Australian Government

Department of Health, Disability and Ageing

Ahpra & National Boards

National Prescribing Competencies Framework
Embedding quality use of medicines into practice

3rd edition September 2025

Disclaimer

This information is intended for health professionals and health organisations. It may also inform consumers. 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 applying the competencies to the context in which their practitioners prescribe. Where permitted by law, all liability (including for negligence) for any loss, damage or injury resulting from reliance on or use of this information is disclaimed.

Contents

Preface

The first edition of the framework *Competencies required to prescribe medicines – Putting quality use of medicines into practice* was published in 2012 by former NPS MedicineWise, previously known as NPS: Better choices, Better health. NPS MedicineWise with the support of Queensland University of Technology completed a comprehensive review leading to the publication of the *Prescribing Competencies Framework – Embedding quality use of medicines into practice* (second edition) in April 2021.

In 2024, the Australian Health Practitioner Regulation Agency (Ahpra) was asked by the Australian Government Department of Health, Disability and Ageing to review and publish the third edition of the framework. The main objectives of the framework review were to support the quality use of medicines and ensure that the framework was still fit for purpose and contemporary.

To support this review, research activities and wide-ranging consultations were completed. We received feedback from various stakeholders, across multiple sectors, jurisdictions and health professions. Stakeholders included jurisdictions, health consumer groups, Aboriginal and Torres Strait Islander groups, accreditation authorities, education providers, health practitioners, colleges, peak bodies, professional associations, professional indemnity insurers and health complaint entities.

While the content of the second edition and structure were generally fit for purpose, some updates have been made to ensure that this third edition reflects current and emerging trends in education and multi-profession health practices. It is important that the framework continues to be up-to-date and supports best health outcomes within a fast-evolving health environment.

This document will continue describing competencies required to contribute to safe and person-centred prescribing, while acknowledging that it is not a procedural document for prescribers. It interlinks with other regulatory tools and resources within and outside the National Registration and Accreditation Scheme and at local and national levels.

This review was supported by a collaborative Reference Group and I would like to thank all members for their valuable contribution and commitment throughout the project:

- Bronwyn Clark, Chief Executive Officer, Australian Pharmacy Council and Health Professions Accreditation Collaborative Forum representative
- Chris Robertson, Executive Director, Strategy, Policy and Health Workforce, Ahpra
- Jo Root, Director of Policy and Research, Consumer Health Forum of Australia
- Lisa Nissen, Member, Ahpra Scheduled Medicines Expert Committee
- Michael Coory, Medical Advisor, Department of Health, Disability and Ageing
- Paula Edgill, Medical Practitioner and National Aboriginal Community Controlled Health Organisation representative
- Phoebe Holdenson Kimura, Medical Advisor, Australian Commission on Safety and Quality in Health Care
- Renee Slunjski, Member of Optometry Board of Australia, and Carla Abbott, former OptomBA member
- Simon Shanahan, Chair of Dental Board of Australia, and Murray Thomas, former DBA Chair
- Susan O'Dwyer, Chair of Medical Board of Australia and Anne Tonkin, former MBA Chair
- Veronica Casey, Chair of Nursing and Midwifery Board of Australia.

I also thank the Ahpra framework review project team and the Department personnel who supported our team throughout the review.

Brett Simmonds,

National Prescribing Competencies Framework Reference Group Chair

Ahpra Scheduled Medicines Expert Committee Chair

1. Introduction

The use of medicines to treat or manage disease is an established healthcare intervention. Medicines use in Australia is increasing (1), in line with a global trend of ageing populations (2)(3) with significant chronic disease burden (4). Any prescribing health professionals must have the knowledge, skills and professional attributes required to safely and competently prescribe medicines in Australia.

Good practice involves putting patient safety, including cultural safety, first and foremost. Prescribers and the health workforce more broadly are responsive to Aboriginal and Torres Strait Islander Peoples and their health and contribute to the elimination of racism in the provision of health services, including throughout the prescribing process.

The below definition of prescribing highlights the steps involved in prescribing medicines, beginning with an understanding of the person's needs and continuing through to an evaluation of the outcomes of prescribed medicine.

Prescribing is a dynamic process involving the steps of information gathering, clinical and shared decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine.

The National Prescribing Competencies Framework (the framework) supports prescribing by defining the competencies necessary to prescribe medicines through each stage of the process. It provides a focused description of the core competencies considered essential to prescribing, grounded in the principles of person-centred, rational, safe and effective medicines use. The framework describes the competencies prescribers require for the safe, person-centred and quality use of medicines.

Safe use of medicines

While medicines have the potential to improve health, their use is not without risk. These could be associated with the medicine itself, the person and/or the system within which the medicine is provided (5). Awareness of the risks and benefits of medicines use is important for all members of the healthcare team, along with effective communication for those who prescribe medicines, especially at transition of care (6).

Prescribing is a complex task that requires the application of specific knowledge, skills and attributes to a unique person at a given point in time. The task is further complicated by an increasing number of complex and high-risk medicines available to the prescriber and the number of other medicines or therapies people are being treated with, often by more than one health professional. The importance of ensuring health professionals are able to prescribe medicines safely and effectively is supported by detailed competencies of what constitutes safe and effective prescribing.

Person-centred use of medicines

The framework positions the person central to the prescribing process and emphasises the importance of the person-prescriber partnership in achieving quality health outcomes through optimal medicines use. This approach aims to empower the person to actively participate in shared decision-making in relation to treatment options and more broadly to support the safe and quality use of medicines (7–9). It is important for the prescriber to take into account and better support the person's health literacy.

Where appropriate, and with informed consent, the prescribers will facilitate participation of the person's family and/or carer in the prescribing process and consideration be given to the environment, method and context in which the person is accessing healthcare. The prescribers will also facilitate a supported decision-making process for people with an impairment or limited capacity to fully participate in shared decision-making. A supported decision-making process is undertaken in collaboration with the person and their family, carer, supporter or guardian, to provide the person with information in a way they can understand and the means of communicating their will and preferences in response (10).

A person-centered approach necessitates a greater focus on people with special and specific needs, including older people in residential aged care, people from culturally and linguistically diverse backgrounds, people with mental illness, disability or chronic conditions, those living in rural and remote areas and other vulnerable groups (7). Supporting the person-centred approach, the framework also describes the essential collaboration between the prescriber and other health professionals. Collaboration with the person's primary healthcare provider, usually their general practitioner, is essential to the prescribing process and to achieving optimal health outcomes from medicines use.

Quality use of medicines

Competent prescribing contributes to the quality use of medicines which is a central pillar of the *National Medicines Policy* (NMP) (11). The NMP aims to ensure equitable, timely, safe and affordable access to a high-quality and reliable supply of medicines and medicines-related services for all Australians. It ensures medicines are used safely, optimally and judiciously, with a focus on informed choice and well-coordinated person-centred care. Prescribers are in a pivotal position to support the optimal use of medicines through effective partnerships with consumers and a collaborative, multidisciplinary approach to medicines use.

Quality use of medicines and medicine safety is integral to the NMP and is a national health priority. This includes: selecting treatment options (including non-prescribing), choosing suitable medicines and using medicines safely and effectively.

Prescribing environment

Health professionals must be aware of and meet requirements at local, organisational, jurisdictional and national levels. This is particularly important in the context of fast-evolving technological environments and emerging models of care.

The framework is to be read in conjunction with:

- health profession's codes, registration standards, guidelines, competency standards/professional capabilities, and
- relevant resources developed by Australian government agencies, including the Department of Health, Disability and Ageing.

The prescribing environment is dynamic, complex and involves multiple settings, health practitioners, regulators, processes and systems. More information is available on the framework webpage.

2. Intended use of the framework

The framework describes prescribing expectations for all prescribers, regardless of profession, and can be viewed as a description of safe and effective prescribing. Prescribers should apply the competencies to their individual prescribing context, including their scope of practice and the professional and legislative boundaries within which they prescribe.

