) for any loss, damage or injury resulting from reliance on or use of this information.

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Foreword

I commend the Board of NPS: Better choices, Better health for initiating this project and congratulate the staff of NPS for the meticulous manner in which this comprehensive document has been developed.

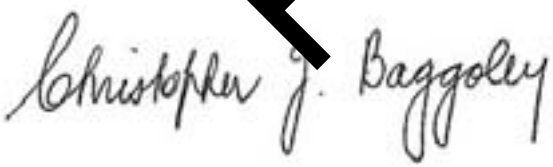
In Australia, there are now a number of professions that can prescribe medicines within their scope of practice. The intent of extending prescribing rights to these professions was to improve access to healthcare for the people using their services. The advisory group who led the development of these prescribing competencies understood this, and was also constantly aware of the need to ensure these competencies addressed the potential risks of adverse events due to polypharmacy for people who have multiple prescribers.

Therefore, the need for a person to have a main healthcare provider, usually their general practitioner, who would coordinate their healthcare and collaborate with their other healthcare providers, was considered as most important.

These prescribing competencies are demanding as they should be. They can now be used in a number of ways. They lend themselves to be used in the development, or revision of prescribing curricula. They have the potential to be a helpful resource in the national health service accreditation process; in particular, governance and other systems to ensure the safe and effective use of medicines. These prescribing competencies will also be of value to the national registration boards for health professionals as they provide guidance to their professions.

I would like to thank my colleagues in the advisory group for their diligent work and wise counsel so readily given.

Best wishes,



Professor Chris Baggoley
Australian Government Chief Medical Officer
Department of Health and Ageing

Chair
Advisory group, Prescribing Competencies Framework project

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Preface

NPS: Better choices, Better health began this piece of work following a presentation to the NPS Board by Associate Professor Lisa Nissen. The lack of prescribing competencies in Australia was considered a serious gap that NPS could help address. The Board commissioned NPS to develop a set of prescribing competencies that would be relevant to all autonomous prescribers of all medicines.

This Prescribing Competencies Framework has as its origin the World Health Organization's *Guide to good prescribing*, an international document developed for medical students and practitioners that has stood the test of time. Australian practitioners and experts have added the context and specific detail to this framework to ensure it is relevant for prescribers in this country.

Prescribing medicines for another person is a privilege, and prescribing has a powerful influence on the quality use of medicines and the ultimate health outcomes for that person. It is the view of NPS that prescribing should occur in a collaborative model, that the person's main healthcare provider must always be part of that collaboration, and that prescribing must only occur within an endorsed scope of practice. It is also our view that traditional roles such as dispensing or administering medicines should be retained as separate functions from prescribing. This separation of duties provides the checks and balances needed for safer prescribing.

I commend this Prescribing Competencies Framework to you.

Kind regards,

Lynn Weekes
Chief Executive Officer
NPS: Better choices, Better health

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Background

Health professionals who prescribe need to be equipped with competencies to make decisions which maximise the benefits, and minimise the harms, of medicines and maintain the health of individuals and the community.

NPS: Better choices, Better health, along with other stakeholders, recognises the need for, and value of, a consistent standard and approach to prescribing. In a bid to promote the quality use of medicines in all prescribing, the NPS Board commissioned the Prescribing Competencies Framework.

This Prescribing Competencies Framework project brought the health professions together to agree on the core competencies required to prescribe medicines safely and effectively in the Australian healthcare system.

We encourage Australian registration, accreditation, professional, educational, and other organisations to adopt this framework as the benchmark for the training, credentialing, and ongoing professional development of prescribers. Australian health professionals will also find it a useful guide for professional development.

Project governance

An advisory group and an expert reference group were established for this project. The advisory group provided strategic advice and the expert reference group reviewed and provided feedback on drafts of this framework. See Appendix 1 Project governance for details of the membership of these groups.

The framework development process

The development process for the Prescribing Competencies Framework commenced in February 2011 and concluded in May 2012. See Appendix 2 Development process for an overview of the development of this project.

The National Medicines Policy and the quality use of medicines

The National Medicines Policy aims to improve health outcomes for all Australians through access to, and wise use of, medicines so that both optimal health outcomes and economic objectives are achieved. The National Medicines Policy has four central objectives:

1. Timely access to the medicines that Australians need, at a cost that the person, the facility, and the community that funds the health system can afford
2. Medicines that meet appropriate standards of quality, safety, and efficacy
3. Quality use of medicines (judicious, appropriate, safe, and effective use of medicines)
4. Maintaining a responsible and viable medicines industry.[1]

The quality use of medicines (QUM) is further specified as:

- selecting management options wisely
- choosing suitable medicines if a medicine is considered necessary
- using medicines safely and effectively.[2]

What this framework is designed to do

This Prescribing Competencies Framework contributes to achieving the quality use of medicines objective of the National Medicines Policy by describing the competencies required to prescribe medicines judiciously, appropriately, safely, and effectively in the Australian healthcare system.

Like other competency frameworks, these competencies describe the knowledge, skills, and behaviours of practitioners who perform their work to an acceptable standard across the range of contexts in which they are reasonably expected to practice. As such, this framework describes foundation competencies for autonomous prescribing.

This Prescribing Competencies Framework does not extend to the specialised competencies required by some groups of prescribers. These specialised competencies need to be further determined by individual credentialing agencies. This document provides the information needed for organisations to map these prescribing competencies to existing professional competencies, standards, and education and assessment systems. It should be used in association with other competency frameworks and standards developed for individual professions.

This Prescribing Competencies Framework is not a curriculum; however, it provides a useful guide for the development or revision of prescribing curricula.

The framework at a glance

This Prescribing Competencies Framework has seven competencies; five of which are specific to prescribing, while two (entitled horizontal competency areas) are more general professional competencies so critical to prescribing they have also been included in the document. See Figure 1. The Prescribing Competencies Framework.

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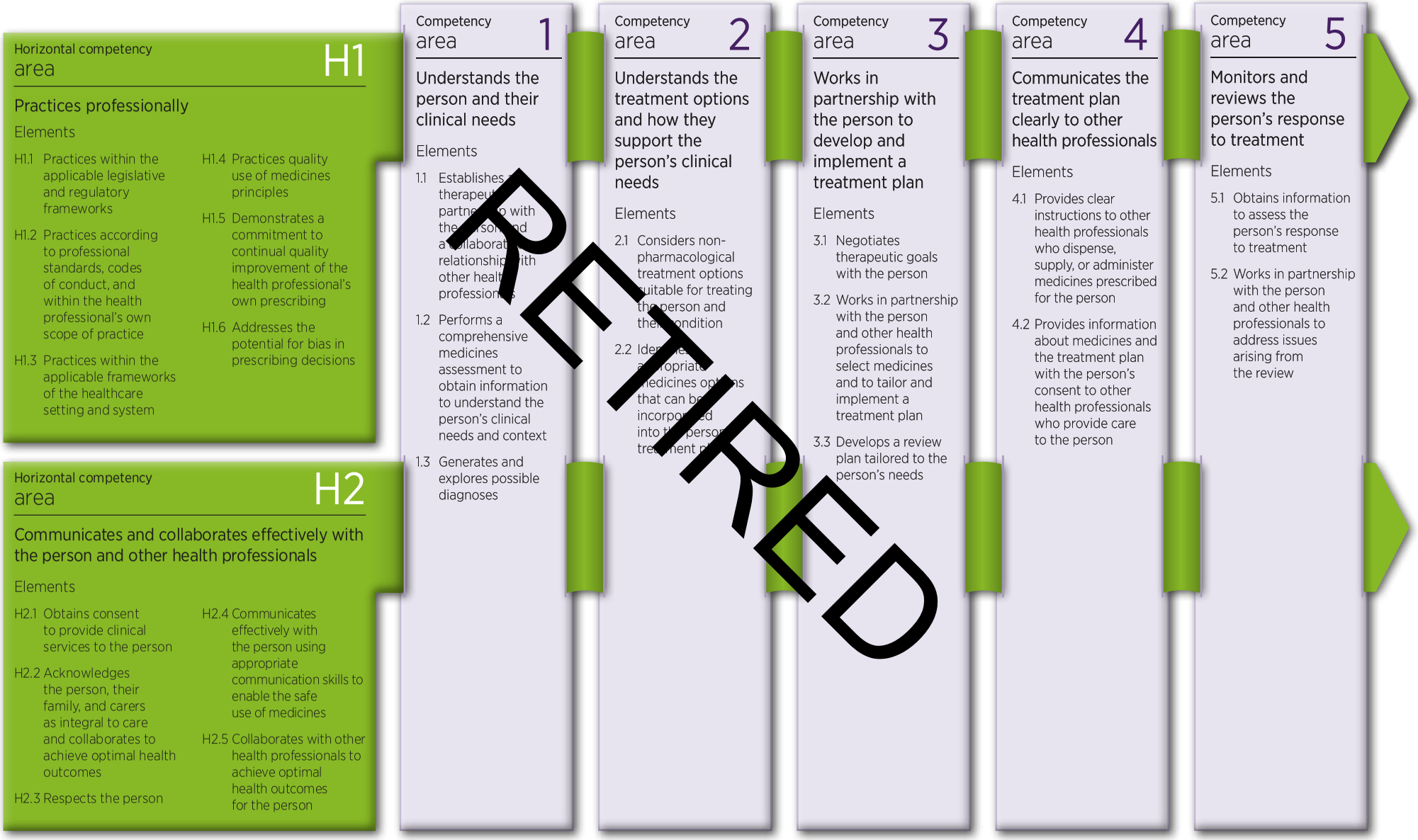
PRESCRIBING COMPETENCIES FRAMEWORK: COMPETENCY AREAS



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The structure of the competencies

The seven competency areas in the Prescribing Competencies Framework each describe an activity essential for prescribing. The order in which they are presented does not imply a hierarchical order of importance; all are equally important for ensuring that prescribing is judicious, appropriate, safe and effective.

