



Public consultation paper

March 2025

Review of the National Prescribing Competencies Framework

The Australian Health Practitioner Regulation Agency acknowledges the Traditional Owners of Country throughout Australia and their continuing connection to lands, waters and communities. We pay our respect to Aboriginal and Torres Strait Islander cultures and Elders past and present.

Summary

The Australian Health Practitioner Regulation Agency (Ahpra) has been contracted by the Australian Government Department of Health and Aged Care (the Department) to conduct a review of the *Prescribing Competencies Framework – Embedding quality use of medicines into practice*, second edition published in April 2021 (the framework).

To support the review of the framework, Ahpra conducted a literature review and scans to identify issues and evidence that have emerged since the last review completed in 2021 by former NPS MedicineWise. The framework and its structure around person-centred care appears overall to remain fit for purpose. Some updates are proposed to ensure that the framework is contemporary and reflects current and emerging trends in education and multi-profession practices.

This public consultation paper seeks feedback on the proposed updates to the framework.

Your feedback

Your feedback will be carefully considered to inform the third edition of the framework. There are specific questions about the proposed revised framework, along with an opportunity for general comments. You do not need to answer all the questions included in this consultation paper.

We have also published a shorter version of this consultation paper, with specific consultation questions for members of the public. It is published [here](#).

Online information sessions on the proposed changes to the framework will be hosted for members of the public and education providers. These will be hosted as follows:

- Webinar for the public on Monday 28 April from 10.00 to 11.00am AEST – you can register [here](#)
- Webinar for education providers on Monday 28 April from 12.00 to 1.00pm AEST – you can register [here](#).

Making a submission

Consultation starts on Monday 31 March and closes on Friday 30 May 2025.

Feedback can be provided via our [online survey](#) or by email to NPCReview@ahpra.gov.au using the submission template (Word document) provided.

Any queries on this consultation can also be sent to NPCReview@ahpra.gov.au.

The online survey and submission template include the questions for consideration listed on page 8.

Publication of submissions

We publish submissions at our discretion. We generally [publish submissions to our website](#) to encourage discussion and inform the community and stakeholders about consultation responses. Please let us know if you do not want your submission published.

We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation. Before publication, we may remove personally identifying information from submissions, including contact details.

We can accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. A request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982 (Cth)*, which has provisions designed to protect personal information and information given in confidence. Please let us know if you do not want us to publish your submission or if you want us to treat all or part of it as confidential.

Published submissions will include the names of the individuals and/or organisations that made the submission unless confidentiality is expressly requested.

Contents

Summary	2
Your feedback	2
Making a submission	2
Publication of submissions	2
Background	4
Second and current review of the framework	4
The framework	4
Proposed updates to the framework	5
Summary of issue	6
Options statement	6
Option one – Status quo	6
Option two – Update the framework	6
Potential impacts	7
Benefits	7
Cost	7
Questions for consideration	8
Attachment A – Proposed key changes to the framework	9
Attachment B – National Prescribing Competencies Framework – Embedding quality use of medicines into practice	23

Background

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.

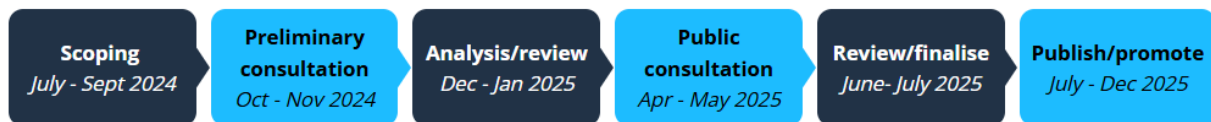
Second and current review of the framework

In April 2024, the Department contracted Ahpra to conduct a review of the framework to be completed by mid-2025 and to host the framework on its [website](#) until December 2029. The Department will continue to own the framework as part of the [Quality Use of Diagnostics, Therapeutics and Pathology Program](#).

The main objectives of the framework review are 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:



This review is specific to the framework and is separate from profession-specific policy projects related to competencies / capabilities, accreditation standards or registration standards.

The framework

The current framework aims to create a shared understanding of the person-centred prescribing process and its intended use includes:

- the development and review of education and training programs
- the development and review of continuing professional development programs
- individual prescribers' and students' self-reflection
- National Boards' regulatory functions, and
- recognition and understanding of the prescribing role.

It is structured in two sections that covers seven competency areas around person-centred care:

- Section one outlines the prescribing competencies for a person-centred prescribing process (competency areas one to five) and professional practice that supports prescribing (competency areas six and seven), and
- Section two is a guideline on how to achieve each competency. While not an exhaustive description, the intention is to support a common understanding by providing examples of practice that reflect the competency.