The framework recognises that prescribers will engage in the four stages of prescribing (information gathering, clinical and shared decision making, communication and monitoring/review) according to the person's needs and within the expectations of their prescribing arrangement, which may include specific prescribing arrangements or drug therapy protocols.

Given the iterative nature of the prescribing process, the competencies may not always be applied in practice in the order in which they appear in the framework.

The examples provided in Section two of the framework describe the important aspects of each competency. They are not, however, intended to be exhaustive and should not be viewed as such. Adherence to all examples provided in the framework will not be feasible, nor necessary, for every encounter, however the premise of each competency should be understood and applied as relevant.

The framework may contribute generally to a shared understanding of the prescribing process and more specifically to the following:

- **The development of education and training programs**

  The framework provides important information for those responsible for curriculum design and may inform decisions about program content, assessment and expected outcomes, for programs that lead to health practitioner registration and/or endorsement. Accreditation authorities can use the framework to support the development of required accreditation standards relevant to programs of study that support prescribing practice.

- **Continuing professional development**

  The framework provides structure to the development of formal professional development programs such as those provided by professional organisations. These programs may contribute to the demonstration of professional development required as part of professional regulation.

- **Self-reflection**

  The framework may be used by individual prescribers to develop personal learning plans. Because it clearly describes expected competencies and provides examples of what the competencies may look like in practice, individuals are able to use the framework in their own self-reflection and professional development. In addition, students may use the framework to guide their acquisition of essential knowledge and skills in preparation for a prescribing role.

- **Health professional regulation**

  The framework may be used by Ahpra, National Boards and other registration bodies for regulatory purposes.

- **Recognition and understanding of the prescribing role**

  By clearly describing the important aspects of prescribing, the framework may contribute to a greater understanding of the role of the prescriber within the collaborative healthcare team.

3. Updates to the framework

While the content of the second edition of the framework generally continues to describe competencies required to contribute to safe and person-centred prescribing, some updates have been made to this third edition to ensure that the framework is contemporary and reflects current and emerging trends in education and practices across professions.

The key changes from the previous edition include:

- the addition of one new competency and supporting examples around prescribing of unapproved therapeutic goods (i.e. medicines not registered on the Australian Register for Therapeutic Goods) compounded products and medicines for unregistered indications
- the Introduction has been updated to:
  - ensure cultural safety is embedded throughout every part of the prescribing process
  - expand on the shared decision-making process, including for people with impairment or limited capacity
  - add a new section 'Prescribing environment' referring to other applicable regulatory tools
- the Terminology section and relevant competencies have been updated to align with resources developed by Australian government agencies or under the National Scheme
- some minor edits to relevant competencies and examples to:
  - further emphasise the person-centred care approach and the person / prescriber partnership
  - highlight the importance of the prescriber's role at transition of care, noting the higher medication error rates at transition of care
  - reflect potential implications to the wider community of prescribing a particular medicine, and
  - reflect the continuing evolution of models of care with references to virtual care and use of technology for clinical decision support.

4. The National Prescribing Competencies Framework

Framework structure

The framework groups competencies in seven areas structured around the person requiring or receiving care (Figure 1):

- The prescribing process is described by competency areas one to five, and
- Professional practice competencies that support the prescribing process are described in competency areas six and seven.
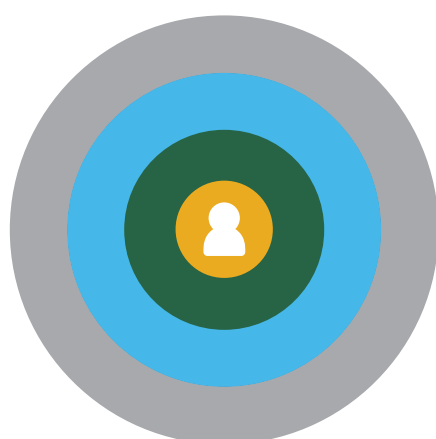
The person requiring or receiving healthcare

The person-centred prescribing process
(Competency Areas 1–5)

Professional practice that supports prescribing
(Competency Areas 6&7)

The Prescribing Competencies Framework

General professional practice not specific to prescribing
(Defined elsewhere)

The person-centred prescribing process	Professional practice that supports prescribing
Competency Area 1 Understand the person and their needs	**Competency Area 6** Prescribe safely and effectively
Competency Area 2 Understand the management options	**Competency Area 7** Prescribe professionally
Competency Area 3 Explore, discuss and decide on a plan for medicines	
Competency Area 4 Prescribe medicines and communicate the agreed treatment decision	
Competency Area 5 Monitor and review the outcomes of treatment	

Figure 1: The framework structure.

The following section one outlines all competencies for each competency area. Section two details each competency by providing practice-based examples and guidance on how to achieve them.

Framework terminology

Adherence	The extent to which a person's behaviour – taking medication, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a healthcare provider.
Adverse drug reaction	A response to a medicine that is harmful and unexpected; and occurs at doses normally used or tested in humans for the prophylaxis, diagnosis or therapy of disease, or for the modification of physiological function. An allergy is a type of adverse drug reaction. (12)(13)
Allergy	Allergy occurs when a person's immune system reacts to allergens in the environment that are harmless for most people. Typical allergens include some medicines, foods and latex. An allergen may be encountered through inhalation, ingestion, injection or skin contact. (12)(13)
Competency	The knowledge, skills, behaviours and professional attributes needed to safely practise.
Consumer	Patients and potential patients, carers and organisations representing consumers' interests. It may also refer to support persons such as family members and kinship.
Cultural safety	Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism. To ensure culturally safe and respectful practice, prescribers must: • Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health. • Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism. • Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community. • Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues. (14)
Informed consent	Informed consent is a person's decision, given voluntarily, to agree to a healthcare treatment, procedure or other intervention that is made: • Following the provision of accurate and relevant information about the healthcare intervention and alternative options available; and • With adequate knowledge and understanding of the benefits and material risks of the proposed intervention relevant to the person who would be having the treatment, procedure or other intervention. (15)
Medical history	The medical history includes details of the person's current and past medical and social history and cultural and demographic characteristics.
Medication error	Any preventable event, where a drug or medicine is implicated as a causal factor, that may lead to inappropriate medicine use or patient harm, while the medicine is in the control of the healthcare professional, patient or person. This encompasses both harm that results from the intrinsic nature of the medicine (an adverse drug reaction) as well as harm that results from medication errors or system failures associated with the manufacture, distribution or use of medicines. Such events may be related to professional practice; healthcare products; procedures and systems, including prescribing; order communication; product labelling, packaging and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use. Also referred to as 'medication incident'. (12)
Medication management review	Medication management review is a systematic, comprehensive and collaborative assessment of medication management for an individual person that aims to optimise the person's medicines and outcomes of therapy by providing a recommendation or making a change, if needed. It includes the objective of reaching an agreement with the person about treatment, optimising the impact of medicines, minimising the number of medicines-related problems and reducing waste. Medication review may be part of medication reconciliation(12). Some examples are: • Home Medicine Review (HMR) Program which supports the quality use of medicines and assist minimising adverse events by helping people to better understand and manage their medicines through a medication review, and • Residential Medication Management Review (RMMR) and Quality Use of Medicines Program for people living in Australian Government-funded aged care facilities which supports quality use of medicines and assists minimising adverse events. (16)(17)

