

Consultation report

National Prescribing Competencies Framework review

September 2025

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Background

About us

The Australian Health Practitioner Regulation Agency (Ahpra) works with the [15 National Boards](#) to help protect the public by regulating Australia's registered health practitioners. We work in partnership to ensure the community has access to a safe, capable and respectful health workforce across all professions registered under the National Registration and Accreditation Scheme.

Context

Development of the framework

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.

The framework aimed at achieving the quality use of medicines objective of the *National Medicines Policy* (first published in 2000) by describing the competencies required for health professionals to prescribe medicines judiciously, appropriately, safely, and effectively in the Australian healthcare system.

First review of the framework

A comprehensive review of the framework was carried out by former NPS MedicineWise with the support of Queensland University of Technology and completed in 2021, with the publication of the *Prescribing Competencies Framework – Embedding quality use of medicines into practice* (second edition) in April 2021. While the objectives remain the same, key changes were made to simplify the structure, focus on person-centred care, describe the competencies in greater detail and simplify the language.

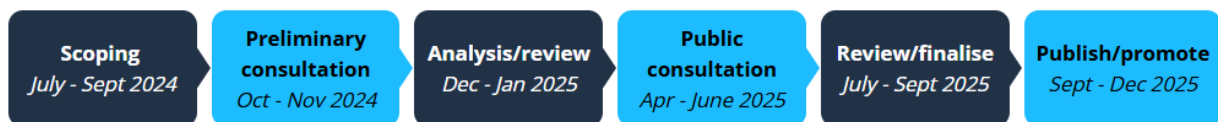
Second review of the framework

In April 2024, the Department of Health, Ageing and Disability (the Department) contracted Ahpra to conduct a review of the framework leading to the third edition of the framework and to host this third edition of framework on our [website](#) until December 2029. The Department continues to own the framework as part of the Quality Use of Diagnostics, Therapeutics and Pathology Program.

The main objectives of the framework review were to support Quality Use of Medicines and ensure that:

- it remains fit for purpose, contemporary, efficient, accurate and reflects current and emerging trends in education and multi-profession practices, and
- it continues to describe competencies required to contribute to safe and person-centred prescribing.

The key stages of the framework review are as follows:



How we consulted

Public consultation on the proposed revised framework was open from 31 March to 30 May 2025 to ensure ample time for wide-ranging consultation. Many late submissions continued to be received and accepted until 20 June.

The public consultation materials were published on the Ahpra website, together with a news item. The materials were also circulated to a large number of stakeholders, including accreditation authorities, education providers, Deans, Aboriginal and Torres Strait Islander Peoples groups, local and national health consumer and advocacy groups, jurisdictions, health and safety bodies, co-regulators, professional associations and relevant peak bodies.

The public consultation was promoted on our social media accounts, with reminders posted towards the end of the consultation period.

The consultation materials included:

- the consultation paper with:
 - seven consultation questions around the proposed approach to strengthening of shared-decision making, the new competency on off-label prescribing and potential impacts on members of the public and Aboriginal and Torres Strait Islander Peoples
 - the proposed key changes from the second edition
 - the proposed revised framework (third edition)
- a shorter consultation paper targeted for members of the public with three consultation questions around the proposed approach to strengthening of shared decision-making
- links to online platform (Qualtrics) hosting both sets of consultation questions, and
- Word templates with both sets of consultation questions to be submitted via email.

We accepted submissions via online platform and email. We responded to queries received through our dedicated mailbox.

Two information sessions were held half-way through the public consultation, on 28 April 2025, one for the public and one for education providers. These sessions were open to anyone who registered via our website. They covered the purpose of the framework, the proposed changes and provided an opportunity to answer any queries on the review. Recordings of these sessions were then published on the [framework webpage](#).

Ahpra sincerely thank the members of the public, practitioners and all stakeholders for their feedback on the proposed framework.

Overview of public consultation responses

106 total responses were received either by email or Qualtrics.

69 responses from external bodies and groups with:

- 53 bodies responding to the long survey
- four bodies responding to the short survey
- two bodies responded to both surveys
- five bodies provided general feedback
- one National Registration and Accreditation Scheme group provided general feedback, and
- four bodies reviewed the consultation materials and advised that they have no feedback.

37 responses from individuals (members of the public or health practitioners) with:

- 29 individuals responding to the long survey
- seven individuals responding to the short survey, and
- one individual emailed the revised framework with their proposed edits.

Responses from bodies by type

The following table categorises the responding bodies by types.

Type of body/group	Number of submissions
Accreditation authorities	2
Colleges / peak bodies	13
Consumer / advocacy	5
Co-regulators	4
Education groups	6
Government bodies/agencies	11

Health complaint entities	3
Health providers	2
National Scheme group	1
Professional associations	15
Professional indemnity insurer	3
Total	65

Responses from bodies by profession

The following table categorises the responding stakeholders by professions, where applicable. This includes the submissions from the following relevant body types: accreditation authorities, colleges / peak bodies, co-regulators, education groups, professional associations and professional indemnity insurers.