Competency Area 1
Understands the person and their clinical needs

Competency Area 2
Understands the treatment options and how they support the person's clinical needs

Competency Area 3
Works in partnership with the person to develop and implement a treatment plan

Competency Area 4
Communicates the treatment plan clearly to other health professionals

Competency Area 5
Monitors and reviews the person's response to treatment

Horizontal Competency Area H1
Practices professionally

Horizontal Competency Area H2
Communicates and collaborates effectively with the person and other health professionals

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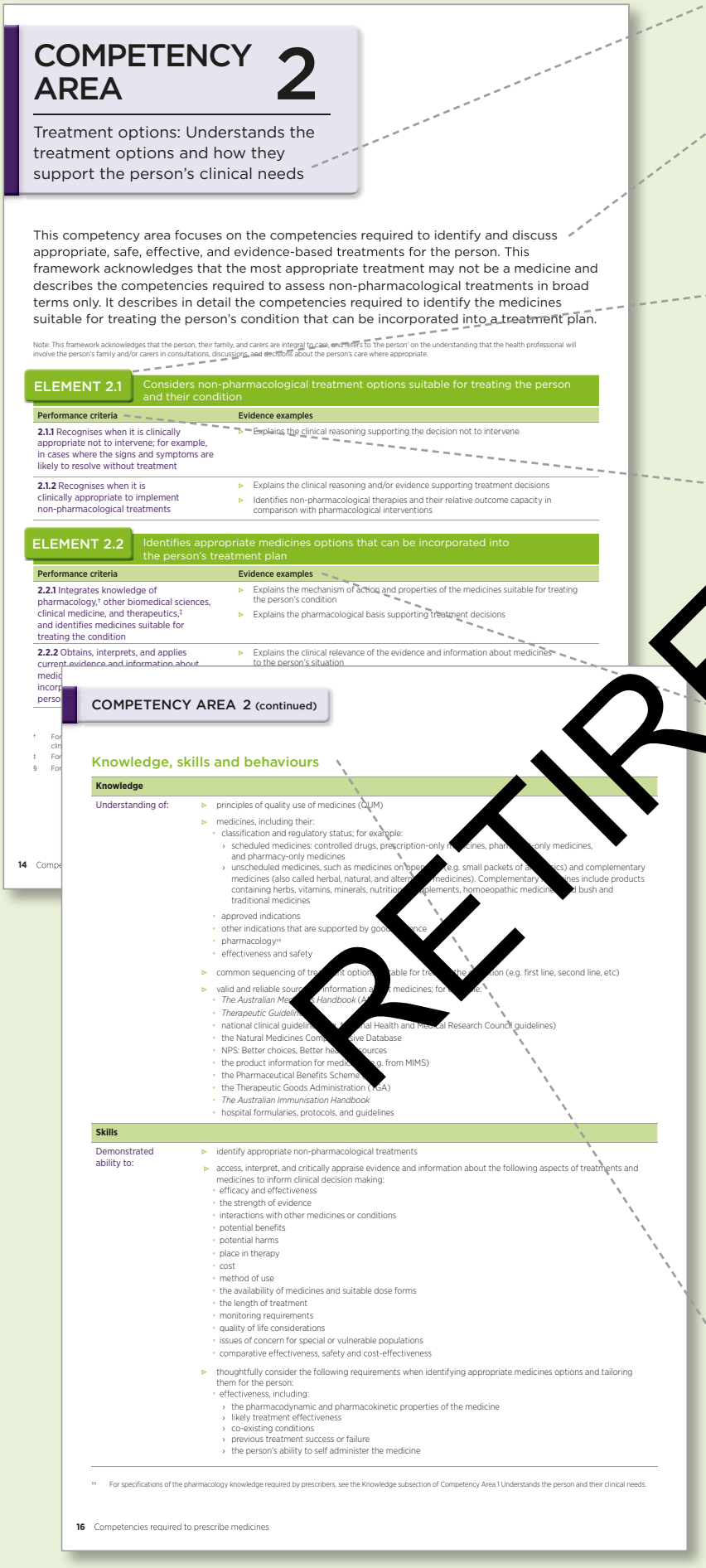
The horizontal competencies (H1 and H2) are competencies that health professionals integrate with the other competency areas during the prescribing cycle.



COMPETENCY AREA 2

Treatment options: Understands the treatment options and how they support the person's clinical needs

This competency area focuses on the competencies required to identify and discuss appropriate, safe, effective, and evidence-based treatments for the person. This framework acknowledges that the most appropriate treatment may not be a medicine and describes the competencies required to assess non-pharmacological treatments in broad terms only. It describes in detail the competencies required to identify the medicines suitable for treating the person's condition that can be incorporated into a treatment plan.

Note: This framework acknowledges that the person, their family, and carers are integral to care, and refers to 'the person' on the understanding that the health professional will involve the person's family and/or carers in consultations, discussions, and decisions about the person's care where appropriate.

ELEMENT 2.1 Considers non-pharmacological treatment options suitable for treating the person and their condition

Performance criteria	Evidence examples
2.1.1 Recognises when it is clinically appropriate not to intervene; for example, in cases where the signs and symptoms are likely to resolve without treatment	▹ Explains the clinical reasoning supporting the decision not to intervene
2.1.2 Recognises when it is clinically appropriate to implement non-pharmacological treatments	▹ Explains the clinical reasoning and/or evidence supporting treatment decisions ▹ Identifies non-pharmacological therapies and their relative outcome capacity in comparison with pharmacological interventions

ELEMENT 2.2 Identifies appropriate medicines options that can be incorporated into the person's treatment plan

Performance criteria	Evidence examples
2.2.1 Integrates knowledge of pharmacology,† other biomedical sciences, clinical medicine, and therapeutics,‡ and identifies medicines suitable for treating the condition	▹ Explains the mechanism of action and properties of the medicines suitable for treating the person's condition ▹ Explains the pharmacological basis supporting treatment decisions
2.2.2 Obtains, interprets, and applies current evidence and information about medic incor perso	▹ Explains the clinical relevance of the evidence and information about medicines to the person's situation

† For
‡ For
§ For

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COMPETENCY AREA 2 (continued)

Knowledge, skills and behaviours

Knowledge

Understanding of:

- ▹ principles of quality use of medicines (QUM)
- ▹ medicines, including their:
  - classification and regulatory status; for example:
    - › scheduled medicines: controlled drugs, prescription-only medicines, pharmacist-only medicines, and pharmacy-only medicines
    - › unscheduled medicines, such as medicines on open sale (e.g. small packets of analgesics) and complementary medicines (also called herbal, natural, and alternative medicines). Complementary medicines include products containing herbs, vitamins, minerals, nutritional supplements, homoeopathic medicines, and bush and traditional medicines
  - approved indications
  - other indications that are supported by good evidence
  - pharmacology††
  - effectiveness and safety
- ▹ common sequencing of treatment options available for treating the condition (e.g. first line, second line, etc)
- ▹ valid and reliable sources of information about medicines; for example:
  - *The Australian Medicines Handbook* (AMH)
  - *Therapeutic Guidelines*
  - national clinical guidelines (National Health and Medical Research Council guidelines)
  - the Natural Medicines Comprehensive Database
  - NPS: Better choices, Better health resources
  - the product information for medicines (e.g. from MIMS)
  - the Pharmaceutical Benefits Scheme
  - the Therapeutic Goods Administration (TGA)
  - *The Australian Immunisation Handbook*
  - hospital formularies, protocols, and guidelines

Skills

Demonstrated ability to:

- ▹ identify appropriate non-pharmacological treatments
- ▹ access, interpret, and critically appraise evidence and information about the following aspects of treatments and medicines to inform clinical decision making:
  - efficacy and effectiveness
  - the strength of evidence
  - interactions with other medicines or conditions
  - potential benefits
  - potential harms
  - place in therapy
  - cost
  - method of use
  - the availability of medicines and suitable dose forms
  - the length of treatment
  - monitoring requirements
  - quality of life considerations
  - issues of concern for special or vulnerable populations
  - comparative effectiveness, safety and cost-effectiveness
- ▹ thoughtfully consider the following requirements when identifying appropriate medicines options and tailoring them for the person:
  - effectiveness, including:
    - › the pharmacodynamic and pharmacokinetic properties of the medicine
    - › likely treatment effectiveness
    - › co-existing conditions
    - › previous treatment success or failure
    - › the person's ability to self administer the medicine

†† For specifications of the pharmacology knowledge required by prescribers, see the Knowledge subsection of Competency Area 1 Understands the person and their clinical needs.

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COMPETENCY AREA

Describes a particular professional activity.

Introduction

Each competency area begins with an introductory section that summarises the focus for each competency.

ELEMENT

The competency areas are then broken down into **elements** that describe the specific processes, actions, and tasks that health professionals carry out when prescribing.

Performance criteria

The **performance criteria** for each competency area describe the performance required in practice and break the elements into the observable behaviours or results that are expected of competent prescribers.

Evidence examples

Evidence examples provide cues for assessing prescribing performance. They are examples only, and should be customised for the scope of practice and role the prescriber performs in the workplace.

Knowledge, skills and behaviours

Each competency area also ends with **knowledge, skills, and behaviours subsections** describing the level of underpinning knowledge, skills and behaviours that prescribers require, and integrate, when performing the competency.