Proposed updates to the framework

To inform the review of the framework, the following research activities were completed:

- literature review and international scan focussing on countries with comparable prescribing frameworks (from 2016 onwards) or models international scan i.e. United Kingdom (UK), New Zealand (NZ), Canada and Ireland, and
- environmental scan including scan of the relevant national regulatory requirements, frameworks or guidance related to prescribers (since the last review) from sources such as the Department, the Australian Commission on Safety and Quality in Health Care and Therapeutic Goods Administration.

The research activities demonstrate that the framework and its structure around person-centred care appears overall to remain fit for purpose. Most of the competencies and examples of practice under each competency remain up-to-date.

While the content of the framework generally continues to describe competencies required to contribute to safe and person-centred prescribing, some minor updates have been proposed to ensure that the framework is contemporary and reflects current and emerging trends in education and multi-profession practices. It is important that the framework remains up-to-date and supports best health outcomes within a fast-evolving health environment.

These minor updates were tested as part of a preliminary consultation with key stakeholders. Overall, the proposed revised framework was supported by stakeholders and additional minor updates were made taking into account some of the stakeholders suggestions.

The key proposed updates include:

- the addition of the following new competency around off-label prescribing with supporting examples

<i>Competency 4.2 – Ensure adequate and current knowledge when prescribing medicines for unregistered indications (i.e. off-label prescribing)</i>
<i>How to achieve this competency</i>
<i>a. Consider prescribing medicines for unregistered indications (i.e. off label prescribing) 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.</i>
<i>b. Obtain and document informed consent and ensure the person understands the use of off label medicines and associated risks and benefits.</i>
<i>c. Document the reason for off-label use in the person's health record, including digital health record.</i>

- emphasising the person-centred care approach and the person / prescriber partnership throughout the prescribing process
- updating the introduction to:
 - ensure cultural safety is embedded throughout every part of the prescribing process
 - increase the focus on people with specific needs, including older people in residential aged care, Aboriginal and Torres Strait Islander Peoples, people from culturally and linguistically diverse backgrounds, people with mental illness, disability or chronic conditions, and those living in rural and remote areas and other vulnerable groups
 - explicitly refer to other applicable regulatory tools particularly in the context of fast-evolving technological environments and emerging models of care.

- highlighting the importance of the prescriber's role at transition care and, noting the high medication error rates at transition of care
- reflecting, in the examples of practice, the continuing evolution of models of care with references to virtual care and use of technology for clinical decision support
- adding examples on the potential implications to the wider community of prescribing a particular medicine
- updating references to quality use of medicines and safe use of medicines to reflect the revised *National Medicines Policy (2022)* and references to relevant policies, strategies and other documents issued by national authorities / regulators, and
- reviewing the Terminology section to reflect resources developed by the Department and / or the Australian Commission on Safety and Quality in Health Care.

Other minor updates include:

- specifying the national applicability of the framework in its title
- removing references to specific support programs in case these evolve or other relevant programs are implemented in the future, and
- removing duplication and simplifying the content where possible.

A full list of the proposed changes to the framework including some definitions, competencies and examples are available in Appendix A.

The proposed revised framework is available in Appendix B.

Summary of issue

Options statement

Option one – Status quo

Option one is to continue with the current version of the framework published in April 2021. While it is likely still fit for purpose, it may be a missed opportunity to refresh the framework and ensure that it remains contemporary, efficient, accurate and reflects current and emerging trends in education and multi-profession practices.

There are risks associated with maintaining the status quo, including the development or review of education, training and / or professional development programs that may not be contemporaneous or adequate.

Option two – Update the framework

The preferred option is to update the framework with minor amendments to a small number of competencies and examples of practice under these competencies.

Updating the framework with minor amendments will ensure it continues to be contemporary and reflect current and emerging trends in education and multi-profession practices. Since the framework was developed and first reviewed, the regulatory and clinical environments for health professionals who are authorised to prescribe has evolved in response to emerging evidence, changing models of care, healthcare and workforce developments.

Some examples have been added to mitigate where the risks of harm have been identified (e.g. at transition of care) and to reflect some fast-evolving areas such as the use of technology for clinical decision support and the importance of healthcare sustainability.

The preferred option is option two.

Potential impacts

Benefits

Updating the framework would be beneficial across the healthcare sector and the community with all prescribers being competent to prescribe safely and effectively within their respective scope of practice. Adopting the revised framework will continue to enable health professionals, employers, education providers and other stakeholders to understand the prescribing process from the prescriber perspective within the Australian healthcare system.

Relevant students will benefit from the updated framework as education providers will be required to rely on the revised framework to deliver contemporary knowledge and skills for prescribing across a range of roles and settings in the current healthcare environment.