Medicines	Therapeutic goods (other than biologicals) 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. (18) 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 natural and alternative medicines. Complementary medicines include products containing herbs, vitamins, minerals, homoeopathic medicines and aromatherapy). (19) In this document, biological agents commonly viewed as medicines are included in this definition. These may include hormones (e.g. insulin), proteins (e.g. interferons, interleukins), antibodies (e.g. monoclonal antibodies) and polypeptides.
Medicines history	The medicines history should include current and previous prescription, non-prescription and complementary medicines, alcohol and substance use (including illicit substances), previous adverse drug reactions, allergies, medicines and treatments that have been modified or stopped recently and an indication of how the person takes or uses their medicine/s.
Non-pharmacological	For the purposes of this document, non-pharmacological therapies are those that do not achieve their intended purpose by exerting a pharmacological action.
Person	The person requiring or receiving healthcare. In the context of this framework, this includes the patient and family/kinship/guardian/carer where relevant.
Person-centred care	An approach to the planning, delivery and evaluation of healthcare that is founded on mutually beneficial partnerships among healthcare professionals and persons. Person-centred care is respectful of, and responsive to, the preferences, needs and values of persons and consumers. Key dimensions of person-centred care include respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of carers and family, and access to care. Also known as patient-centred care or consumer-centred care. (12)(13)
Polypharmacy	The use of multiple medicines to prevent or treat medical conditions. It is commonly defined as the concurrent use of five or more medicines by the same person, including prescribed, over-the-counter, and complementary medicines. (12)
Prescriber	A health professional authorised to undertake prescribing within their individual scope of practice.
Prescribing	A dynamic process involving the steps of information gathering, clinical and shared decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine.
Quality use of medicines (QUM)	A process that involves (11): a. Selecting treatment options – medicines may be chosen to manage health conditions and treat illnesses. They must only be chosen where they offer the most appropriate alternative to self-care, prevention and other management or therapeutic options, which must be considered and accessible b. Choosing suitable medicines – in selecting, prescribing or deprescribing a medicine, the clinical and non-clinical factors, person's experience, needs, preferences and values, potential benefits and harms, and out-of-pocket cost of access must be considered; and c. Using medicines safely and effectively – getting the best possible results means monitoring outcomes, reporting adverse events, managing symptoms or side effects, minimising misuse, overuse and underuse, and empowering and supporting people to make decisions to use medicines safely and effectively.
Scope of practice	Professional activities that a health professional is educated (skill and knowledge), competent and authorised to perform, and for which they are accountable. Individual scope is time-sensitive and dynamic. Scope of practice for individual health professionals is influenced by the settings in which they practise, the health needs of people, the level of their individual competence and confidence and the policy requirements (authority/governance) of the service provider. (21)

Shared decision making	Shared decision making is a consultation process in which a health professional and a person jointly participate in making a health decision, having discussed the options, and their benefits and harms, and having considered the person's values, preferences and circumstances. (12)(13)
Transition of care	Transition of care is when all, or part of a person's care is transferred between healthcare providers, locations or levels of care. This may involve transfer of responsibility for some aspects of a person's healthcare, or all of their healthcare, on a temporary or permanent basis. (20) The types of transition of care include (7): • between healthcare providers, levels of healthcare, levels of care in the same facility/location, healthcare locations or settings • when care needs change • when a person's preference change, and • when access to service changes.
Treatment	The management of a person's health condition/s. May include the use of medicines and non-pharmacological therapies.
Treatment history	Treatment history should include the details of both medicines and relevant non-pharmacological therapies and an indication of their effectiveness, ineffectiveness, harm and the person's adherence. This may include a list of all the medicines with name, dose, route and frequency, along with prescribed, over-the-counter and complementary medicines.

Section one: The prescribing competencies

The person-centred prescribing process (competency areas one to five)

Competency area one: Understand the person and their needs

1.1	Ensure competence to assess the person's needs
1.2	Discuss with the person their medical and treatment history
1.3	Assess the person according to the clinical context and the health professional's scope of practice
1.4	Understand the person's cultural history and identity when gathering information to consider their needs and integrate these into their treatment plan
1.5	Review and interpret information in the person's health records to contribute to an understanding of their needs and current treatment
1.6	Explore with the person their understanding of and adherence to prescribed medicines and the treatment plan
1.7	Make or review and understand the diagnosis and key clinical issues including those that are, or may be, medicine-related
1.8	Discuss with the person the clinical issues and implications for treatment

Competency area two: Understand the management options

2.1	Recognise and communicate when it is clinically appropriate not to prescribe medicines
2.2	Review current medicines and consider the possibility of a contribution to current health issues
2.3	Where treatment is indicated, consider both non-pharmacological and pharmacological options
2.4	Identify suitable medicine options
2.5	Obtain, interpret, apply, and explain current reliable evidence and information about medicines to inform shared decision-making
2.6	Consult other health professionals about potential medicines and the treatment plan, where appropriate
2.7	Tailor medicines for the person identifying and evaluating relevant potential benefits, harms, medicine and person- specific factors
2.8	Consider the financial cost and affordability of the medicines to the person
2.9	Consider the implications to the wider community of prescribing a particular medicine
2.10	Refer the person for further assessment or treatment when the suitable treatment options are outside the health professional's scope of practice

Competency area three: Explore, discuss and decide on a plan for medicines

3.1	Explore the person's opinions and preferences concerning medicines and the treatment plan
3.2	Develop therapeutic goals in partnership with the person that enhance self-management and health literacy
3.3	Discuss the possible medicines options with the person and allow them time to make an informed decision
3.4	Explore and respond appropriately to the person's concerns and expectations about their health and the use of medicines to achieve the best health outcomes
3.5	Develop the medicines plan in partnership with the person
3.6	Identify the need for, and develop with the person, a plan to review treatment

Competency area four: Prescribe medicines and communicate the agreed treatment decision

4.1	Ensure adequate and current knowledge of medicines prior to prescribing
4.2	Prescribe medicines compliant with relevant legislation, regulatory frameworks, guidelines, codes of practice, scope of practice and organisational policies and procedures
4.3	Ensure adequate and current knowledge when prescribing unapproved therapeutic goods (i.e. medicines not registered on the Australian Register for Therapeutic Goods), compounded products and medicines for unregistered indications (i.e. off-label prescribing)
4.4	Where prescribing relies on electronic (e.g. telehealth/virtual care), telephone services (e.g. verbal prescription or medication order) or any digital communication channels/tools, ensure compliance with relevant legislation, guidelines and policies

4.5	Provide accurate and complete information to other health professionals in a timely manner when prescribing new medicines or modifying existing medicines or treatment plans
4.6	Discuss and document the treatment plan with the person and ensure they understand both the plan and how to use the medicine/s safely and effectively

Competency area five: Monitor and review the outcomes of treatment

5.1	Explore with the person their response to treatment including adherence to the medicines and treatment plan
5.2	Gather objective information, using appropriate indicators, to assess the response to medicines, where appropriate
5.3	Synthesise information provided by the person, other health professionals and from the assessment, to determine the response to medicines
5.4	Stop or modify existing medicines and other treatments, where appropriate
5.5	Discuss with the person the benefits of a medication management review, where appropriate
5.6	Work with the person and other health professionals to modify the treatment plan to optimise the safety and effectiveness of treatment, where appropriate
5.7	Discuss the findings of the review and recommendations with other health professionals, where appropriate and with the person's consent

Professional practice that supports prescribing (competency areas six and seven)

Competency area six: Prescribe safely and effectively

6.1	Understand and prescribe medicines according to relevant legislation, regulatory frameworks and organisational requirements
6.2	Practise within the limits of the health professional's education, training and scope of practice as applied to prescribing
6.3	Understand common causes of incidents and errors associated with prescribing and medicines use and implement strategies to reduce the risk of these occurring
6.4	Detect and report errors, incidents and adverse events involving medicines
6.5	Apply quality use of medicines principles when prescribing in line with the National Medicines Policy resources collection
6.6	Critically evaluate information about medicines and make evidence-based decisions in the context of the person's needs

Competency area seven: Prescribe professionally

7.1	Understand and comply with applicable professional standards, codes of conduct and guidelines relevant to prescribing
7.2	Demonstrate appropriate professional judgement when interpreting and applying prescribing guidelines and protocols to the person's situation
7.3	Maintain accurate, contemporaneous and complete records
7.4	Accept responsibility and accountability for prescribing decisions
7.5	Engage in ongoing professional development and education to improve prescribing practice
7.6	Ensure the person's needs and health take precedence over all considerations in all prescribing decisions
7.7	Be respectful towards other health professionals and their contributions within a collaborative care model

Section two: Guidance on how to achieve the competencies

This section provides guidance to framework users on how to achieve each competency listed in section one. The following information may also assist prescribers to improve their prescribing practice through self-reflection and/or professional development. Health professionals should develop their skills and knowledge relevant to their scope of practice and the context in which they prescribe medicines.