DEFINITION OF TERMS

Administration of medicines	The act of giving a medicine to a person, which may include some activity to prepare the medicine to be adminstered.[3]
Competencies	The knowledge, skills, and behaviours needed to adequately perform the function.
Cultural competence	A set of congruent behaviours, attitudes, and policies that enable an individual to work effectively in cross-cultural situations.
Curriculum	A compilation of the body of knowledge; intended learning outcomes; and learning, teaching, and assessment methods for a specified course of study.
Dispensing of medicines	To prepare, and distribute for administration, medicines to those who are to use them. Dispensing includes: the assessment of the medicine prescribed in the context of the person's other medicines, medical history, and the results of relevant clinical investigations available to the pharmacist; the selection and supply of the correct medicine; appropriate labelling and recording; and counselling the person on the medicine and its use.[3,4]
Medicines management plan	A continuing plan for the use of multiple medicines, developed by the main healthcare provider in collaboration with the person and other health professionals, that identifies: ▸ actual and potential medicines management issues ▸ medicines management goals ▸ the actions or strategies needed to address these issues and achieve medicines management goals.[5]
Medicines reconciliation	A formal process of obtaining and verifying a complete and accurate list of a person's current medicines and matching the medicines the person should be prescribed to those they are actually prescribed.[6]
Medicines	Therapeutic goods that are represented to achieve, or are likely to achieve, their principal intended action by pharmacological, chemical, immunological, or metabolic means in or on the body of a human.[7] In this document, the term 'medicines' or 'medicine' includes all classes or types of medicines including: ▸ scheduled medicines (e.g. controlled drugs, prescription only medicines, pharmacist-only medicines, pharmacy-only medicines) ▸ unscheduled medicines (such as medicines on open sale [e.g. small packets of analgesics], and complementary medicines, also called herbal, natural, and alternative medicines. Complementary medicines include products containing herbs, vitamins, minerals, nutritional supplements, homoeopathic medicines, and bush and traditional medicines). Medicines are also known as 'medications'.
Prescribing	An iterative process involving the steps of information gathering, clinical decision making, communication, and evaluation that results in the initiation, continuation, or cessation of a medicine.[9]
Prescriber	A health professional authorised to undertake prescribing within the scope of their practice.[10]
Main healthcare provider	The main health professional the person consults who is also responsible for coordinating the person's healthcare and preventing fragmentation of care. This is usually the general practitioner.
Scope of practice	The areas and extent of practice for an individual health professional, usually defined by a regulatory body or employer, after taking into consideration the health professional's training, experience, expertise, and demonstrated competency.
Special or vulnerable populations	Special or vulnerable populations include, but are not limited to, the following groups of people: ▸ children ▸ young people ▸ older people ▸ people with disabilities ▸ people with mental illnesses ▸ prisoners ▸ people demonstrating drug-seeking behaviours.
Supply of medicines	The act of providing medicines to a person or third party for the use by the person only.[3]
The person	The person requiring or receiving healthcare. Health professions may refer to the person in other terms such as the patient, client, or consumer depending on the situation.

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Descriptors for levels of knowledge, skills and behaviours

Knowledge	
Awareness	Can identify the issue when it appears. Will typically look-up information from appropriate sources or seek further information from others who are more knowledgeable. May need to refer the issue on.
Understanding	Can demonstrate knowledge to deal with uncomplicated cases autonomously. Typically follows guidelines and evidence-based practice and would expect to use this knowledge in their day-to-day work.
Advanced understanding	Can demonstrate knowledge to support decisions in complex and less prevalent cases. Senior personnel with more experience, specialists, and clinical leaders will typically possess this level of knowledge in their areas of expertise.
Skills	
Ability/capacity	Possesses aptitude to perform the task, but has no or limited experience in the area. This level typically occurs in trainees and others who will need to learn a new skill on the job.
Demonstrated ability	Has performed the task previously. Able to provide documented evidence of having done so. Often referred to as conscious competence.
Experience	Has performed the task multiple times and developed expertise in the area. Often referred to as unconscious competence.
Behaviours	
Competence	Demonstrates behaviours in the area that are appropriate to the context. Complexity of behaviour may vary, indicating that some health professionals are more competent than others.
Commitment	Not only competent in area, but also shows a commitment to exercising this behaviour as a guiding principle in their work.

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COMPETENCY AREA 1

Assessment: Understands the person and their clinical needs

This competency area focuses on the competencies required to obtain information to understand a person's clinical needs. It covers the competencies required to establish a therapeutic partnership, perform a comprehensive medicines assessment, and generate and explore possible diagnoses.

Note: This framework acknowledges that the person, their family, and carers are integral to care, and refers to 'the person' on the understanding that the health professional will involve the person's family and/or carers in consultations, discussions, and decisions about the person's care where app

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ELEMENT 1.1 Establishes a therapeutic partnership with the person and a collaborative relationship with other health professionals

Performance criteria	Evidence examples
1.1.1 Uses appropriate communication strategies to establish a therapeutic partnership with the person	▸ Obtains appropriate consents* ▸ Develops the therapeutic partnership by: • demonstrating interest and empathy • establishing rapport • using appropriate communication techniques • developing and maintaining trust • encouraging information sharing • framing and asking open-ended questions • listening actively • tailoring information to the person's needs

ELEMENT 1.2 Performs a comprehensive medicines assessment to obtain information to understand the person's clinical needs and context

Performance criteria	Evidence examples
1.2.1 Conducts an assessment that is appropriate to both the health professional's scope of practice and the person's clinical context	▸ Sequences actions and uses a style of communication appropriate for the clinical context
1.2.2 Reviews and interprets information in the person's health records	▸ Identifies, reviews and interprets relevant material in hard copy or e-Health records ▸ Acts cautiously in situations where there is concern that the information may be incomplete, inaccurate or biased ▸ Sources relevant missing information and appropriately records it ▸ Explains the clinical relevance of the information in the health records to safe and effective prescribing for the person, including the relevance of their co-existing conditions, medicines history, and current treatment plan and the impact of these on prescribing decisions

* See Horizontal Competency Area H2 Communicates and collaborates effectively with the person and other health professionals, Element H2.1 Obtains consent to provide clinical services to the person.

ELEMENT 1.2 Performs a comprehensive medicines assessment to obtain information to understand the person's clinical needs and context *(continued)*

Performance criteria	Evidence examples
1.2.3 Obtains relevant information from the person about their medicines, and their medical and clinical history, including their co-existing conditions, treatments, alcohol and substance use, allergies and social context	▹ Integrates information obtained from the person and their health records with clinical knowledge and experience to refine and ask questions and focus on pertinent issues ▹ Takes a medicines history that includes: • prescription, over-the counter and complementary medicines, and alcohol and substances, including illicit substances • previous adverse drug reactions • allergies • medicines and treatments that have been modified or stopped recently ▹ Recognises the limitations of the information gathered, and verifies the information given, where possible, with other sources ▹ Considers medicines as a possible cause of presenting symptoms ▹ Recognises the risk of medicines errors at transitions of care (e.g. moving between wards or departments within a hospital or discharge from a hospital to the community) and conducts a medicines reconciliation
1.2.4 Assesses the person's risk factors for poor adherence; for example: – social isolation – physical impairment – cognitive impairment or disturbance – low English proficiency – low health literacy – financial disadvantage	▹ Obtains information about the person's [illegible] beliefs, and perceptions regarding their current condition and health and well[illegible]ing ▹ Assesses the person's psychological [illegible]haviours a[illegible] motivation for consulting a health professional ▹ Recognises and deals effe[illegible]ely with pote[illegible]buse of medicines ▹ Tailors the medicines plan[illegible] the[illegible]erson's needs, lifestyle, and preferences ▹ Recommends a do[illegible]inist[illegible]tion a[illegible] required ▹ Refers the pers[illegible]or a ho[illegible]e medi[illegible]s review if they are taking multiple medicines regularly, have [illegible]d signi[illegible]hanges to their medicines plan, have difficulty managing their medi[illegible]es, o[illegible]appears they may not be adhering to their medicines plan
1.2.5 Ascertains that sufficient information has been obtained about the person's co-existing conditions and current treatments to identify possible risks and contraindications for treatments	▹ Verb[illegible]y summa[illegible]es the[illegible]formation for the person (where appropriate) ▹ [illegible]ks the person for[illegible]ore information or to clarify information already provided (where r[illegible]uired) ▹ With the pe[illegible]n's consent, obtains further information or verifies information [illegible]h other health professionals, family, or carers
1.2.6 Performs clinical examinations that are within the health professional's own scope of practice and relevant to the pers[illegible]'s problem and interprets the findings of these examinations	▹ Selects and assigns priorities to examinations based on clinical issues and real and [illegible]tential risks ▹ Prepares the person for the examinations and investigations by explaining the reason, process and preparation required ▹ Observes, assesses, and responds appropriately to signs, symptoms, co-existing conditions, abnormal anatomy, and pathologies, and explains the clinical relevance of these to the person during the examinations ▹ Observes and assesses the clinical relevance of the person's verbal and non-verbal cues during the examinations ▹ Refers the person for further examinations that are outside of the health professional's own scope of practice (where appropriate)

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ELEMENT 1.3 Generates and explores possible diagnoses

Performance criteria	Evidence examples
1.3.1 Synthesises information from the comprehensive assessment and develops provisional and differential diagnoses	▸ Establishes a list of possible conditions and medicines-related problems and explores their likelihood ▸ Considers the possibility of the person's non-disclosure of relevant information (e.g. high-risk behaviours)
1.3.2 Develops a diagnostic strategy and performs relevant investigations	▸ Explores intrinsic and extrinsic factors that affect the diagnostic process and the selection of investigations ▸ Evaluates the clinical relevance of investigations ▸ Demonstrates respect for the person and cultural competence when collecting and handling biological specimens ▸ Evaluates the potential benefits, harms, and ethical implications of performing or not performing investigations, including the impact the results of investigations may have on the person's treatment plan ▸ Selects and assigns priorities to investigations based on clinical issues and real and potential risks ▸ Identifies key issues and explains the clinical relevance of results ▸ Revisits the history given by the person when results that appear inconsistent with the original history taken
1.3.3 Explains the clinical issues and their implications to the person	▸ Explains the likely natural progression of the condition with or without treatment ▸ Considers the person's response to the clinical issues and adjusts the communication style used to maintain an effective therapeutic partnership ▸ Refers clinical issues outside the health professional's own scope of practice to other health professionals