While the framework applies beyond the remit of the National Registration and Accreditation Scheme, it could support its objectives, including:

- provide for the protection of the public
- facilitate the provision of high-quality education and training
- build the capacity of the Australian health workforce to provide culturally safe health services to Aboriginal and Torres Strait Islander Peoples
- facilitate access to services in accordance with the public interest, and
- enable the continuous development of a flexible, responsive and sustainable Australian health workforce and enable innovation in the education of, and service delivery by, health practitioners.

Publishing and promoting the revised framework is expected to benefit consumers and the community by enhancing their understanding of the expectations of prescribers across various roles and settings. The potential for the proposed changes to impact on the health and safety of patients and consumers has been specifically considered. Particularly, the impacts on vulnerable members of the community and people with specific needs, as well as the potential impacts on the health and safety of Aboriginal and Torres Strait Islander Peoples.

The proposed updates are expected to have minimal impact on health professionals and other key stakeholders as they are minor. However, new, or unforeseen impacts that may be identified as part of this consultation will be closely considered before publication.

Cost

Users of the framework including education providers, accreditation authorities, prescribers and relevant professional associations are expected to familiarise themselves with the updated framework, which can require time. Other healthcare professionals, consumers and the community may also need some time to familiarise themselves with the revised framework. Promotion activities will be carried out to support the implementation of the revised framework in the second half of 2025.

Education providers may incur a small cost in reviewing and adapting curricula to ensure it reflects the updated competencies. Accreditation authorities and National Boards may also be required to update relevant accreditation standards, registration standards and profession-specific competencies that refer to the current framework.

Questions for consideration

1. Do you support option 1 or option 2? Please provide details as to your preferred option.
2. The revised framework aims to empower the person receiving care to actively participate in shared decision-making with their health professionals. Do you agree with this? Why/Why not?
3. One new competency around 'off-label' prescribing has been added. Do you have any feedback or suggestions regarding this new competency and supporting examples?
4. Would the revised framework result in any potential negative or unintended effects for people requiring healthcare? If yes, please explain why.
5. Would the revised framework result in any potential negative or unintended effects for Aboriginal and / or Torres Strait Islander Peoples? If yes, please explain why.
6. Is the content of the proposed framework clear and reflective of safe, contemporary and ethical prescribing practice? If not, please explain why.
7. Is there any specific content that needs to be changed, added or removed in the proposed revised competencies and / or supporting examples? If yes, please provide details.

Attachments

Attachment A: Proposed key changes to the framework

Attachment B: Revised framework

Attachment A – Proposed key changes to the framework

The cover page has been updated with an Acknowledgement of Country.

Section 1 – Introduction

The introduction has been amended to:

- include the importance of cultural safety throughout the prescribing process
- clearly articulate that any prescribing health professionals must have the knowledge, skills and professional attributes required to safely and competently prescribe medicines in Australia
- emphasise the importance of safe use of medicines
- expand on the person-centred use of medicines with the need for the prescriber to take into account the person's health literacy and a greater focus on people with specific needs e.g. Aboriginal and Torres Strait Islander Peoples, people from culturally and linguistically diverse backgrounds and people living in rural and remote areas
- reflect the revised National Medicines Policy (2022) and the quality use of medicines pillar, and
- include references to other requirements that prescribers must meet at local, organisational, jurisdictional and national levels; particularly in the context of fast-evolving technological environments and emerging models of care.

Section 2 – Intended use of the framework

The third sentence has been slightly amended as follows:

Current Framework	Proposed changes or additions
The Framework recognises that prescribers will engage in the four stages of prescribing (information gathering, clinical decision making, communication and monitoring/review) (11) according to the person's needs and within the expectations of their prescribing arrangement, which may include specific collaborative care arrangements or drug therapy protocols.	The framework recognises that prescribers will engage in the four stages of prescribing (information gathering, clinical and shared decision making, communication and monitoring/review) (11) according to the person's needs and within the expectations of their prescribing arrangement, which may include specific prescribing arrangements or drug therapy protocols.

Section 4 - The National Prescribing Competencies Framework

The 'framework structure' subsection has been slightly edited to emphasise that all competencies are structured around the person requiring or receiving care and to clarify the content of the subsequent subsections.