While not an exhaustive description of each competency, the intention is to support a common understanding by providing examples of practice that reflect the competency. These examples are not listed in a chronological order.

The person-centred prescribing process (competency areas one to five)

Competency area one: Understand the person and their needs

1.1 Ensure competence to assess the person's needs
How to achieve this competency
a. Consistent with the health professional's scope of practice, ensure your understanding of biomedical sciences (including anatomy, physiology, pathology, pathophysiology, microbiology, immunology, chemistry, biochemistry, clinical medicine) is adequate and current.
b. Understand and be competent in the consultation process, including where relevant: establishing the person's medical and treatment history; the person's social history/situation; undertaking a physical examination; interpreting information in the person's health records; accurately diagnosing or understanding a diagnosis of illness according to the health professional's scope of practice.

1.2 Discuss with the person their medical and treatment history
How to achieve this competency
a. Integrate information obtained from the person and their health records (including from digital platforms) with clinical knowledge and experience to refine and ask questions to determine the person's needs, with a focus on the priority issues for the person.
b. Recognise the limitations of the information gathered, and verify the information given, where possible and with the person's informed consent, with other health professionals, family or carers.
c. Recognise the risk of errors at transitions of care. Obtain and reconcile the medicines history with the medical history, taking into consideration relevant social, cultural and demographic details, and the patient's destination.
d. Ensure the indications for current medicines are appropriate and understood by the person.
e. Consider medicines (e.g. complementary medicines; vitamins) as a possible cause of presenting symptoms.
f. Summarise the information for the person, where appropriate.
g. Ask the person for more information or to clarify information provided and/or seek other sources, where required.
h. Ascertain that sufficient information has been obtained about the person's co-existing conditions and current treatments to identify possible risks and contraindications for treatment.

1.3 Assess the person according to the clinical context and the health professional's scope of practice
How to achieve this competency
a. According to the health professional's scope of practice, and with the person's consent, review the medical history and examination findings to inform appropriate further investigations, if required.
b. Where required to further assess the person, perform an appropriate examination and arrange investigations, based on identified clinical issues and real and potential risks, according to the health professional's scope of practice and competence.
c. Evaluate the clinical assessment and investigation results.
d. Refer the person for further assessment where outside the health professional's scope of practice.

1.4 Understand the person's cultural history and identity when gathering information to consider their needs and integrate these into their treatment plan
How to achieve this competency
a. Consider identity and the person's specific circumstances and discuss it in a culturally appropriate way with the person to determine if aspects of culture and identity may impact their treatment preferences.
b. Acknowledge and reflect on personal and system biases, including racism, assumptions, stereotypes and prejudices, along with social, cultural and behavioural factors and economic factors and take steps to minimise the impact of these on prescribing practice.

c. Recognise the importance of the individual, family and community in decisions about treatment and medicines use.
d. Reflect on your prescribing practice taking steps to ensure you have the skills, knowledge and an appropriate attitude to incorporate cultural considerations throughout the prescribing process.

1.5 Review and interpret information in the person's health records to contribute to an understanding of their needs and current treatment

How to achieve this competency

a. Identify, review and interpret relevant material in hard copy or digital health records.
b. Act cautiously in situations where there is concern that the information may be incomplete, inaccurate or biased.
c. Source relevant missing information, with the person's consent, and record details.

1.6 Explore with the person their understanding of and adherence to prescribed medicines and the treatment plan

How to achieve this competency

a. Discuss with the person their views, personal beliefs, and perceptions of their current condition, health and wellbeing.
b. Explore and understand the person's behaviours, health literacy and motivation for consulting a health professional.
c. Use a non-judgemental approach to explore adherence to medicines and the treatment plan and understand barriers from the person's perspective, including possible cultural influences.
d. Consider the risk factors for poor adherence, including social isolation, physical impairment, cognitive impairment or disturbance, low English proficiency, low health literacy, financial disadvantage, along with social determinants of health and any environmental impacts.
e. Recognise and respond to the potential misuse of medicines.
f. Where relevant, and with the person's consent, discuss the person's adherence to medicines and treatment plan with a member of their family and/or their carer to better understand important issues.
g. Where available, explore options for the person to consult with a culturally appropriate health professional.

1.7 Make or review and understand the diagnosis and key clinical issues including those that are, or may be, medicine-related

How to achieve this competency

a. Evaluate the results of investigations in the context of the person's medical history and examination.
b. Establish a list of possible conditions and explore their likelihood.
c. Consider the possibility that the person's current medicines might be contributing to their presentation.
d. Consider the possibility of non-disclosure of relevant information (e.g. high-risk behaviours or non-adherence to prescribed medicines).
e. Understand the person's condition/s and the likely response to treatment, including medicines.
f. Revisit the history with the person where results appear inconsistent with the original history.

1.8 Discuss with the person the clinical issues and implications for treatment

How to achieve this competency

a. Understand and explain to the person the clinical relevance of the assessment findings, in the context of their co-existing conditions, medicines history, and current treatment plan, and the impact of these on prescribing decisions.
b. Include the person's family and/or carer in these discussions where relevant and with the person's consent.
c. Understand and explain to the person the likely natural progression of the condition with or without treatment.
d. Consider the person's response to the clinical issues and work to maintain an effective therapeutic partnership that recognises the basis of rational prescribing.
e. Refer clinical issues that are outside the health professional's scope of practice to other health professionals.

Competency area two: Understand the management option

2.1 Recognise and communicate when it is clinically appropriate not to prescribe medicines

How to achieve this competency

a. Understand and explain to the person the clinical reasoning, including relevant potential benefits and harms, supporting the decision not to prescribe medicines.

b. Where possible, confirm that the person understands the reason/s for not providing treatment.

2.2 Review current medicines and consider the possibility of a contribution to current health issues

How to achieve this competency

a. Consider whether existing medicines have achieved the agreed goals and modifications are indicated e.g. dose adjustment, discontinuation.

b. Consider whether existing medicines may be causing adverse effects or may be ineffective and require modification e.g. dose adjustment, discontinuation.

c. Where polypharmacy is identified, specifically review the need for all medicines and consider discontinuation where appropriate and within the health professional's scope of practice to do so (refer Competency 5.4 for further recommendations about ceasing medicines).

d. Discuss potential modifications to medicines with the person.

2.3 Where treatment is indicated, consider both non-pharmacological and pharmacological options

How to achieve this competency

a. Understand the clinical reasoning and/or evidence supporting treatment decisions.

b. Identify non-pharmacological therapies and their relative outcome capacity in comparison with pharmacological interventions.

c. Consider the potential benefits and harms of incorporating non-pharmacological and/or pharmacological therapies or a combination thereof.

d. Discuss possible non-pharmacological options with the person in the context of other therapies and the person's preferences and goals.

2.4 Identify suitable medicine options

How to achieve this competency

a. Integrate knowledge of pharmacology, other biomedical sciences, clinical medicine, and therapeutics, and identify medicines suitable for treating the condition.

b. Understand the pharmacological basis supporting treatment decisions in the context of the person's current needs.

c. Understand and consider factors specific to the medicine/s identified as suitable for treating the person's condition e.g. availability, indications, contraindications, potential adverse effects and interactions.