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Knowledge, skills and behaviours

Knowledge	
Awareness of:	▸ expertise and scope of practice across different health professions ▸ clinical services provided in the facility
Understanding of:	▸ biomedical sciences relevant to own scope of practice; for example: • anatomy • physiology • pathology • pathophysiology • microbiology • immunology ▸ pharmacology, including: • clinical pharmacology • pharmacotherapeutics • pharmacokinetics and pharmacodynamics • pharmacogenetics • pharmacoepidemiology • pharmacoeconomics • special considerations for certain populations (e.g. paediatrics, older people) ▸ medicinal chemistry ▸ clinical medicine, including the: • signs and symptoms of ill health • natural progression of the condition and its impact on the person's daily life • impact of biological, psychological, social, cultural, and spiritual issues on the progression of the condition ▸ the clinical needs of special or vulnerable populations ▸ the relevance of clinical examinations and investigations to establishing a diagnosis ▸ resources that can be accessed to aid clinical management (e.g. telemedicine in remote locations) ▸ international, national and organisational clinical guidelines ▸ when to transfer or refer to another health facility

Skills	
Demonstrated ability to:	▹ obtain an accurate and current history of medicines, allergies, and adverse drug reactions ▹ obtain and synthesise information from various sources to inform clinical reasoning and decision making ▹ apply deductive and inductive reasoning to make sound clinical decisions ▹ assess the accuracy and completeness of the information provided ▹ perform clinical examinations relevant to the health professional's own scope of practice ▹ select, plan, and prioritise clinical examinations and investigations to achieve an optimal balance between the discomfort to the person, the financial costs of investigations, and the benefits of obtaining further relevant information ▹ diagnose conditions within the health professional's own scope of practice ▹ assess the potential benefits, harms, and ethical implications of performing or not performing investigations ▹ assess the person's: • readiness to accept and deal with clinical issues • capacity to travel to the location of the investigation • ability or willingness to pay for the investigation ▹ interpret the findings of clinical examinations and investigations and their relevance to the diagnoses ▹ assess the person's risk of self-harm or harming others ▹ record accurate and complete clinical notes (hard copy and/or electronic)
Behaviours	
Competence in:	▹ continually reassessing a person's problems as required ▹ reflecting on the health professional's own decision-making processes ▹ ensuring the diagnostic process is thorough ▹ discussing ambiguities and uncertainties with other relevant health professionals
Commitment to:	▹ partnering with the person ▹ teamwork with other health professionals ▹ reappraising the person as the condition progresses and the results of investigations become available

RETIRED

COMPETENCY AREA 2

Treatment options: Understands the treatment options and how they support the person's clinical needs

This competency area focuses on the competencies required to identify and discuss appropriate, safe, effective, and evidence-based treatments for the person. This framework acknowledges that the most appropriate treatment may not be a medicine and describes the competencies required to assess non-pharmacological treatments in broad terms only. It describes in detail the competencies required to identify the medicines suitable for treating the person's condition that can be incorporated into a treatment plan.

Note: This framework acknowledges that the person, their family, and carers are integral to care, and refers to 'the person' on the understanding that the health professional will involve the person's family and/or carers in consultations, discussions, and decisions about the person's care where appropriate.

RETIRED

ELEMENT 2.1 Considers non-pharmacological treatment options suitable for treating the person and their condition

Performance criteria	Evidence examples
2.1.1 Recognises when it is clinically appropriate not to intervene; for example, in cases where the signs and symptoms are likely to resolve without treatment	▹ Explains the clinical reasoning supporting the decision not to intervene
2.1.2 Recognises when it is clinically appropriate to implement non-pharmacological treatments	▹ Explains the clinical reasoning and/or evidence supporting treatment decisions ▹ Identifies non-pharmacological therapies and their relative outcome capacity in comparison with pharmacological interventions

ELEMENT 2.2 Identifies appropriate medicines options that can be incorporated into the person's treatment plan

Performance criteria	Evidence examples
2.2.1 Integrates knowledge of pharmacology,† other biomedical sciences, clinical medicine, and therapeutics,‡ and identifies medicines suitable for treating the condition	▹ Explains the mechanism of action and properties of the medicines suitable for treating the person's condition ▹ Explains the pharmacological basis supporting treatment decisions
2.2.2 Obtains, interprets, and applies current evidence and information about medicines to inform decisions about incorporating medicines into the person's treatment plan§	▹ Explains the clinical relevance of the evidence and information about medicines to the person's situation ▹ Uses clinical decision support tools and memory aids when prescribing unfamiliar medicines, and thoughtfully applies the obtained information to the person's situation to enhance the safety and quality of prescribing decisions

† For the knowledge of biomedical sciences and pharmacology that prescribers require, see the Knowledge subsection of Competency Area 1 Understands the person and their clinical needs.

‡ For the knowledge of and skills using medicines that prescribers require, see the Knowledge, skills and behaviours subsections of this competency area.

§ For examples of appropriate sources of evidence and information, see the Knowledge, skills and behaviours subsections of this competency area.

ELEMENT 2.2 Identifies appropriate medicines options that can be incorporated into the person's treatment plan *(continued)*

Performance criteria	Evidence examples
2.2.3 Identifies medicines options that are likely to provide therapeutically effective and safe treatment and tailors them for the person	▹ Applies knowledge of the differences between medicines in the same class to the person's situation to identify medicines that have an acceptable benefit–harms ratio and to eliminate those medicines that are not suitable ▹ Considers the possibilities of drug–drug and drug–disease interactions ▹ Avoids medicines that have caused previous adverse events or that are unsuitable because of the person's allergies ▹ Implements appropriate medicines strategies in situations where the diagnosis is ambiguous (e.g. pre-emptive treatment, defined trial periods) ▹ Acts cautiously in situations where there is limited or no evidence for using the medicine to treat someone with the person's particular co-morbidities or characteristics (e.g. age) ▹ Explains the clinical reasoning underpinning medicines decisions
2.2.4 Considers the cost and affordability of the medicines to the person	▹ Considers the person's eligibility to access subsidised medicines (e.g. the Pharmaceutical Benefits Scheme [PBS], the Repatriation Pharmaceutical Benefits Scheme [RPBS], and the Quality Use of Medicines Maximised in Aboriginal and Torres Strait Islander Peoples [QUMAX] programs) ▹ Selects a more affordable medicine in preference to one that is less affordable when the two medicines are therapeutically equiva
2.2.5 Considers the implications to the wider community of using a particular medicine to treat the person	▹ Demonstrates consideration where appropriate (e.g. using a narrow-spectrum antibiotic suitable for the condition for the shortest possible duration) ▹ Explains why generic medicines are an acceptable alternative to original brand medicines ▹ Selects a more cost-effective medicine in preference to a less cost-effective option
2.2.6 Discusses the treatment options and medicines with the person, considering: – the priorities for treating their current condition and co-existing conditions (if required) – their readiness to address the current condition – their expectations of treatment	▹ Provides sufficient information about the treatment options for the person to make an informed choice about treatment ▹ Explains the treatment options to the person without personal bias ▹ Facilitates an interactive discussion and involves the person in the treatment decisions ▹ Understands and resolves discordant expectations or requests made by the person ▹ Identifies and manages drug-seeking behaviour on the part of the person (if relevant)
2.2.7 Supplements verbal information with written information about the condition and treatment options (where appropriate)	▹ Provides information in language that is accessible to the person ▹ Advises the person of how they can access appropriate sources of information in languages other than English (if available and appropriate) ▹ Provides the person with information about consumer support organisations (if relevant) ▹ Uses a consumer medicine information leaflet to help inform the person about the medicine
2.2.8 Allows the person time to make an informed decision about their treatment	▹ Respects the person's decision to defer selection and initiation of treatment to a subsequent consultation
2.2.9 Refers the person for further assessment or treatment when the suitable treatment options are outside the health professional's own scope of practice	▹ Arranges referrals to other health professionals as needed

RETIRED

** A list of information to cover in discussions about treatment options is provided in the Skills subsection for this competency area.

Knowledge, skills and behaviours

Knowledge

Understanding of:

- principles of quality use of medicines (QUM)
- medicines, including their:
  - classification and regulatory status; for example:
    - scheduled medicines: controlled drugs, prescription-only medicines, pharmacist-only medicines, and pharmacy-only medicines
    - unscheduled medicines, such as medicines on open sale (e.g. small packets of analgesics) and complementary medicines (also called herbal, natural, and alternative medicines). Complementary medicines include products containing herbs, vitamins, minerals, nutritional supplements, homoeopathic medicines, and bush and traditional medicines
  - approved indications
  - other indications that are supported by good evidence
  - pharmacology††
  - effectiveness and safety
- common sequencing of treatment options suitable for treating the condition (e.g. first line, second line, etc)
- valid and reliable sources of information about medicines; for example:
  - *The Australian Medicines Handbook* (AMH)
  - *Therapeutic Guidelines*
  - national clinical guidelines (e.g. National Health and Medical Research Council guidelines)
  - the Natural Medicines Comprehensive Database
  - NPS: Better choices, Better health resources
  - the product information for medicines (e.g. from MIMS)
  - the Pharmaceutical Benefits Scheme (PBS)
  - the Therapeutic Goods Administration (TGA)
  - *The Australian Immunisation Handbook*
  - hospital formularies, protocols, and guidelines

Skills

Demonstrated ability to:

- identify appropriate non-pharmacological treatments
- access, interpret and critically appraise evidence and information about the following aspects of treatments and medicines to inform clinical decision making:
  - efficacy and effectiveness
  - the strength of evidence
  - interactions with other medicines or conditions
  - potential benefits
  - potential harms
  - place in therapy
  - cost
  - method of use
  - the availability of medicines and suitable dose forms
  - the length of treatment
  - monitoring requirements
  - quality of life considerations
  - issues of concern for special or vulnerable populations
  - comparative effectiveness, safety and cost-effectiveness
- thoughtfully consider the following requirements when identifying appropriate medicines options and tailoring them for the person:
  - effectiveness, including:
    - the pharmacodynamic and pharmacokinetic properties of the medicine
    - likely treatment effectiveness
    - co-existing conditions
    - previous treatment success or failure
    - the person's ability to self administer the medicine

RETIRED

†† For specifications of the pharmacology knowledge required by prescribers, see the Knowledge subsection of Competency Area 1 Understands the person and their clinical needs.