The 'framework terminology' subsection has been amended with some updated definitions and new definitions, as follows:

Definition	Current Framework	Proposed changes or additions
Adverse drug reaction	<i>A harmful, unintended reaction to medicines that occurs at doses normally used for treatment.</i>	<i>A response to a medicine that is noxious and unintended, 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.</i>
Allergy	<i>Nil.</i>	<i>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. A medicine allergy is one type of adverse drug reaction.</i>
Competency	<i>The knowledge, skills and behaviours needed to adequately perform the function.</i>	<i>The knowledge, skills, behaviours and professional attributes needed to safely practise.</i>
Cultural safety	<i>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.</i>	<p>Current definition and the following has been added:</p> <p><i>To ensure culturally safe and respectful practice, prescribers must:</i></p> <ul style="list-style-type: none"> <i>Acknowledge colonisation and systemic racism, social, cultural, behavioural and economic factors which impact individual and community health.</i> <i>Acknowledge and address individual racism, their own biases, assumptions, stereotypes and prejudices and provide care that is holistic, free of bias and racism.</i> <i>Recognise the importance of self-determined decision-making, partnership and collaboration in healthcare which is driven by the individual, family and community.</i> <i>Foster a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander people and colleagues.</i>
Informed consent	<i>Nil.</i>	<p><i>Informed consent is a person's decision, given voluntarily, to agree to a healthcare treatment, procedure or other intervention that is made:</i></p> <ul style="list-style-type: none"> <i>Following the provision of accurate and relevant information about the healthcare intervention and alternative options available; and</i> <i>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.</i>
Medication Management Review	<i>Includes Home Medicine Reviews (HMR) for people living in the community and residential medication management reviews (RMMR) for residents of residential aged care facilities. Reviews are a collaborative process that involves a comprehensive review</i>	<i>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. It includes the objective of reaching an agreement with the person about treatment,</i>

Definition	Current Framework	Proposed changes or additions
	<p><i>of the person's medicines with the goal of maximising the benefit of the medicines and preventing medication-related problems.</i></p>	<p><i>optimising the impact of medicines, minimising the number of medicines-related problems and reducing waste. Medication review may be part of medication reconciliation.(12) It includes:</i></p> <ul style="list-style-type: none"> <i>• Home Medicine Reviews (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</i> <i>• 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 medicine events.</i>
<p>Person-centred care</p>	<p>Nil.</p>	<p><i>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.</i></p>
<p>Quality use of medicines</p>	<p><i>A process that involves:</i></p> <ol style="list-style-type: none"> <i>a. Selecting management options wisely (considering the place of medicines in treating illness and maintaining health; recognising that there may be better ways than medicines to manage many disorders);</i> <i>b. Choosing suitable medicines if a medicine is considered necessary (considering the individual, the clinical condition, risks and benefits, dosage and length of treatment, any co-existing conditions, other therapies, monitoring considerations, costs for the individual, the community and the health system as a whole); and</i> <i>c. Using medicines safely and effectively (monitoring outcomes, minimising misuse, over-use and under-use, improving people's ability to solve problems related to medication, such as negative effects or managing multiple medications).</i> 	<p><i>A process that involves:</i></p> <ol style="list-style-type: none"> <i>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</i> <i>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</i> <i>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.</i>
<p>Prescriber</p>	<p><i>A health professional authorised to undertake prescribing within the scope of their practice.</i></p>	<p><i>A health professional authorised to undertake prescribing within their individual scope of practice.</i></p>

Definition	Current Framework	Proposed changes or additions
Prescribing	<i>An iterative process involving the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine.</i>	<i>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.</i>
Scope of practice	<i>The areas and extent of practice for an individual health professional, after taking into consideration the health professional's training, experience, expertise and demonstrated competency.</i>	<i>Professional activities that a health professional is educated (skill and knowledge), competent and authorised to perform, and for which they are accountable.</i> <i>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.</i>
Shared decision making	<i>Nil.</i>	<i>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.</i>
Transition of care	<i>Nil.</i>	<i>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. The types of transition of care include (7):</i> <ul style="list-style-type: none"> <i>• between healthcare providers, levels of healthcare, levels of care in the same facility/location, healthcare locations or settings;</i> <i>• when care needs change;</i> <i>• when a person's preference change;</i> <i>• when access to service changes.</i>
Treatment history	<i>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.</i>	<i>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.</i>

The below table outlines the proposed key changes to some competencies and / or examples of practice in section four of the framework.

Section / Competency / Example	Current Framework	Proposed changes or additions
Section 2		
Title	<i>Guidelines for achieving the competencies</i>	<i>Guidance on how to achieve the competencies</i>
Introduction	<p><i>The following information may assist practitioners to improve their prescribing practice and achieve the required competencies. 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. Practitioners should develop their skills and knowledge relevant to their recognised scope of practice and the context in which they prescribe medicines.</i></p>	<p><i>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 recognised scope of practice and the context in which they prescribe medicines.</i></p> <p><i>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.</i></p>
Competencies and examples of practice		
Competency 1.2 – Discuss with the person their medical and treatment history [no change proposed]		
Examples	<p><i>Integrate information obtained from the person and their health records 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.</i></p> <hr/> <p><i>Recognise the risk of medicines errors at transitions of care (eg, moving between wards or departments within a hospital or discharge from a hospital to the community) and conduct a medicines reconciliation. Reconcile the medicines history with the medical history, taking into consideration relevant social, cultural and demographic details. Ensure the indications for current medicines are appropriate and understood by the person.</i></p>	<p><i>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.</i></p> <hr/> <p><i>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.</i></p> <hr/> <p><i>Added example: d. Ensure the indications for current medicines are appropriate and understood by the person.</i></p>
	N/A	