Profession	Number of submissions
Audiology	1
Chiropractic	1
Dental	3
Medical	12
Multiprofession	4
Nursing	3
Nursing and midwifery	4
Optometry	2
Osteopathy	1
Paramedicine	2
Pharmacy	6
Podiatry	3
Total	43

Individual responses by types and/or professions

The following table provides information on the responses from individuals.

Individual category	Profession	Number of submissions
Member of the public / health consumer	N/A	8
Health practitioner	Medical	19
	Medical Radiation Practice	1
	Nursing	4
	Paramedicine	2
	Pharmacy	3
Total		37

Overall summary of responses

Most stakeholders agreed with the preferred option to update the framework. Respondents made some comments related to the timely updates given the rapidly evolving healthcare environment and practices and the objectives of the framework's review.

Overall, most stakeholders were supportive of the proposed amendments to the framework, including the:

- person-centred care approach and the person / prescriber partnership throughout the prescribing process
- focus on people with specific needs
- importance of the prescriber's role at transition care, and
- proposed new competency.

The most frequently raised themes are summarised in the table below, along with the proposed responses and amendments to the framework where applicable.

Key themes	Summary of feedback	Proposed responses
Shared decision-making and support for the person	While the proposed strengthening of shared decision-making was supported, some stakeholders suggested adding information about when a person's decision-making capacity is limited and how to support them e.g. involvement of third party such as a carer; use of assisting tools.	The revised framework expands on the person-centred use of medicines with the need for the prescriber to consider the person's health literacy and a greater focus on people with specific needs in the Introduction. Examples have been added under competency 3.3 with several assisting tools. The Person-centred use of medicines section in the Introduction has been further edited to include information about the supported decision-making process, with a reference to the resources published by the Australian Commission on Safety and Quality in Health Care (ACSQHC).
Transition of care and communication	While the proposed amendments to the framework around transition of care were welcome, it was suggested further emphasising the need to increase the focus of prescribers and healthcare teams more broadly at transitions of care, given the high risks and error rates during transition.	A new definition of transition of care has been added (drawing from ACSQHC resources) and is referred to in a number of examples under Competency Areas 1, 2, 4, 5 and 6. The Prescribing environment section in the Introduction has been edited to reflect this high risk area, the need for clear communication and a reference to ACSQHC resources on transitions of care has been added.
Off-label prescribing	It was suggested broadening the competency to include unapproved and compounded products. Others suggested adding references to 'evidence-based', legal responsibilities, interprofessional collaboration and monitoring.	The new competency and supporting examples have been broadened as suggested. The framework appears to adequately cover the other themes raised by stakeholders.
Prescribing environment	Some stakeholders either suggested adding references to other resources developed by governmental or professional bodies and/or made some suggestions or comments on matters already covered in other resources within or outside the National Scheme.	The framework aims at generally describing the skills and attributes of a competent prescriber and forms part of a suite of tools within and outside the National Scheme. The 'Prescribing

		environment' section in the Introduction has been further edited to reflect this.
Cultural safety	It was suggested including further elements around self-reflection of the prescriber, including in Competency Area 1 – Understand the person and their needs.	Examples under Competency 1.4 have been updated to ensure self-reflection is included.
Emerging models of care and conflict of interest	<p>Some stakeholders raised concerns more broadly around models of care that focus on prescribing of a specific medicine sought by a patient with minimal consultation/assessment, including via telehealth. Shared decision-making and principle of patient choice may conflict with good prescribing practice, noting ultimate responsibility and onus sits with the prescriber.</p> <p>It was also suggested adding guidance for prescribers on how to address potential conflict of interest, particularly where they are employed by or contracted with any organisation that has the underlying intent of making corporate profits in the setting of patient care.</p>	<p>The overarching competency 7.6 indicates that the person's health should take precedence over all considerations. Supporting example has been updated to reflect the need for transparency / disclosure towards the person receiving care.</p> <p>New models of care continue to emerge in different areas of healthcare and will likely evolve over time. The codes of conduct outline practitioners' expectations and responsibilities in all settings. Ahpra's joint statement with MBA, NMBA and PharmBA on professional responsibilities for prescribing and dispensing was issued in 2024 in response to growing concerns.</p>
Cosmetic procedures	It was proposed to consider including specific provisions around cosmetic procedures (separately from other clinical areas), in the context of the multidisciplinary approach to some treatments and rising patient demand.	The framework aims to cover all areas of practice and there are other regulatory tools specific to this area e.g. 2025 Guidelines for practitioners who perform non-surgical cosmetic procedures and the Guidelines for practitioners who advertise higher risk non-surgical cosmetic procedures .
Terminology	A few stakeholders suggested edits to the proposed definitions (e.g. adverse drug reaction; allergy; consumer; cultural safety; informed consent; medication error; medication management review; medicines; person; person-centered care; prescribing; scope of practice; shared decision-making).	The proposed definitions were from resources developed by the Department, ACSQHC and/or the National Scheme. Some minor edits have been made as suggested where possible to ensure consistency with these national resources.