Skills (continued)	
Demonstrated ability to:	• safety, including: › the person's medical and medicines history › the overall benefit-risk profile of the medicine for the person's situation › the person's allergies and intolerances › previous adverse events › the person's physical wellness or frailty › the age and size of the person › factors specific to the patient (e.g. renal or hepatic impairment) › gender-specific considerations (e.g. pregnancy and breastfeeding) › potential drug interactions › contraindications with the person's conditions and/or medicines • suitability, including: › the person's beliefs, and social and cultural issues › the person's age › occupational restrictions or requirements › monitoring and follow-up requirements › the person's likely adherence › the route of administration › possible impact on quality of life › the person's available social support networks › eligibility criteria for the medicine and whether the person meets the criteria › the cost and affordability of the medicine to the person • community implications, including the: › cost, cost-effectiveness, and affordability of the medicine to the facility involved in prescribing the medicines and the community that funds the healthcare system › risk of contributing to the development of antimicrobial resistance, including healthcare-acquired infection, when prescribing antimicrobials ▻ access alerts, prioritise safety warnings, and interpret their clinical relevance to the person and their condition ▻ explain the clinical reasoning supporting clinical decisions ▻ explain key aspects of treatments and treatment plans to the person including: • their effectiveness • their benefits, including the likely impact on the person and their condition, and any uncertainties regarding these impacts • the risks, including safety issues and potential side-effects • the method of administration, dose, frequency, treatment duration, and storage requirements for medicines • any issues of concern for special or vulnerable populations (where relevant) • potential interactions with other current medicines or treatments • the comparative effectiveness, safety, and cost-effectiveness of the treatment • the cost • the possible impact on quality of life • issues that may affect availability of the treatment • monitoring and follow-up requirements • the priorities for treating the person's current condition and their co-existing conditions (where relevant)
Behaviours	
Competence in:	▻ insight into and awareness of the health professional's own limitations, personal and professional beliefs, and biases ▻ accepting responsibility for the health professional's own clinical decisions
Commitment to:	▻ consult reference materials or other health professionals to inform clinical decision making ▻ taking all reasonable steps to obtain information about the person's medicines, substances, and treatments, including those that are self-initiated and those initiated by other health professionals

RETIRED

COMPETENCY AREA 3

Shared decision making: Works in partnership with the person to develop and implement a treatment plan

This competency area focuses on the competencies required to negotiate therapeutic goals, reach agreement about medicines to be used to treat the person's condition, and tailor the treatment plan to meet the needs of the person.

Note: This framework acknowledges that the person, their family, and carers are integral to care, and refers to 'the person' on the understanding that the health professional will involve the person's family and/or carers in consultations, discussions, and decisions about the person's care where appropriate.

RETIRED

ELEMENT 3.1 Negotiates therapeutic goals with the perso

Performance criteria	Evidence examples
3.1.1 Negotiates therapeutic goals that enhance the person's self-management of their condition	▹ Facilitates interactive negoti ▹ Respects the per n's b efs a rences when developing the therapeutic goals
3.1.2 Ascertains that all parties have a common understanding of the therapeutic goals and how they will be measured	▹ Repeats th agre als to the person and/or their family and carers as needed, and renegoti als t achieve a common understanding if required

ELEMENT 3.2 Works in partne hip with the person and other health professionals to select medicines and tailor and implement a treatment plan

Performance criteria	Eviden examples
3.2.1 Explores the person's opinion and preferences concerning medicines a th treatment plan	▹ espects the person's decisions regarding their treatment preferences ▹ Considers the person's preferences for generic brands of medicines ▹ Discusses the person's capacity to pay for medicines
3.2.2 Consults other health professionals about potential medicines and the treatment plan	▹ Respects the input of other health professionals
3.2.3 Reaches agreement with the person about medicines to be used to treat their condition	▹ Respects the person's decisions regarding the selection of medicines and the treatment plan ▹ Respects existing decisions made by the person regarding advanced care planning
3.2.4 Develops the treatment plan in partnership with the person	▹ For all medicines: • determines the correct dose for the person • checks and documents all dose calculations • ensures the treatment plan specifies the correct dose, frequency, and an appropriate method of administration for the person ▹ Establishes a medicines management plan or adds to a current one

ELEMENT 3.2 Works in partnership with the person and other health professionals to select medicines and to tailor and implement a treatment plan *(continued)*

Performance criteria	Evidence examples
3.2.5 Obtains approval to use the medicines (where relevant)	▹ Complies with state, territory and Commonwealth legislative requirements, including restrictions with the Pharmaceutical Benefits Scheme (PBS) system, and local approval processes (e.g. through drug and therapeutics committees)
3.2.6 Stops or modifies the person's existing medicines and other management strategies if required	▹ Adheres to protocols or guidelines for withdrawing medicines from a person's treatment plan ▹ Negotiates with other health professionals to modify or stop treatments they have implemented ▹ Reconciles and updates the person's medicines profile or record with any changes made to their medicines
3.2.7 Ensures the person understands the treatment plan and how to use the medicine safely and effectively	▹ Explains the treatment plan to the person and how to use and store the medicine safely‡‡ ▹ Provides information about the ongoing monitoring of the medicine ▹ Uses the consumer medicine information leaflet and information from other appropriate sources to counsel the person about the medicine ▹ Uses the active ingredient name of the medicine ▹ Provides relevant information that is appropriate for the person's health literacy and language literacy levels ▹ Advises the person of how to access information in languages other than English (if available and appropriate) ▹ Provides the person with practical guidance about how certain adverse events may be minimised ▹ Provides clear information about what to do and who to contact if the person experiences signs and symptoms related to adverse events ▹ Provides the person with information about support services (e.g. services for people with chronic conditions) ▹ Asks the person to explain their treatment plan, and explain or demonstrate how they are to use the medicine so the health professional can check the person's understanding ▹ Updates the person's current medicines list and encourages them to carry it with them and show it to other health professionals providing treatment ▹ Recommends a medicines alert device if appropriate

ELEMENT 3.3 Develops a review plan tailored to the person's needs

Performance criteria	Evidence examples
3.3.1 Identifies the need for, and develops, a review plan	▹ Identifies the reasoning for, and correct timing of, an appropriate review ▹ Negotiates a prescribing contract with the person for medicines prone to abuse (e.g. opioids, benzodiazepines)

RETIRED

Knowledge, skills and behaviours

Knowledge	
Knowledge specified for:	▹ Competency Area 1 Understands the person and their clinical needs ▹ Competency Area 2 Understands the treatment options and how they support the person's clinical needs Plus the item specified below: Awareness of: ▹ appropriate consumer information resources about the person's condition and medicines, including those that may be available in languages other than English

‡‡ See the Skills subsection of this competency area for more information.

Skills

Skills specified for:

- Competency Area 2 Understands the treatment options and how they support the person's clinical needs

Plus the items specified below:

Demonstrated ability to:

- negotiate and reach agreement about medicines and the treatment plan that will be used to treat the person, including taking into account:
  - the desired therapeutic goals
  - the person's treatment preferences
  - the person's allergies and previous adverse drug reactions
  - clinical parameters (e.g. renal function, hepatic function)
  - pharmacogenetic determinants
  - the potential for drug–drug interactions, drug–food interactions, drug–disease interactions
  - the availability of a suitable form of the medicines
  - the duration of therapy
  - an acceptable balance between the potential benefits and harms of using the medicines
  - the cost of treatment
- calculate the correct doses of medicines for the person, considering their age, gender, weight, and size
- support the person in committing to, and remaining committed to, the treatment plan
- develop the person's capability to manage their medicines
- educate the person about key aspects of their treatment, using verbal and written information, including:
  - the medicines in the context of their entire treatment plan
  - the active ingredient of the medicines
  - the dose and frequency of doses
  - how to use the medicines, including the use of assistive devices
  - the expected outcomes of treatment and any uncertainties about achieving these outcomes
  - the importance of adhering to the treatment plan to achieve the expected outcomes
  - the implications of not following the treatment plan
  - the monitoring requirements
  - adverse events
  - what to do if the condition deteriorates
  - what to do if the expected treatment outcomes are not realised
  - the importance of keeping a current medicines list
  - the review plan
- develop and record a review plan that:
  - considers issues, including:
    - difficulties the person may have getting to follow-up appointments
    - the need for an interpreter, carer, or support person to be present
  - specifies the following:
    - therapeutic goals, key targets, expected outcomes, how these will be measured, and monitoring requirements
    - the anticipated date when treatment will cease (if appropriate)
    - the review date
    - the health professional responsible for conducting the review
- record notes in the person's health record that clearly explain the treatments implemented and cover the following issues:
  - the person's consent to proceed with treatment
  - the therapeutic goals and how they will be measured
  - the treatment plan
  - the reasons for starting, stopping, or modifying medicines and treatments
  - monitoring requirements
  - information provided to the person
  - specific issues that impact on the choice of medicine (e.g. swallowing difficulties, vision impairment)
  - a medicines list or profile

RETIRED

Behaviours	
Competence in:	▹ shared decision making to mutually achieve therapeutic goals ▹ recognising and accepting that the person's actual treatment outcomes may not always meet agreed goals and targets ▹ acknowledging that the health professional is one of a team of people providing care to the person ▹ adhering to systems to support safe prescribing ▹ confirming the selection of medicines, medication orders, prescriptions, and dose calculations ▹ documenting all dose calculations ▹ using information technology when available to support prescribing ▹ acknowledging the person's role in ensuring successful treatment outcomes ▹ open disclosure of error to the person (if appropriate)

RETIRED

COMPETENCY AREA 4

Coordination: Communicates the treatment plan clearly to other health professionals

This competency area focuses on the competencies required to provide information to other health professionals to ensure that the treatment plan is implemented safely and effectively. It covers the competencies required to provide clear instructions to other health professionals who dispense, supply, or administer prescribed medicines. It also covers the competencies required to provide information about the treatment plan to other health professionals who provide care for the person. Effective communication is particularly important for ensuring coordinated care in collaborative care settings.