2.5 Obtain, interpret, apply and explain current, reliable evidence and information about medicines to inform shared decision-making

How to achieve this competency

a. Identify reliable information to assist shared decision-making about medicines and other treatment options, including from the person's digital health records, where available.

b. Critically assess the findings of relevant studies. Review available evidence to identify the safety, efficacy, comparative effectiveness and cost-effectiveness of medicines. Consider the hierarchy of evidence when assessing relevance.

c. Apply study findings and medicines information in the context of relevant clinical considerations, the person's preferences and their circumstances.

d. Where appropriate and/or necessary, use clinical decision support tools, digital platforms, technologies and memory aids to support prescribing decision making. When prescribing unfamiliar medicines, use reliable and current sources of information and seek advice where unsure. Carefully apply information to the person's situation to enhance the safety and quality of prescribing decisions.

2.6 Consult other health professionals about potential medicines and the treatment plan, where appropriate

How to achieve this competency

a. With the person's consent, engage with other health professionals to further understand medicines and/or other treatments previously prescribed.

b. Consult other health professionals for advice about medicines choices in the interests of safety and optimal prescribing outcomes, where appropriate.

c. Where appropriate, consult other health professionals to understand non-pharmacological therapies that are outside the health professional's scope of practice. Consider implications for medicines management, if any.

2.7 Tailor medicines for the person identifying and evaluating relevant potential benefits, harms, medicine and person-specific factors

How to achieve this competency

a. Apply knowledge of the differences between medicines in the same class to the person's situation to identify medicines for which the comparison of potential benefits and harms is favourable and to eliminate those medicines that are not suitable.

b. Consider the possibility of drug–drug, drug–disease and/or drug-food interactions and the potential implication of these for the choice of medicine.

c. Consider person-specific factors relevant to the choice of medicine, dose, frequency, route of administration, formulation and/or duration of therapy e.g. lifestyle, personal preferences, personal beliefs, cultural influences, health literacy (including a person's understanding of adverse and/or side effects of medicines), pregnancy, breastfeeding, co-existing conditions, current medicines, allergies, intolerances, genomic information, the ability to swallow, relevant fears or phobias, the potential for medicines abuse or misuse.

d. Calculate the correct dose for the person according to relevant person-specific factors such as age, weight, renal function. Check and document all calculations.

e. Avoid medicines that have caused previous adverse events or that are unsuitable because of the person's allergies or intolerances.

f. Implement appropriate medicines strategies in situations where the diagnosis is ambiguous e.g. pre-emptive treatment, defined trial periods.

g. Act cautiously in situations where there is limited or no evidence for using the medicine with the person's particular comorbidities or characteristics e.g. age.

h. Understand the clinical reasoning underpinning decisions about medicines.

2.8 Consider the financial cost and affordability of the medicines to the person

How to achieve this competency

a. Consider the person's eligibility to access subsidised medicines (e.g. the Pharmaceutical Benefits Scheme [PBS], the Repatriation Pharmaceutical Benefits Scheme [RPBS], and quality use of medicines support programs for Aboriginal and Torres Strait Islander people).

b. Select a more affordable medicine in preference to one that is less affordable when two medicines are therapeutically equivalent e.g. a generic brand where clinically applicable.

2.9 Consider the implications to the wider community of prescribing a particular medicine

How to achieve this competency

a.Understand and consider the principles of antimicrobial stewardship and antimicrobial resistance.

b. Understand and consider the principles of medicine stewardship programs such as opioid analgesic stewardship.

c. Understand why generic medicines could be an acceptable alternative to original brand medicines.

d. Select a more cost-effective medicine in preference to a less cost-effective option.

e. Understand why a biosimilar medicine may be an acceptable alternative to the original biological medicine.

f. Consider the impacts of prescribing on the environment and sustainability in healthcare (e.g. avoid low-value treatment, consider environmental-friendly products).

g. Understand the potential risks of diversion of a medicine to the community, while maintaining access to medicines for those who need them.

2.10 Refer the person for further assessment or treatment when the suitable treatment options are outside the health professional's scope of practice

How to achieve this competency

a. Arrange referrals to other health professionals as needed.

b. Communicate with the other health professional to whom the person is referred to and provide the necessary information about the person (with the person's consent) in a timely manner to enable safe and effective transition and continuity of care, using digital platforms where possible.

Competency area three: Explore, discuss and decide on a plan for medicines

3.1 Explore the person's opinions and preferences concerning medicines and the treatment plan
How to achieve this competency
a. Respect the person's values, personal beliefs, expectations, opinions and decisions about their treatment preferences.
b. Consider the person's preferences for generic or biosimilar brands of medicines.
c. Discuss with the person their capacity to pay for medicines.

3.2 Develop therapeutic goals in partnership with the person that enhance self-management and health literacy
How to achieve this competency
a. Encourage the person receiving care to actively engage in shared decision-making when setting goals of medicines as part of the treatment plan.
b. Respect the person's personal beliefs and preferences during shared decision-making on the therapeutic goals.
c. Check and support the person's understanding of medicines (including adverse and/or side effects) to make treatment decisions and when to expect a response to the prescribed medicine.

3.3 Discuss the possible medicines options with the person and allow them time to make an informed decision
How to achieve this competency
a. Consider the person's priorities for treating their current and co-existing conditions, their readiness to address the current condition and their expectations of treatment.
b. Discuss relevant lifestyle changes that will be required to support the effectiveness of the medicine/s.
c. Provide sufficient necessary information about medicines options, including expected outcomes and possible side effects, in an appropriate format and language, to assist the person to make an informed choice about treatment. Ensure the person understands the information provided.
d. Recognise and take steps to minimise the influence of personal bias when providing information about medicines to the person.
e. Facilitate an interactive discussion and involve the person in the treatment decisions.
f. Support the person to make an informed decision by providing additional time and/or resources according to their health literacy.
g. Discuss the likely cost of the medicine options with the person and choose an option they agree to fund.
h. Review the person's understanding of the treatment options.
i. Discuss and work with the person to resolve discordant expectations or requests e.g. the desire for a prescription where not clinically appropriate or indicated.
j. Consider the potential for medicine misuse and discuss risk management strategies or alternatives with the person. Identify, evaluate, discuss, document and manage drug-seeking behaviour on the part of the person, where appropriate.
k. Advise the person how they can access appropriate sources of medicines information in languages other than English, where appropriate. And consider the use of interpreter services or other support services, where appropriate.
l. Provide the person with information about consumer support organisations, where appropriate.
m. Use a consumer medicine information leaflet to help inform the person about medicines.
n. Supplement verbal information with visual information about the condition and treatment options, where appropriate.

3.4 Explore and respond appropriately to the person's concerns and expectations about their health and the use of medicines to achieve the best health outcomes
How to achieve this competency
a. Support the person with empathy.
b. Where applicable, adequately respond to the person's concerns, or complaints about the consultation, their treatment plan, the role of health professionals directly and/or through complaint resolution process.
c. Where applicable, explore and respond to the person's expectations about their health, their role in managing their health to achieve the best possible health outcomes and the role of medicines within the treatment plan.

3.5 Develop the medicines plan in partnership with the person
How to achieve this competency

a. Respect the person's decision about the selection of medicines as part of the treatment plan.
b. Respect the person's decisions about the use of medicines, including the decision to defer selection and initiation of medicines to a subsequent consultation, to obtain treatment from another health professional, or to not undergo treatment.
c. Respect existing decisions made by the person about advanced care planning.
d. Establish a medicines management plan or add to a current one, making sure the person understands any changes made to previous plans.
e. Recommend an adherence support tool if required e.g. dose administration aid.
f. Consider the use of a medication management review where the person is taking multiple medicines regularly, has had significant changes to their medicines plan, has difficulty managing their medicines, or if it appears the person may not be adhering to their medicines plan.
g. Where relevant, and with the person's consent, include the person's family and/or carer in decisions about medicines and the treatment plan.
h. Ensure the person is informed of clinical reasoning in circumstances where a prescriber considers it inappropriate to prescribe a medicine the person has requested.

3.6 Identify the need for and develop with the person a plan to review treatment

How to achieve this competency

a. Discuss the need for a review with the person and identify and resolve potential barriers.
b. Agree on the timing and details of the review with the person.
c. Negotiate a prescribing contract with the person for medicines prone to abuse (e.g. opioids, benzodiazepines).
d. Confirm the person's understanding of the review plan.