Section / Competency / Example	Current Framework	Proposed changes or additions
	Ask the person for more information or to clarify information provided, where required.	f. Ask the person for more information or to clarify information provided and/or seek other sources, where required.
Competency 1.3 – Assess the person according to the clinical context and the health professional’s scope of practice [no proposed change]		
Example	Evaluate the clinical relevance of investigations.	c. Evaluate the clinical relevance of assessment and investigation results.
Competency 1.4	Consider the person’s cultural history and identity when gathering information to understand their needs	Understand the person’s cultural history and identity when gathering information to consider their needs and integrate these into their treatment plan
Example	Discuss with the person their cultural identity and the aspects of their culture that may impact their treatment preferences.	a. Consider identity and discuss it in a culturally appropriate way with the person and determine if aspects of their culture and identity may impact their treatment preferences.
Competency 1.6	Explore with the person their adherence to prescribed medicines and the treatment plan	Explore with the person their understanding of and adherence to prescribed medicines and the treatment plan
Examples	Explore the person’s psychological behaviours, health literacy and motivation for consulting a health professional.	b. Explore and understand the person’s psychological behaviours, health literacy and motivation for consulting a health professional.
	Where relevant, and with the person's permission, discuss the person's adherence to medicines and treatment with a member of their family and/or their carer to better understand important issues.	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.
	N/A	Added example: g. Where available, explore options for the person to consult with a culturally appropriate health professional.
Competency 2.1	Recognise when it is clinically appropriate not to prescribe medicines	Recognise and communicate when it is clinically appropriate not to prescribe medicines
Competency 2.5	Obtain, interpret, and apply current reliable evidence and information about medicines to inform decision making	Obtain, interpret, apply and explain current, reliable evidence and information about medicines
Examples	Identify reliable information to inform decisions about medicines and other treatment options.	a. Identify reliable information to assist shared decision making about medicines and other treatment options, including from the person’s digital health records.
	Use clinical decision support tools and memory aids to support prescribing decision making. When prescribing unfamiliar medicines,	d. Where appropriate and/or necessary, use clinical decision support tools, digital platforms, technologies and memory aids to support prescribing decision making. When

Section / Competency / Example	Current Framework	Proposed changes or additions
	<i>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.</i>	<i>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.</i>
Competency 2.7	<i>Tailor medicines for the person considering relevant potential benefits, harms, medicine and person-specific factors</i>	<i>Tailor medicines for the person identifying and evaluating relevant potential benefits, harms, medicine and person-specific factors</i>
Example	<i>Consider person-specific factors relevant to the choice of medicine, dose, frequency, route of administration, formulation and/or duration of therapy e.g. lifestyle, preferences, beliefs, cultural influences, health literacy, pregnancy, breast feeding, co-existing conditions, current medicines, allergies, intolerances, genomic information, the ability to swallow, relevant fears or phobias, the potential for medicines abuse or misuse.</i>	<i>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, preferences, beliefs, cultural influences, health literacy (including a person's understanding of adverse and/or side effects of medicines), pregnancy, breast feeding, co-existing conditions, current medicines, allergies, intolerances, genomic information, the ability to swallow, relevant fears or phobias, the potential for medicines abuse or misuse.</i>
Competency 2.8 – Consider the financial cost and affordability of the medicines to the person [no change proposed]		
Example	<i>Consider the person's eligibility to access subsidised medicines (eg, the Pharmaceutical Benefits Scheme [PBS], the Repatriation Pharmaceutical Benefits Scheme [RPBS], and the Quality Use of Medicines Maximised For Aboriginal and Torres Strait Islander Peoples [QUMAX] programs).</i>	<i>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 Peoples).</i>
Competency 2.9 – Consider the implications to the wider community of prescribing a particular medicine [no change proposed]		
Examples	N/A	<p>Added examples:</p> <p><i>b. Understand and consider the principles of medicine stewardship programs such as opioid analgesic stewardship.</i></p> <p><i>e. Understand why a biosimilar medicine may be an acceptable alternative to the original biological medicine.</i></p> <p><i>f. Consider the impacts of prescribing on the environment and sustainability in healthcare (e.g. avoid low-value treatment).</i></p> <p><i>g. Understand the potential risks of diversion of a medicine to the community.</i></p>