Note: This framework acknowledges that the person, their family, and carers are integral to care, and refers to 'the person' with the understanding that the health professional will involve the person's family and/or carers in consultations, discussions, and decisions about the person's care where appropriate.

RETIRED

ELEMENT 4.1 Provides clear instructions to other health professionals who dispense, supply, or administer medicines prescribed for the person

Performance criteria	Evidence examples
4.1.1 Prepares prescriptions or medication orders that comply with relevant legislation, guidelines or codes of practice, and organisational policies and procedures	▹ Preferentially uses electronic systems when prescribing or ordering medicines ▹ Completes the National Inpatient Medication Chart (NIMC) accurately and legibly (where relevant) ▹ Communicates appropriately, using unambiguous language, and/or symbolic representation ▹ Uses the active ingredient names of medicines ▹ Uses terminology, abbreviations and symbols for prescribing medicines recommended by the Australian Commission on Safety and Quality in Health Care ▹ Adheres to legislative and regulatory requirements ▹ Communicates the basis for dose calculations on the prescription or medication order
4.1.2 Provides accurate and clear verbal medication orders that comply with relevant legislation, guidelines or codes of practice, and organisational policies and procedures (where relevant)	▹ Communicates the verbal medication order appropriately using unambiguous language ▹ Ascertains that the health professional receiving the verbal medication order has understood the instructions by asking them to repeat the instructions ▹ Ensures that the verbal medication order is documented and signed for within legislative requirements and as soon as practicable

ELEMENT 4.2 Provides information about medicines and the treatment plan with the person's consent to other health professionals who provide care to the person

Performance criteria	Evidence examples
4.2.1 Provides information for collaboration to members of interprofessional healthcare teams both within facilities and the community	▹ Provides an accurate and current list of the person's medicines and any recent changes to the medicines ▹ Provides information about the person's history of allergies and adverse drug reactions ▹ Encourages the person to share information with other healthcare professionals

Knowledge, skills and behaviours

Knowledge	
Understanding of:	▹ format and requirements for prescriptions specified by the Pharmaceutical Benefits Scheme (PBS) and the states and territories ▹ format and requirements for medication orders specified by the Australian Commission on Safety and Quality in Health Care ▹ specific requirements for the prescribing of controlled drugs ▹ benefits of a multidisciplinary approach to medicines safety
Skills	
Demonstrated ability to:	▹ work effectively with other members of the healthcare team ▹ preferentially use electronic systems and, if necessary, legible handwriting to prepare prescriptions and medication orders ▹ provide clear instructions ▹ calculate doses for medicines
Behaviours	
Competence in:	▹ providing relevant information to other health professionals about the person's treatment plan ▹ transcribing prescriptions or medication orders safely
Commitment to:	▹ Working in a collaborative–interprofessional manner to ensure the best outcome for the person with particular regard to the development, implementation, and modification of the person's treatment plan

RETIRED

COMPETENCY AREA 5

Monitors and reviews: Monitors and reviews the person's response to treatment

This competency area focuses on the competencies required to monitor and review the person's response to treatment. It covers obtaining and interpreting information to decide whether the therapeutic goals have been achieved, whether to continue treatment, stop treatment, or to refer the person to another health professional for further assessment and/or treatment, and discussing these decisions with the person and other health professionals.

Note: This framework acknowledges that the person, their family, and carers are integral to care, and refers to 'the person' on the understanding that the health professional will involve the person's family and/or carers in consultations, discussions, and decisions about the person's care where appropriate

RETIRED

ELEMENT 5.1 Obtains information to assess the person's response to treatment

Performance criteria	Evidence examples
5.1.1 Observes the person to ascertain their response to treatment (where relevant)	▹ Performs observations at appropriate time intervals
5.1.2 Discusses with the person and other health professionals, their: – experience with implementing the treatment plan – adherence, including any issues arising and possible ways to improve adherence – perception or observation of the medicines' benefits and adverse effects – assessment of whether the therapeutic goals have been achieved	▹ Engages in interactive two-way communication with the person and other health professionals ▹ Asks the person to demonstrate how they take or use the medicine to ensure they are doing this correctly (where relevant) ▹ Integrates information with clinical knowledge and experience to assess the progress towards attaining the planned therapeutic goals ▹ Manages any adverse events experienced by the person and reports them to the relevant authorities
5.1.3 Obtains additional information to assess whether the therapeutic goals have been achieved by examining the person, requesting investigations, and interpreting the findings (where relevant)	▹ Orders and reviews therapeutic drug monitoring tests for medicines with a narrow therapeutic index
5.1.4 Synthesises information provided by the person, other health professionals, and from clinical examinations and investigations to determine whether: – the therapeutic goals have been achieved – treatment should be stopped, modified, or continued – the person should be referred to another health professional	▹ Identifies and explains the key findings of clinical examinations and investigations that indicate whether the therapeutic goals have, or have not been achieved ▹ Acts on the results of the findings ▹ Explains the clinical reasoning supporting the decision to stop, modify, or continue the treatment, and/or to refer the person to another health professional

ELEMENT 5.2 Works in partnership with the person and other health professionals to address issues arising from the review

Performance criteria	Evidence examples
5.2.1 Discusses the findings of the review with the person	▹ Discusses the reasons for: • continuing, stopping, or modifying the treatment • referring the person to another health professional
5.2.2 Identifies if the person requires a comprehensive medicines review	▹ Completes a medicines management plan following a review
5.2.3 Works in partnership with the person and other health professionals to modify the treatment plan to optimise the safety and effectiveness of treatment (where relevant)	▹ Ascertains that the person understands the reasons for stopping, modifying, or continuing the treatment unchanged ▹ Where appropriate, collaborates with and considers the input and expertise of other health professionals when deciding on changes to the treatment ▹ Provides the person with an updated list of their medicines ▹ Advises the person to avoid medicines that have caused adverse events and recommends a medicines alert device if appropriate ▹ Informs other health professionals who provide clinical care for the person about changes to the treatment plan
5.2.4 Reports issues arising from the review	▹ Reports the abuse or misuse of medicines, medicine errors, near misses, and adverse events in accordance with legislative requirements and organisational policy and procedure
5.2.5 Organises the next review	▹ Refer to Competency Area 3 Works in partnership with the person to develop and implement a treatment plan, Element 3.3 Develops a review plan tailored to the person's needs for relevant performance criteria and evidence examples

RETIRED

Knowledge, skills and behaviours

Knowledge	
Understanding of:	▹ therapeutic drug monitoring ▹ the eligibility requirements for a Home Medicines Review for people on multiple medicines ▹ medicines with a high risk of causing adverse events and the monitoring requirements for these medicines
Skills	
Demonstrated ability to:	▹ obtain and synthesise information from various sources to assess whether the therapeutic goals have been achieved ▹ appropriately integrate and apply knowledge from the following competency areas to the person's situation: • Competency Area 1 Understands the person and their clinical needs • Competency Area 2 Understands the treatment options and how they support the person's clinical needs • Competency Area 3 Works in partnership with the person to develop and implement a treatment plan • Competency Area 4 Communicates the treatment plan clearly to other health professionals • Horizontal Competency Area H1 Practices professionally • Horizontal Competency Area H2 Communicates and collaborates effectively with the person and other health professionals ▹ review long-term repeat prescribing
Behaviours	
Competence in:	▹ initiating timely reviews in accordance with: • legislative and regulatory requirements • organisational policies and procedures • clinical guidelines or codes of practice • pharmacology of the medicine • change in the person's health status ▹ providing relevant information to the person and other health professionals about changes to the treatment plan

HORIZONTAL

COMPETENCY AREA H1

Professional: Practices professionally

This competency area encompasses the professional competencies that health professionals require to prescribe medicines. It covers practising in accordance with the relevant legislative, regulatory, professional, and organisational frameworks, applying quality use of medicines principles, effectively managing influences on prescribing behaviour, and working to continually improve prescribing practice.

Note: This framework acknowledges that the person, their family, and carers are integral to care, and refers to 'the person' on the understanding that the health professional will involve the person's family and/or carers in consultations, discussions, and decisions about the person's care where appropriate.

RETIRED

ELEMENT H1.1 Practices within the applicable legislative and regulatory frameworks

Performance criteria	Evidence examples
H1.1.1 Demonstrates knowledge of, and complies with, legislation, regulations, and common law applicable to prescribing*	▹ Complies with legal requirements ▹ Implements procedures to address the medicolegal requirements that are relevant to the person, including those required for special or vulnerable populations†
H1.1.2 Maintains accurate and complete records of: – the consultation – clinical examinations and investigation results – risk factors for medicines misadventure – the person's decision to decline treatment (where relevant) – changes to the person's medicines management plan, including the rationale behind these changes – the review plan, recommendations, and date for next review – outcomes of the treatment	▹ Ensures records comply with legal, regulatory, and facility requirements ▹ Completes the National Inpatient Medication Chart (NIMC) or the facility's medication chart (where relevant) ▹ Updates the person's record with details of changes to their medicines regimen or other relevant details, such as the occurrence of adverse events ▹ Maintains the security of the person's medical information and records

* See the Knowledge subsection of this competency area for more information.