Competency area four: Prescribe medicines and communicate the agreed treatment decision

4.1 Ensure adequate and current knowledge of medicines prior to prescribing

How to achieve this competency

a. Ensure the prescribing of medicines is justified within the context of health professional's scope of practice and the clinical needs of the person.
b. Review the specifics of the medicine/s to be prescribed, including the likely effects, possible adverse effects, approved indications, dose, frequency, likely duration of therapy, contraindications, potential drug-drug, drug-food or drug-disease interactions and consider in the context of the person.
c. Consider current information about the availability and storage of medicines and the potential impact on prescribing decisions.

4.2 Prescribe medicines compliant with relevant legislation, regulatory frameworks, guidelines, codes of practice, scope of practice and organisational policies and procedures

How to achieve this competency

a. Obtain approval to use medicines where appropriate. Comply with state, territory and federal legislative requirements, including restrictions required under the PBS and local approval processes.
b. Adhere to legislative and regulatory requirements relevant to the profession and jurisdiction.
c. Comply with contemporary formularies, guidelines, restrictions and protocols.
d. Communicate appropriately, using unambiguous language, and/or symbolic representation.
e. Use recommended terminology, abbreviations and symbols for prescribing medicines e.g. use the active ingredient name of medicines, and the brand name if clinically necessary.
f. Understand the concept of bioequivalence and its relevance to the prescription of generic or specific brand medicines. Be aware of situations where use of a consistent brand is preferred and consider in the context of the person.
g. Prescribe using systems that support safe medicines use. Where relevant, ensure competence to use conformant electronic prescribing systems and recognise the potential limitations of these systems e.g. preferentially use conformant electronic prescribing systems while maintaining competence to prescribe and/or order medicines using paper-based prescriptions/medication orders; use and understand the scope of digital decision support tools and automated medication alerts; complete relevant medicine charts accurately and legibly, where appropriate.
h. Where digital health records are used, ensure competence to use these systems.

i. Ensure the prescription or medication order specifies the active ingredient name (and brand name where clinically appropriate), dose, route of administration and frequency of use. Where relevant, also include the duration of medicine use, the basis for dose calculations and the indication for the medicine.
4.3 Ensure adequate and current knowledge when prescribing unapproved therapeutic goods (i.e. medicines not registered on the Australian Register for Therapeutic Goods (ARTG)), compounded products and medicines for unregistered indications (i.e. off-label prescribing)
a. Consider prescribing unapproved therapeutic goods (i.e. medicines not registered on the ARTG), medicines for unregistered indications (i.e. off-label prescribing) and compounded products only when a registered medicine is unavailable or inappropriate, and there is adequate information available to support use and the potential benefits and risks have been identified, evaluated and documented.
b. Obtain and document informed consent and ensure the person understands the use of unapproved therapeutic goods, off-label medicines and compounded products and the associated risks and benefits.
c. Document the reason for use of unapproved therapeutic goods, off-label medicines or compounded products in the person's health record, including digital health record.
4.4 Where prescribing relies on electronic (e.g. telehealth/virtual care), telephone services (e.g. verbal prescription or medication order) or any digital communication channels/tools, ensure compliance with relevant legislation, guidelines and policies
How to achieve this competency
a. Understand the risks associated with prescribing medicines via electronic or telephone services and take steps to prevent or minimise.
b. Communicate verbal medication orders appropriately using unambiguous language.
c. Ascertain that the health professional receiving the verbal medication order has understood the instructions by asking them to repeat the instructions.
d. Ensure that the verbal medication order is documented and signed for within legislative requirements and that this occurs as soon as practicable.
e. Ensure that medicines prescribed under legislation applicable during emergencies are eligible and conform to all criteria, including requirements for documentation.
f. When issuing an electronic prescription, ensure the person understands how to use and/or access this prescription and any repeats.
4.5 Provide accurate and complete information to other health professionals in a timely manner when prescribing new medicines or modifying existing medicines or treatment plans
How to achieve this competency
a. Provide an accurate and complete current list of the person's medicines for other health professionals, particularly the primary healthcare provider (usually their general practitioner), in support of maintaining continuity of care and when referring the person to another health professional. Include the details of, and reasons for, any changes made to the medicines.
b. Provide information using secure means and an appropriate format that can be easily understood e.g. digital health record, where possible.
c. Provide information about the person's history of allergies, intolerances and adverse drug reactions.
d. At transition of care, provide timely, comprehensive, complete and accurate information to the healthcare professionals responsible for continuing the person's medication management in accordance with their medication management plan.
4.6 Discuss and document the treatment plan with the person and ensure they understand both the plan and how to use the medicine/s safely and effectively
How to achieve this competency
a. Include the person's family and/or carer with their consent when discussing medicines and the treatment plan, where appropriate.
b. Support the person's understanding of safe and effective prescribing, noting that sometimes no treatment is the better option.
c. Summarise for, and discuss with, the person the rationale for the treatment plan and how to use and store medicine/s safely and the possible side effects of the medicine/s using language they can understand.
d. Discuss the ongoing monitoring of the medicine and ensure there are no barriers to achieving this.
e. Discuss and provide reliable, clear and relevant information in an appropriate format to support the person's understanding of the medicine/s and their self-management of the condition e.g. the consumer medicine information leaflet, information from appropriate organisations.

f. Provide pictorial, braille or graphical information where helpful.
g. Use the active ingredient name of the medicine and ensure the person understands the difference between the active ingredient and brand name to support safe and effective use of their medicines and health literacy.
h. Discuss how to access information in languages other than English, where appropriate. Use resources in languages other than English where available and appropriate. Consider the use of interpreters (including AUSLAN), tactile forms of signing or other supportive resources (including Braille, augmented and alternative communication (AAC), screen reader(s) or documents with larger typeface) or other support services where appropriate.
i. Tailor information about medicines to ensure it is appropriate for the person's health literacy, language literacy and cultural needs and consider the use of tactile forms of signing or other supportive resources (including Braille, augmented and AAC, screen reader(s) or documents with larger typeface).
j. Discuss and provide practical guidance about what to do and who to contact if the person experiences signs and symptoms indicating an adverse event, if no improvement is noted over a defined period of time or if the person has other concerns about their medicines or condition.
k. Discuss and provide information about support services (e.g. services for people with chronic conditions).
l. Check the person's understanding by asking them to explain their treatment plan and to explain or demonstrate how they are to use the medicine.
m. Update the person's current medicines list and encourage them to carry it with them and show it to other health professionals providing treatment.
n. Recommend a medicines alert device where appropriate.
o. Encourage the person to share information with other healthcare professionals involved in their care.

Competency area five: Monitor and review the outcomes of treatment

5.1 Explore with the person their response to treatment, including adherence to the medicines and treatment plan
How to achieve this competency
a. Engage in interactive two-way communication with the person and, where necessary, their family and/or carer and other health professionals to review the outcomes of treatment.
b. Ask the person to demonstrate how they take or use the medicine to ensure they are undertaking this correctly, where appropriate.
c. Discuss with the person and/or family the person's experiences with the medicines, including perceived benefits, adverse effects and adherence issues.
d. Integrate information with clinical knowledge and experience to assess the progress towards attaining the planned therapeutic goals.
5.2 Gather objective information, using appropriate indicators, to assess the response to medicines, where appropriate
How to achieve this competency
a. Gather observations at appropriate time intervals.
b. Obtain additional information to assess whether the therapeutic goals have been achieved by observing and examining the person, requesting investigations and interpreting the findings, where appropriate and according to the health professional's scope of practice.
c. Order and review therapeutic drug monitoring tests for medicines with a narrow therapeutic index.
5.3 Synthesise information provided by the person, other health professionals and from the assessment, to determine the response to medicines
How to achieve this competency
a. Use information to determine whether: agreed therapeutic goals have been achieved; treatment should be discontinued, modified or continued e.g. where adverse effects have been identified; the person should be referred to another health professional.
b. Identify the key findings of the assessment (including history, examination and investigations) that indicate whether the therapeutic goals have, or have not been achieved.
c. Act on the results of the findings to optimise the therapeutic outcome.
d. Establish the clinical reasoning supporting the decision to discontinue, modify, or continue the treatment, and/or to refer the person to another health professional.

e. Detect and manage adverse events experienced by the person and report them to the relevant authorities. Detect and manage adverse drug interactions.
f. Report the abuse or misuse of medicines in accordance with relevant legislation and organisational policy and procedure.