Section / Competency / Example	Current Framework	Proposed changes or additions
Competency 2.10 – Refer the person for further assessment or treatment when the suitable treatment options are outside the health professional’s scope of practice [no change proposed]		
Example	N/A	Added example: <i>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.</i>
Competency area 3	Agree on a plan for medicines	Explore, discuss and decide on a plan for medicines
Competency 3.2	Negotiate therapeutic goals that enhance self-management	Develop therapeutic goals in partnership with the person that enhance self-management and health literacy
Examples	<i>Facilitate interactive negotiations about the goals of medicines as part of the treatment plan.</i>	<i>a. Jointly participate and agree on the goals of medicines as part of the treatment plan.</i>
	<i>Respect the person’s beliefs and preferences during goal negotiations.</i>	<i>b. Respect the person’s beliefs and preferences during shared decision-making on the therapeutic goals.</i>
	N/A	Added example: <i>c. Check and support the person’s understanding of medicines (including adverse and/or side effects) to make informed treatment decisions.</i>
Competency 3.3 - Discuss the possible medicines options with the person and allow them time to make an informed decision [no proposed change]		
Examples	<i>Consider the potential for medicine misuse and discuss alternatives with the person. Identify, discuss and manage drug-seeking behaviour on the part of the person, where appropriate.</i>	<i>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.</i>
	<i>Advise the person how they can access appropriate sources of medicines information in languages other than English, where appropriate.</i>	<i>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.</i>
	<i>Supplement verbal information with written information about the condition and treatment options, where appropriate.</i>	<i>n. Supplement verbal information with visual information about the condition and treatment options, where appropriate.</i>

Section / Competency / Example	Current Framework	Proposed changes or additions
Competency 3.4	<i>Explore and respond appropriately to the person's concerns and expectations about their health and the use of medicines to maintain their health</i>	<i>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</i>
	<i>Adopt a person-centred approach.</i>	Example removed
Examples	<i>Where applicable, explore and respond to the person's concerns and expectations about the consultation, their health, the role of health professionals and the person in managing their health, the health professional's scope of practice, and the role of medicines within the treatment plan.</i>	<i>b. Where applicable, explore and respond to the person's concerns and expectations about the consultation, their health, the role of health professionals and the person in managing their health to achieve the best health outcomes, the health professional's scope of practice, and the role of medicines within the treatment plan.</i>
Competency 3.5 – Develop the medicines plan in partnership with the person [no change proposed]		
Examples	<i>Recommend a dose administration aid if required.</i>	<i>e. Recommend an adherence support tool if required e.g. dose administration aid.</i>
	N/A	Added example: <i>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.</i>
Competency 4.1 – Ensure adequate and current knowledge of medicines prior to prescribing [no change proposed]		
Example	<i>Consider prescribing medicines for unlicensed indications (ie, "off label") only when a licensed medicine is unavailable or inappropriate, adequate information is available to support use and the potential benefits and harms have been considered.</i>	Example removed
Competency 4.2	N/A	New competency: <i>Ensure adequate and current knowledge when prescribing medicines for unregistered indications (i.e. off-label prescribing)</i>
Examples	N/A	Added examples: <i>a. Consider prescribing medicines for unregistered indications (i.e. off label prescribing) only when a registered medicine is unavailable or inappropriate, there is adequate information available to support use and the potential benefits and risks have been identified, evaluated and documented.</i>

Section / Competency / Example	Current Framework	Proposed changes or additions
		<p><i>b. Obtain and document informed consent and ensure the person understands the use of off label medicines and associated risks and benefits.</i></p> <p><i>c. Document the reason for off-label use in the person’s health record, including digital health record.</i></p>
	<p>Competency 4.3 - Prescribe medicines compliant with relevant legislation, regulatory frameworks, guidelines, codes of practice, scope of practice and organisational policies and procedures [previously 4.2]</p>	
Examples	<p><i>Comply with local formularies, guidelines, restrictions and protocols.</i></p>	<p><i>c. Comply with contemporary formularies, guidelines, restrictions and protocols.</i></p>
	<p><i>Prescribe using systems that support safe medicines use. Ensure competence to use prescribing systems and recognise the potential limitations of these systems eg, preferentially use electronic prescribing systems while maintaining competence to prescribe and/or order medicines using paper-based prescriptions/medication orders; use and understand the scope of computer decision support tools and automated medication alerts; complete the National Standard Medication Chart accurately and legibly, where appropriate.</i></p>	<p><i>g. Prescribe using systems that support safe medicines use. 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 computer decision support tools and automated medication alerts; complete the National Standard Medication Chart accurately and legibly, where appropriate.</i></p>
	<p><i>Where electronic medical records are used, ensure competence to use these systems.</i></p>	<p><i>h. Where digital health records are used, ensure competence to use these systems.</i></p>
<p>Competency 4.4 [previously 4.3]</p>	<p>Where prescribing relies on electronic (eg, telehealth) or telephone services (eg, verbal prescription or medication order), ensure compliance with relevant legislation, guidelines and policies</p>	<p>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</p>
Example	<p>N/A</p>	<p>Added example:</p>
		<p><i>f. When prescribing medicines via virtual consultation, comply with the same prescribing requirements as in-person consultation.</i></p>
	<p>Competency 4.5 – Provide accurate and complete information to other health professionals in a timely manner when implementing new medicines or modifying existing medicines or treatment plans [no proposed change] [previously 4.4]</p>	