† See the Definition of Terms section for more information.

ELEMENT H1.2 Practices according to professional standards, codes of conduct, and within the health professional's own scope of practice

Performance criteria	Evidence examples
H1.2.1 Demonstrates knowledge of and complies with: – professional standards – codes of conduct – scope of practice statements or guidelines	▹ Adheres to professional standards, codes of conduct, and scope of practice for the health professional's own profession
H1.2.2 Practices within the limits of the health professional's own education, training, and scope of practice	▹ Refers the person to other appropriate health professionals for further assessment or treatment when they require healthcare that is outside the health professional's own education, training, and scope of practice
H1.2.3 Demonstrates respect for the scope of practice of other health professionals and their contribution within a collaborative care model, particularly that of the person's main healthcare provider	▹ Ensures effective communication and collaboration between health professionals
H1.2.4 Accepts responsibility and is accountable for the care provided to the person	▹ Audits adverse outcomes and responds appropriately

ELEMENT H1.3 Practices within the applicable framework of the healthcare setting and system

Performance criteria	Evidence examples
H1.3.1 Demonstrates knowledge of and complies with national, state and territory, and facility policies and procedures in relation to prescribing	▹ Adheres to policies and procedures (e.g. antimicrobial prescribing policies or discharge medicines procedures)
H1.3.2 Demonstrates appropriate professional judgement when interpreting and applying guidelines and protocols to the person's situation	▹ Identifies the guidelines and protocols that are relevant to the person and their situation (e.g. a person seeking to cease smoking)
H1.3.3 Contributes to the improvement of policies and procedures for the judicious, appropriate, safe, and effective use of medicines	▹ Contributes to the evaluation and review of policies and procedures ▹ Ensures that appropriate policies and procedures are developed and implemented for a particular facility

RETIRED

ELEMENT H1.4 Practices quality use of medicines principles

Performance criteria	Evidence examples
H1.4.1 Applies quality use of medicines principles when prescribing medicines	▹ Prescribes medicines judiciously, appropriately, safely, and effectively
H1.4.2 Identifies common causes of medicines errors and adverse events, and implements strategies to reduce the risks of these occurring	▹ Conducts a comprehensive medicines assessment and diagnostic strategy prior to prescribing††† ▹ Preferentially uses electronic systems when prescribing or ordering medicines ▹ Confirms medication orders and prescriptions ▹ Ensures clear documentation is kept, including that of the person's allergies and previous adverse drug reactions ▹ Reports and learns from medicines errors

††† See Competency Area 1 Understands the person and their clinical needs, Element 1.2 Performs a comprehensive medicines assessment to obtain information to understand the person's clinical needs and context.

ELEMENT H1.4 Practices quality use of medicines principles *(continued)*

Performance criteria	Evidence examples
H1.4.3 Demonstrates knowledge of the medicines commonly prescribed	▹ Establishes a 'formulary' of the medicines the health professional commonly prescribes
H1.4.4 Critically evaluates information about medicines and makes evidence-based decisions about medicines in the health professional's own practice	▹ Critically assesses the validity and reliability of study findings and information, including that related to the safety, efficacy, comparative effectiveness, and cost-effectiveness of medicines ▹ Applies study findings and medicines information in the context of relevant clinical considerations, the person's preferences, and their circumstances ▹ Uses feedback from the person prescribed a new medicine to contribute to information about the safety and effectiveness of that medicine

ELEMENT H1.5 Demonstrates a commitment to continual quality improvement of the health professional's own prescribing

Performance criteria	Evidence examples
H1.5.1 Engages in ongoing professional development and education to improve prescribing practices	▹ Meets the registration requirements for continuing professional development for the health professional's own profession ▹ Uses audit data to benchmark the health professional's own prescribing practice, identify development areas, and plan appropriate learning activities ▹ Updates their knowledge and the skills required for medicines safety ▹ Monitors suspected adverse medicines events and reports these to appropriate authorities

ELEMENT H1.6 Addresses the potential for bias in prescribing decisions

Performance criteria	Evidence examples
H1.6.1 Implements strategies to address influences that may bias prescribing decisions, including: – marketing influences – possible personal, professional, or financial gain – conflicts of interest – the health professional's own beliefs, values, and experiences	▹ Adheres to professional and facility codes of conduct for interacting with the pharmaceutical industry and participating in industry-funded education sessions and research trials ▹ Audits the health professional's own prescribing to evaluate the impact of external influences on their prescribing practices ▹ Identifies, declares, and manages real and perceived conflicts of interest

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Knowledge, skills and behaviours

Knowledge	
Awareness of:	▹ registration and professional requirements; for example: • the relevant national, state, and territory legislation for the regulation of health professionals • professional standards, codes of practice, and ethical frameworks • continuing professional development requirements • duty of care obligations • indemnity insurance cover ▹ medicines-related legislation and requirements; for example: • relevant state and territory poisons legislation • the Therapeutic Goods Act, regulations, and orders • the Therapeutic Goods Administration (TGA)-approved indications of medicines, off-label use, and associated medicolegal implications • additional legal requirements for specific medicines (e.g. medicines requiring authorities to prescribe) • the Pharmaceutical Benefits Scheme (PBS) • the Medicare Benefits Schedule (MBS) ▹ practice guidelines and protocols; for example: • local treatment guidelines and protocols (e.g. the Central Australian Rural Practitioners Association [CARPA] manuals) • Australian standards for clinical practice (e.g. the Australian Standard for infection control) • evidence-based guidelines for clinical practice ▹ legislative, regulatory, and organisational requirements, including those for: • protecting the privacy and confidentiality of the person • dealing with special or vulnerable populations • documentation requirements for clinical and other health records • documentation requirements for interventions (e.g. do not resuscitate (DNR) orders, or advanced care directives and plans) • the storage and provision of medicines • monitoring, review, and follow-up • reporting breaches of legislation, regulations, professional standards, or codes of practice • safe medicines practice and strategies for preventing medicines errors ▹ the types, causes, and risks of medicines errors, and where they are most likely to happen; for example due to: • inadequate knowledge about drug interactions • contraindications • prescribing for the wrong person • prescribing the wrong route, dose, time, or dosing frequency for the medicine • failure to consider the person's clinical, social, and cognitive factors and their health literacy • inadequate communication • calculation errors
Advanced understanding of:	▹ the health professional's own scope of practice ▹ medicines relevant to the health professional's own scope of practice

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Skills	
Demonstrated ability to:	▸ use information technology to source medicines information and related resources ▸ critically appraise information ▸ recognise and resolve ethical dilemmas in accordance with recognised ethical frameworks ▸ conduct audits of the health professional's own prescribing practice ▸ analyse and learn from medicines errors ▸ upload information to e-health records ▸ update health records at transitions of care ▸ tolerate ambiguity and uncertainty ▸ report the following: • abuse or misuse of medicines • medicines errors • near misses • adverse medicine events
Behaviours	
Commitment to:	▸ reflective practice ▸ adhering to the health professional's own scope of practice ▸ adhering to organisational policies and procedures ▸ collaborating with other health professionals ▸ seeking guidance from other health professionals where appropriate ▸ referring the person to other health professionals where appropriate ▸ the appropriate use of authority ▸ regularly updating the skills and knowledge required for prescribing safely ▸ the ethical principles of beneficence, non-malfeasance, autonomy, and justice ▸ advocating for the person's rights to access healthcare

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HORIZONTAL

COMPETENCY AREA H2

Communicates: Communicates and collaborates effectively with the person and other health professionals

This competency area focuses on the communication and collaboration competencies required for safe and effective prescribing. It covers communicating effectively with the person, their family, or carers (where appropriate), and with other health professionals, particularly their main healthcare provider, usually their general practitioner.

Note: This framework acknowledges that the person, their family, and carers are integral to care, and refers to 'the person' on the understanding that the health professional will involve the person's family and/or carers in consultations, discussions, and decisions about the person's care where app

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ELEMENT H2.1 Obtains consent to provide clinical services to the person

Performance criteria	Evidence examples
H2.1.1 Adheres to legislative and workplace requirements for obtaining and recording consent for: – accessing health records – obtaining information from, and providing information to, other health professionals – conducting a clinical examination – providing clinical services – the potential benefits and harms of treatment – the financial aspects of the treatme	▹ Identifies circumstances when consent may need to be obtained in consultation with a third party (e.g. involuntary patients, children, or young people) ▹ Explains the benefits of communicating with the person's main healthcare provider and other health professionals ▹ Implements appropriate processes to respond to a person's request to withhold or withdraw consent

ELEMENT H2.2 Acknowledges the person, their family, and carers as integral to care and collaborates to achieve optimal health outcomes

Performance criteria	Evidence examples
H2.2.1 Involves the person's family or carers in the consultation where appropriate	▹ Correctly identifies when to involve the person's family and/or carers
H2.2.2 Explores and responds appropriately to the person's concerns and expectations regarding: – the consultation – their health – their own role and that of health professionals in managing their health – the health professional's scope of practice – the use of medicines and other treatments to maintain their health	▹ Adopts a person-centred approach ▹ Demonstrates appropriate empathy
H2.2.3 Establishes a therapeutic partnership that accords with the preferences expressed by the person	▹ Responds appropriately to the person's cues regarding their expectations and preferred role in managing their health

ELEMENT H2.3 Respects the person

Performance criteria	Evidence examples
H2.3.1 Respects the person's values, beliefs, and experiences	▹ Demonstrates cultural competence when interacting with people from different cultures ▹ Uses cultural brokers to facilitate the consultation when working with Aboriginal and Torres Strait Islander peoples (e.g. Aboriginal health practitioners) ▹ Includes family members in decision making where appropriate ▹ Arranges for a chaperone to be present, and/or for clinical services to be provided by a health professional of the gender acceptable to the person (where appropriate)
H2.3.2 Respects the person's privacy and confidentiality	▹ Adheres to privacy and confidentiality legislation
H2.3.3 Respects the person's healthcare decisions	▹ Respects the person's treatment preferences, including decisions not to undergo treatment, or to obtain treatment from other health professionals