5.4 Stop or modify existing medicines and other treatments, where appropriate

How to achieve this competency

a. Consider discontinuing medicines where appropriate e.g. where an adverse event has occurred, the treatment goals have been achieved and the medicine is no longer needed, new evidence suggests an alternative medicine should be used, the person is receiving palliative care.
b. Adhere to protocols or guidelines for withdrawing medicines from a person's treatment plan.
c. Consult with other health professionals to modify or discontinue treatments they have implemented, where appropriate.
d. Discuss any changes to medicines and/or the treatment plan with the person and encourage them to return unwanted medicines to their community pharmacist for disposal.
e. Reconcile and update the person's medicines record and/or health record with any changes made to their medicines.

5.5 Discuss with the person the benefits of a medication management review, where appropriate

How to achieve this competency

a. Consider the use of a medication management review where the person is taking multiple medicines regularly, has had significant changes to their medicines plan, has difficulty managing their medicines, or if it appears the person may not be adhering to their medicines or treatment plan, or benefiting from their medicines.
b. Complete a medicines management plan following a review.

5.6 Work with the person and other health professionals to modify the treatment plan to optimise the safety and effectiveness of treatment, where appropriate

How to achieve this competency

a. Where appropriate, and with the person's consent, collaborate with and consider the input and expertise of other health professionals when deciding on changes to their treatment plan.
b. Consider the possibility of adverse events or other concerns (e.g. cost) impacting adherence. Where it is likely these concerns will result in self-cessation or poor adherence, modify, substitute or discontinue the medicine in consultation with the person and, where relevant, other health professionals.
c. Discuss with the person and ensure they understand the reasons for discontinuing, modifying, or continuing the treatment unchanged.
d. Provide the person with an updated list of their medicines.
e. Where an adverse event has occurred, discuss with the person the possible consequence of the adverse event (if any) and how to avoid medicines that have caused unwanted adverse events. Recommend a medicines alert device where appropriate.
f. Communicate the details of any adverse events with relevant other health professionals in a timely manner.
g. Where the expected outcomes of treatment have not been achieved as anticipated, consider referral to another health professional. Discuss with the person the reason/s for referral and provide all relevant information to the health professional in a timely manner to support their involvement.

5.7 Discuss the findings of the review and recommendations with other health professionals, where appropriate and with the person's consent

How to achieve this competency

a. Communicate, by secure means and in a timely manner, the details of the current treatment plan to other health professionals involved in the person's care.
b. Inform other health professionals who provide clinical care for the person about changes to the treatment plan (e.g. dose alterations, medicines discontinued or initiated in response to the review) and whether the treatment plan appears to be achieving agreed goals.
c. At transition of care, provide timely, comprehensive, complete and accurate information to the healthcare professional responsible for continuing the person's medication management in accordance with their medication management plan.
d. Inform the person of any discussions on the review findings and recommendations with other health professionals, where possible.

Professional practice that supports prescribing (competency areas six and seven)

Competency area six: Prescribe safely and effectively

6.1 Understand and prescribe medicines according to relevant legislation, regulatory frameworks and organisational requirements
How to achieve this competency
a. Achieve and maintain appropriate education, training and required endorsements (where applicable) prior to prescribing medicines.
b. Implement procedures to address the medicolegal requirements that are relevant to the person, including those required for special or vulnerable populations.
c. Understand and comply with state, territory and federal legislative requirements, including restrictions with PBS, RPBS and any related programs, and local approval processes.
d. Understand and comply with national, state and territory, and facility policies, procedures and standards relevant to prescribing e.g. antimicrobial prescribing policy, shared care arrangements, national medicines management standards and guidelines, consumer privacy.
e. Prescribe according to required systems, including monitoring systems.
f. Comply with relevant state, territory and federal legislative requirements, regulatory and organisational requirements if using technology for clinical decision support (e.g. artificial intelligence) or delivery of virtual care services.
6.2 Practise within the limits of the health professional's education, training and scope of practice as applied to prescribing
How to achieve this competency
a. Refer the person to other appropriate health professionals for further assessment or treatment when they require healthcare that is outside the health professional's education, training, and scope of practice.
6.3 Understand common causes of incidents and errors associated with prescribing and medicines use and implement strategies to reduce the risk of these occurring
How to achieve this competency
a. Conduct and document a comprehensive medicines assessment and understand the diagnosis prior to prescribing.
b. Understand, maintain competence to use and recognise the limits of systems designed to improve prescribing.
c. Confirm prescriptions and medication orders are accurate, particularly at transition of care.
d. Ensure clear documentation is kept, including details of the person's allergies, intolerances and previous adverse drug reactions and any modifications made to the treatment plan.
e. Report and learn from errors, incidents and near misses.
f. Respectfully report, using appropriate methods, concerns about unsafe prescribing by colleagues.
6.4 Detect and report errors, incidents and adverse events involving medicines
How to achieve this competency
a. Be aware of the systems that support the identification and reporting of incidents and errors associated with medicines, including those pertaining to the prescribing process.
b. Report, using appropriate channels and according to legislative, professional and organisational requirements, the details of medicines misuse by persons receiving healthcare and/or colleagues and errors involving the prescribing process and/or medicines.
c. Understand the importance of reporting potential as well as actual incidents and errors involving medicines, in order to improve prescribing practice.
d. Detect and manage adverse events and report to the relevant authorities.
e. Support other health professionals, particularly those who prescribe medicines for the person, and prevent prescribing errors by communicating complete and accurate information about prescribed medicines in a timely manner.
f. Contribute to coordinated pharmacovigilance programs including by monitoring and reporting adverse events and medicines safety issues in clinical practice.
g. Support a quality improvement system and comply with relevant quality improvement to support medication management, where possible.

6.5 Apply quality use of medicines principles when prescribing in line with the National Medicines Policy resources collection
How to achieve this competency
a. Understand the principles of quality use of medicines.
b. Support the objective of ensuring that medicines are used safely, optimally and judiciously, with a focus on informed choice and well-coordinated person-centred care.
c. Support the objective of equitable, timely, safe and affordable access to a high-quality and reliable supply of medicines for all Australians.
6.6 Critically evaluate information about medicines and make evidence-based decisions in the context of the person's needs
How to achieve this competency
a. Critically assess evidence and information about the safety, efficacy, comparative effectiveness, and cost-effectiveness of medicines.
b. Apply study findings and medicines information in the context of relevant clinical considerations, the person's preferences, and their circumstances.
c. Use feedback from the person prescribed a new medicine to contribute to information about the safety and effectiveness of that medicine.