Section / Competency / Example	Current Framework	Proposed changes or additions
Examples	<i>Provide information using secure means and an appropriate format that can be easily understood.</i>	<i>b. Provide information using secure means and an appropriate format that can be easily understood e.g. digital health record, where possible.</i>
	N/A	<p>Added example:</p> <p><i>d. At transition of care, provide comprehensive, complete and accurate information to the healthcare professional responsible for continuing the person's medication management in accordance with their medication management plan.</i></p>
Competency 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 [no proposed change] [previously 4.5]		
Examples	<i>Use the active ingredient name of the medicine and ensure the person understands the difference between the active ingredient and brand name.</i>	<i>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.</i>
	<i>Discuss how to access information in languages other than English, where appropriate. Use resources in languages other than English where available and appropriate.</i>	<i>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 or other support services where appropriate.</i>
Competency 5.5 – Discuss with the person the benefits of a medication management review, where appropriate [no proposed change]		
Example	<i>Consider the use of a Home Medicines Review or Residential 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.</i>	<i>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 plan.</i>
Competency 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 [no proposed change]		
Example	<i>Where appropriate, collaborate with and consider the input and expertise of other health professionals when deciding on changes to the treatment.</i>	<i>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 the treatment.</i>

Section / Competency / Example	Current Framework	Proposed changes or additions
Competency 5.7	<i>Discuss the findings of the review and recommendations with other health professionals, where appropriate</i>	<i>Discuss the findings of the review and recommendations with other health professionals, where appropriate and with the person's consent</i>
Examples	N/A	<p>Added examples:</p> <p><i>c. At transition of care, provide comprehensive, complete and accurate information to the healthcare professional responsible for continuing the person's medication management in accordance with their medication management plan.</i></p> <p><i>d. Inform the person of any discussions on the review findings and recommendations with other health professionals, where possible.</i></p>
Competency 6.1 – Understand and prescribe medicines according to relevant legislation, regulatory frameworks and organisational requirements [no proposed change]		
Examples	<i>Comply with state, territory and federal legislative requirements, including restrictions with the Pharmaceutical Benefits Scheme (PBS) system, and local approval processes.</i>	<i>c. Understand and comply with state, territory and federal legislative requirements, including restrictions with PBS, RPBS and any related programs, and local approval processes.</i>
	<i>Understand and comply with national, state and territory, and facility policies, procedures and standards relevant to prescribing eg, antimicrobial prescribing policy, shared care arrangements, national medicines management standards and guidelines.</i>	<i>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.</i>
	N/A	<p>Added example:</p> <p><i>f. Comply with 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.</i></p>
Competency 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 [no proposed change]		
Example	<i>Confirm prescriptions and medication orders are accurate, particularly at points of transfer eg, between wards, between hospital and community.</i>	<i>c. Confirm prescriptions and medication orders are accurate, particularly at transition of care.</i>

Section / Competency / Example	Current Framework	Proposed changes or additions
Competency 6.4 – Detect and report errors, incidents and adverse events involving medicines [no proposed change]		
Examples	N/A	<p>Added examples:</p> <p><i>f. Contribute to coordinated pharmacovigilance programs including by monitoring and reporting adverse events and medicines safety issues in clinical practice.</i></p> <p><i>g. Support a quality improvement system and comply with relevant quality improvement to support medication management, where possible.</i></p>
Competency 6.5	Apply quality use of medicines principles when prescribing medicines	Apply quality use of medicines principles when prescribing in line with the National Medicines Policy resources collection
	<i>Understand the principles of quality use of medicines as required. Further information is available here.</i>	<i>a. Understand the principles of quality use of medicines.</i>
	<i>Ensure medicines are prescribed judiciously, appropriately, safely and effectively and in accordance with the prescriber’s authorisations and scope of practice.</i>	<i>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.</i>
Examples	<p><i>Contribute to quality health outcomes by committing to the fundamental tenets of quality medicines use, including:</i></p> <ul style="list-style-type: none"> <i>• recognising that medicines may not be the most appropriate management strategy</i> <i>• making wise medicines choices that align with the person’s needs and preferences and medicine-specific factors</i> <i>• carefully monitoring the outcomes of medicines used</i> <i>• partnering with both the person and other healthcare professionals to optimise health outcomes.</i> 	Example removed.
	N/A	<p>Added example:</p> <p><i>c. Support the objective of equitable, timely, safe and affordable access to a high-quality and reliable supply of medicines for all Australians.</i></p>
Competency 7.1 - Understand and comply with applicable professional standards, codes of conduct and guidelines relevant to prescribing [no proposed change]		