ELEMENT H2.4 Communicates effectively with the person using appropriate communication skills to enable the safe use of medicines

Performance criteria	Evidence examples
H2.4.1 Assesses the person's preferred language, communication style, communication capabilities, and health literacy, and adjusts the health professional's own communication style to interact effectively with them	▹ Uses verbal, non-verbal and written communication appropriately ▹ Uses interpreters to communicate in the person's preferred language (where appropriate) ▹ Uses culturally appropriate communication techniques ▹ Uses communication techniques that encourage interactive communication
H2.4.2 Considers the potential issue of perceived power differences between the health professional and the person	▹ Assures the person of their rights and options ▹ Seeks the person's input and consent to proposals and ideas ▹ Reflects on the health professional's own personal communication style
H2.4.3 Provides clear and appropriate written and verbal information to the person to enable them to make informed choices and achieve optimal health outcomes	▹ Uses written resources in languages other than English (where available and appropriate) ▹ Provides pictorial or graphical information (where helpful)
H2.4.4 Ascertains that the information provided has been received and understood correctly	▹ Demonstrates ability to ascertain the person's understanding (e.g. asks the person to repeat the information provided in their own words) ▹ Presents a verbal summary of the information to the person ▹ Provides additional or alternative information to improve clarity if there are potential or actual misunderstandings

ELEMENT H2.5 Collaborates with other health professionals to achieve optimal health outcomes for the person

Performance criteria	Evidence examples
H2.5.1 Engages in open, interactive discussions with other health professionals involved in caring for the person	▹ Negotiates with other health professionals and establishes agreed processes when providing shared care ▹ Gives due consideration to the observations and contributions made by other health professionals ▹ Constructively resolves differing views about treatments and treatment plans for the person
H2.5.2 Confirms that their own understanding of information provided by other health professionals is correct	▹ Seeks further information to improve the health professional's own understanding or to clarify issues

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ELEMENT H2.5

Collaborates with other health professionals to achieve optimal health outcomes for the person *(continued)*

Performance criteria	Evidence examples
H2.5.3 Responds appropriately to communication initiated by other health professionals	▹ Responds in a timely manner ▹ Provides accurate information
H2.5.4 Provides clear verbal and written information to other health professionals by secure means when implementing new treatments with medicines or modifying existing treatment plans	▹ Records information so that it can be easily read and understood by other health professionals ▹ Ensures that entries in the person's health records comply with legislation and organisational policies and procedures ▹ Ensures that other health professionals receive an accurate list of the person's medicines and treatments, including current medicines and any recent changes, when referring the person onto another health professional and/or transferring care

Knowledge, skills and behaviours

RETIRED

Knowledge	
Understanding of:	▹ the legislative, regulatory, and organisational requirements for obtaining consent ▹ verbal and non-verbal communication ▹ potential barriers to communication ▹ the legal requirements and facility policies and procedures for entries in the person's healthcare records, including: • practice or hospital records • person-held records (e.g. e-Health records)
Advanced understanding of:	▹ the health professional's own communication style ▹ collaborative care
Skills	
Demonstrated ability to:	▹ assess the verbal and written communication capabilities of the person ▹ communicate with special and vulnerable populations ▹ identify when it is appropriate to involve a person's family in the consultation ▹ source third parties to assist with communication and work effectively with them ▹ present information in ways that can be understood by the person ▹ adapt the health professional's own communication style and tailor communication strategies and information to meet the needs of the person and other health professionals ▹ establish and maintain appropriate professional boundaries in relationships with the person ▹ engage in effective cross-cultural communication ▹ work effectively with people from diverse backgrounds ▹ listen actively ▹ ask open-ended questions ▹ observe, interpret, and respond appropriately to cues from the person and other health professionals ▹ ascertain the health professional's own understanding of the information provided by the person and other health professionals ▹ access information from e-health records ▹ communicate with the person's family and/or carers

HORIZONTAL COMPETENCY AREA H2 (continued)

Behaviours	
Competence in:	▹ demonstrating an appropriate professional presence through: • self-control • patience • respect for others • a non-judgemental approach • willingness to reassess the person's problems (where required) • interpersonal understanding • ensuring that a medicines reconciliation is conducted and recorded in the person's health records at transitions of care
Commitment to:	▹ responding in a timely manner to communication from other health professionals ▹ respecting the person receiving clinical services ▹ respecting the contribution of other health professionals to collaborative care ▹ respecting colleagues' personal boundaries, values and beliefs ▹ cultural competence when working with people from culturally and linguistically diverse (CALD) backgrounds and Aboriginal and Torres Strait Islander peoples ▹ displaying appropriate empathy

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APPENDIX 1

Project governance

Advisory group

Prof Chris Baggoley (Chair)	Department of Health and Ageing
Ms Carol Bennett	Consumers Health Forum
Dr Rosemary Bryant	Department of Health and Ageing
Dr Eleanor Chew	Royal Australian College of General Practitioners
Prof Trish Dunning	National Medicines Policy Committee
Dr Andrew Knight	NPS: Better choices, Better health Board
Mr Pat Maher	Health Workforce Australia
Mr Steve Marty	Forum of National Board Chairs (Registration Boards)
Dr John Primrose	Department of Health and Ageing
Mr Chris Robertson	Australian Health Practitioner Regulatory Agency
Dr Michael Smith	Australian Commission on Safety and Quality in Hea
Dr Lynn Weekes	NPS: Better choices, Better health

Expert reference group

Ms Amanda Adrian
Emeritus Prof Felix Bochner
Dr Rosa Canalese
Dr Ian Coombes
Mrs Margaret Duguid
Prof Sandra Dunn
Prof Albert Frauman
Prof Alastair Goss
Mr Darryn Marks
Prof Michael McCullough
A/Prof Lisa Nissen
A/Prof Jan Radford
A/Prof Mark Roth
Mr David Stokes
Mr Greg Weeks
Dr Sue Whicker
Dr Guan Yeo

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Development process

This section describes the process involved in the development of this Prescribing Competencies Framework. This process commenced in February 2011 and concluded in May 2012 with the launch of the framework by NPS at the National Medicines Symposium.

Literature review

A literature review was conducted at the start of this Prescribing Competencies Framework project. From this review, a common theme emerged that many projects to develop competency standards for health professionals used surveys, interviews, or focus groups to obtain data from practicing members of the profession to develop the frameworks. Also, focus groups, surveys, or requests to provide written feedback on documents were used to obtain feedback on draft frameworks from individual professionals and other stakeholders (e.g. their managers).

Competency frameworks for prescribing that were developed in the United Kingdom (UK) were also reviewed and compared to broader competency frameworks developed for Australian health professionals. The competency frameworks developed in the UK have a different format and less information than many of the competency frameworks developed for health professionals in Australia. In particular, the UK frameworks do not include examples of evidence or suggested indicators to assist assessors and supervisors to determine whether individual health professionals have attained the competencies specified in the framework. Many of the Australian competency frameworks for health professionals included this information.

Models of prescribing, including the World Health Organization's *Guide to good prescribing: a practical manual*, were reviewed to obtain information to develop questions and a process for the focus groups of health professionals run to obtain data to develop the initial draft of the framework. Based on the findings reported in the literature, we decided to:

- work with practicing health professionals to develop a competency framework for prescribing medicines from first principles
- include evidence examples/indicators in this framework
- align the framework to the WHO's *Guide to good prescribing*
- involve a wide range of health professionals, people who prescribe medicines, and stakeholder organisations in the development and review of the framework.

Initial draft development

NPS worked with 10 nationally regulated health professions to develop the initial draft of the framework, including:

- chiropractors
- dentists
- medical practitioners
- nurses (including nurse practitioners) and midwives
- optometrists
- osteopaths
- pharmacists
- physiotherapists
- podiatrists
- psychologists.

NPS invited more than 70 organisations that work with these professions to be part of the project. Many of these organisations informed their members about the focus groups, which were held in August and September 2011, to gather data about the competencies to be included in the initial draft of the framework. The support from these organisations ensured that a wide range of health professionals attended these focus groups.

Focus groups were held in the following locations:

- Adelaide (two groups)
- Alice Springs (two groups)
- Brisbane (two groups)
- Cairns (two groups)
- Launceston (one group)
- Melbourne (four groups)
- Perth (two groups)
- Sydney (three groups)

More than 130 health professionals attended these focus groups and provided input to develop the initial draft of the Prescribing Competencies Framework. The expert reference group and subsequently the advisory group reviewed this initial draft.

Consultation

Face-to-face and written consultations with stakeholder organisations

In addition to the 10 health professions involved in earlier stages of the project, representatives of four additional health professions were invited to be involved in this stage of the project; namely:

- Aboriginal and Torres Strait Islander health practitioners
- Chinese medicine practitioners
- Medical radiation practitioners
- Occupational therapists.

Other stakeholders including state governments, accreditation councils and councils of university deans were also invited to participate.

In December 2011, representatives from 46 stakeholder organisations attended consultation meetings held in four states across Australia to provide feedback on the draft framework. Between then and February 2012, 33 organisations provided written feedback on the framework. The feedback provided at the consultations and in writing was collated and used to refine the framework.

Feedback from individuals

Individuals also had the opportunity to provide feedback on the draft framework. Two surveys were available on the NPS website during February 2012 to obtain feedback on the framework from health professionals and consumers respectively. The data obtained from these 164 surveys were analysed and used to refine the framework.

Final framework development

The expert reference group and subsequently the advisory group reviewed the final draft of the Prescribing Competencies Framework in April 2012. NPS considered both groups' recommendations and signed off the final framework in May 2012.

The final Prescribing Competencies Framework was launched by NPS at the National Medicines Symposium in May 2012.

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