Competency area seven: Prescribe professionally

7.1 Understand and comply with applicable professional standards, codes of conduct and guidelines relevant to prescribing
How to achieve this competency
a. Adhere to relevant professional standards, codes of conduct and scope of practice statements or guidelines, including those related to safe and effective virtual care services and use of clinical decision support tools (e.g. artificial intelligence tools).
b. Ensure compliance with legislative and workplace requirements when obtaining and recording consent, accessing health records; exchanging information with other health professionals; protecting consumer privacy and confidentiality; and conducting clinical examinations.
7.2 Demonstrate appropriate professional judgement when interpreting and applying prescribing guidelines and protocols to the person's situation
How to achieve this competency
a. Identify prescribing guidelines and protocols that are relevant to the person and appropriate to the health professional's scope of practice.
b. Interpret relevant guidelines and protocols according to the person's specific needs and the context in which they are accessing healthcare.
7.3 Maintain accurate, contemporaneous and complete records
How to achieve this competency
a. Ensure records comply with legal, regulatory, and facility requirements and are completed in a timely manner.
b. Include details of the consultation, clinical examinations and investigations, risk factors for medicines misadventure, the person's decision to decline treatment (where relevant), changes to the person's medicines treatment plan including the rationale behind the changes, the review plan, recommendations and date for next review and the outcomes of the treatment.
c. Update the person's health record with details of changes to their medicines regimen or other relevant details, such as clinical indications and the occurrence of adverse events. Where relevant, and with the person's consent, include these details in the digital health record.
d. Discuss with the person the potential benefits and harms of treatment, the benefits of communicating with other health professionals about medicines and the treatment plan, and the financial costs associated with medicines use. Where appropriate, record the person's consent in relation to these matters.
e. Where appropriate, record the person's request to withhold or withdraw consent for treatment.
f. Consider the need to obtain consent in consultation with a third party about medicines and the treatment plan (e.g. for involuntary people, children, young people).

7.4 Accept responsibility and accountability for prescribing decisions
How to achieve this competency
a. Audit adverse outcomes and respond appropriately.
b. Understand and comply with the legal, ethical and professional responsibilities associated with prescribing.

7.5 Engage in ongoing professional development and education to improve prescribing practice
How to achieve this competency
a. Meet the registration requirements for continuing professional development.
b. Use self-reflection to continually review prescribing practice and respond to feedback.
c. Use audit data to benchmark personal prescribing practice, identify development areas, and plan appropriate learning activities.
d. Continually update knowledge and skills required for medicines safety and prescribing through continuing professional development activities.
e. Use available resources to improve prescribing practice in accordance with learning plans and goals.

7.6 Ensure the person's needs and health take precedence over all considerations in all prescribing decisions
How to achieve this competency
a. Maintain professional independence in prescribing decision making. Ensure prescribing decisions are made on the basis of providing safe and effective care.
b. Prescribing decisions should be made consistent with the best available evidence, clinical expertise and professional judgement in the context of the person's needs. Ensure decisions align with safe and rational medicines use and are made independent of influences that are not focused on the person's needs.
c. Where the person, their family and/or carer are unable to contribute to decisions about the person's treatment, or this is inappropriate, the prescriber must make decisions based exclusively on what is in the best interests of the person.
d. Recognise and implement strategies to minimise influences that may bias prescribing decisions, including: marketing influences; possible personal, professional, or financial gain; the health professional's own beliefs, values, culture, experiences and expectations; the views of colleagues, the media or consumers.
e. Adhere to professional and facility codes of conduct for interacting with the pharmaceutical industry and participating in industry-funded education sessions and research trials.
f. Avoid conflicts of interest. Inform the person when you have an interest that could affect or could be perceived to affect patient care, declare and address these in order to minimise the impact on prescribing decisions and ensure transparency.
g. Audit the health professional's own prescribing to evaluate the impact of both external and internal influences on their prescribing practice and implement strategies to address identified issues.

7.7 Be respectful towards other health professionals and their contribution within a collaborative care model
How to achieve this competency
a. Contribute to effective communication and collaboration between health professionals, particularly the person's primary healthcare provider (usually their general practitioner) and others who prescribe medicines for the person, to support optimal medicines use and management outcomes.
b. Provide advice to colleagues who also care for the person including those who provide and administer medicines.
c. Understand the scope of practice of other health professionals.

References

1. Australian Government Department of Health, Disability and Ageing. PBS Statistics Section. PBS Expenditure and Prescriptions Report 1 July 2023 to 30 June 2024. Available from: https://www.pbs.gov.au/info/statistics/expenditure-prescriptions/expenditure-prescriptions-report-1-july-2023–30-june-2024

2. World Health Organization. Ageing and Health October 2024. Available from: https://www.who.int/news-room/fact-sheets/detail/ageing-and-health

3. Australian Institute of Health and Welfare. Medicines in the health system. July 2024. Available from: https://www.aihw.gov.au/reports/medicines/medicines-in-the-health-system

4. Australian Institute of Health and Welfare. The ongoing challenge of chronic conditions in Australia. July 2024. Available from: https://www.aihw.gov.au/reports/australias-health/chronic-conditions-challenge

5. Greenwood S. Human factors and safe prescribing. Journal of Prescribing Practice. 2019;1(6):290–5.

6. Australian Commission on Safety and Quality in Health Care. Transitions of care resources including *2024 evidence briefings on strategies and digital approaches to facilitate safer medication management at transitions of care*. 2024. Available from: https://www.safetyandquality.gov.au/our-work/transitions-care

7. Australian Government Department of Health, Disability and Ageing. Guiding Principles to Achieve Continuity in Medication Management. November 2022. Available from: https://www.health.gov.au/resources/collections/guiding-principles-to-achieve-continuity-in-medication-management-collection#guiding-principles

8. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. May 2021. Available from: https://www.safetyandquality.gov.au/standards/nsqhs-standards

9. Australian Commission on Safety and Quality in Health Care. National Safety and Quality Primary and Community Healthcare Standards. October 2021. Available from: https://www.safetyandquality.gov.au/publications-and-resources/resource-library/national-safety-and-quality-primary-and-community-healthcare-standards

10. Australian Commission on Safety and Quality in Health Care. Spotlight issue: Supported decision-making. NSQHS Standards User Guide for the Health Care of People with Intellectual Disability. 2024. Available from: https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-user-guide-health-care-people-intellectual-disability/partnering-consumers-standard/spotlight-issue-supported-decision-making#resources

    https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-user-guide-health-care-people-intellectual-disability

11. Australian Government Department of Health, Disability and Ageing. National Medicines Policy 2022 (last updated in February 2023). Available from: https://www.health.gov.au/resources/publications/national-medicines-policy

12. Adapted from: Australian Government Department of Health, Disability and Ageing. Glossary for the guiding principles and user guide – National quality use of medicines. November 2022. Available from: https://www.health.gov.au/resources/publications/glossary-for-the-guiding-principles-and-user-guide

13. Adapted from: Australian Commission on Safety and Quality in Health Care. National Safety and Quality Primary and Community Healthcare Standards. October 2021.

14. National Registration and Accreditation Scheme. Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020–2025. Available from: https://www.ahpra.gov.au/About-AHPRA/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx

15. Australian Commission on Safety and Quality in Health Care. Fact sheet for clinicians – Informed consent in health care. NSQHS Standards. September 2020. Available from: https://www.safetyandquality.gov.au/publications-and-resources/resource-library/informed-consent-fact-sheet-clinicians

16. Australian Government Department of Health, Disability and Ageing. Home Medicines Review. Available from:

    https://www.health.gov.au/our-work/home-medicines-review

17. Australian Government Department of Health, Disability and Ageing. Residential Management Review and Quality Use of Medicines Programs. Available from:

    https://www.health.gov.au/our-work/residential-medication-management-review-and-quality-use-of-medicines-programs

18. Australian Government Department of Health, Disability and Ageing Therapeutic Goods Administration. Acronyms and glossary. Available from:

    https://www.tga.gov.au/resources/acronyms-and-glossary-terms#summary-m

19. Australian Government Department of Health, Disability and Ageing Therapeutic Goods Administration. Complementary medicines. Available from:

    https://www.tga.gov.au/topics/complementary-medicines

20. Adapted from: Australian Commission on Safety and Quality in Health Care. Principles of safe and high-quality transitions of care. November 2022. Available from:

    https://www.safetyandquality.gov.au/publications-and-resources/resource-library/fact-sheet-principles-safe-and-high-quality-transitions-care

21. Unleashing the Potential of our Health Workforce – Scope of Practice Review Final Report. October 2024. Available from:

    https://www.health.gov.au/resources/publications/unleashing-the-potential-of-our-health-workforce-scope-of-practice-review-final-report