Section / Competency / Example	Current Framework	Proposed changes or additions
Examples	<i>Adhere to relevant professional standards, codes of conduct and scope of practice statements or guidelines.</i>	<i>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).</i>
	<i>Adhere to legislative and workplace requirements for obtaining and recording consent to access health records; obtain information from, and provide information to, other health professionals; conduct clinical examinations.</i>	<i>b. Adhere to legislative and workplace requirements for obtaining and recording consent to access health records; obtain information from, and provide information to, other health professionals; consumer privacy; conduct clinical examinations.</i>
Competency 7.3	Maintain accurate and complete records of the interaction	Maintain accurate, timely and complete records
Example	<i>Update the person's health record with details of changes to their medicines regimen or other relevant details, such as the occurrence of adverse events. Where available, and with the person's consent, include these details in the electronic health record.</i>	<i>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 available, and with the person's consent, include these details in the digital health record.</i>
Competency 7.4 – Accept responsibility and accountability for prescribing decisions [no proposed change]		
Example	<i>Understand the medicolegal risks associated with prescribing medicines and take appropriate professional precautions eg, professional indemnity insurance.</i>	<i>c. Understand the medico-legal risks associated with prescribing medicines and take appropriate professional precautions e.g. be covered by professional indemnity insurance arrangements.</i>
Competency 7.5 – Engage in ongoing professional development and education to improve prescribing practice [no proposed change]		
Examples	<i>Continually update knowledge and skills required for medicines safety.</i>	<i>d. Continually update knowledge and skills required for medicines safety and prescribing through continuing professional development activities.</i>
	<i>Use available resources to improve prescribing practice in accordance with learning plans.</i>	<i>e. Use available resources to improve prescribing practice in accordance with learning plans and goals.</i>
Competency 7.6	Ensure the person's needs take precedence over all considerations in all prescribing decisions	Ensure the person's needs and health take precedence over all considerations in all prescribing decisions
Competency 7.7	Demonstrate respect for other health professionals and their contributions within a collaborative care model	Be respectful towards other health professionals and their contributions within a collaborative care model

Attachment B – National Prescribing Competencies Framework – Embedding quality use of medicines into practice

3rd edition <Date>

Note: this document is a draft that will be redesigned and co-branded Commonwealth/Ahpra prior to finalisation and publication

Copyright information

<insert>

Disclaimer

<insert>

Citation

<insert>

Acknowledgements

Ahpra acknowledges the Traditional Owners of Country throughout Australia and their continuing connection to lands, waters and communities. We pay our respects to Aboriginal and Torres Strait Islander cultures and Elders past and present.

The development of the National Prescribing Competencies Framework 3rd edition was funded by the Australian Government Department of Health and Aged Care as part of the Quality Use of Diagnostics, Therapeutics and Pathology Program.

Contents

Preface	25
1. Introduction	26
Safe use of medicines	26
Person-centred use of medicines.....	26
Quality use of medicines	27
2. Intended use of the framework	27
3. Updates to the Framework	28
4. The National Prescribing Competencies Framework	29
Framework structure	29
Framework terminology.....	30
Section one: The prescribing competencies	33
The person-centred prescribing process (competency areas one to five).....	33
Professional practice that supports prescribing (competency areas six and seven)	34
Section two: Guidance on how to achieve the competencies	36
The person-centred prescribing process (competency areas one to five).....	36
Professional practice that supports prescribing (competency areas six and seven)	45
References	49

Preface

<insert post-consultations>

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 prescribing 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 (6). Awareness of the risks and benefits of medicines use is important for all members of the healthcare team and critical for those who prescribe medicines.

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 other health professionals. 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 given to the environment, method and context in which the person is accessing healthcare. 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.

A person-centered approach necessitates a greater focus on people with specific needs, including older people in residential aged care, Aboriginal and Torres Strait Islander Peoples, people from culturally and linguistically diverse backgrounds, people with mental illness, disability or chronic conditions, and those living in rural and remote areas and other vulnerable groups. (7)

Quality use of medicines

Competent prescribing contributes to the quality use of medicines which is a central pillar of the National Medicines Policy (NMP) (10). 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; Using medicines safely and effectively.

Prescribing environment

Health professionals must be aware of and meet requirements at local, organisational, jurisdictional and national levels; particularly 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.

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) (11) 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. 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 National Health Practitioner Boards to describe elements of practice that require demonstration to achieve or maintain registration as a prescriber.

- **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

<to be updated post-consultations>

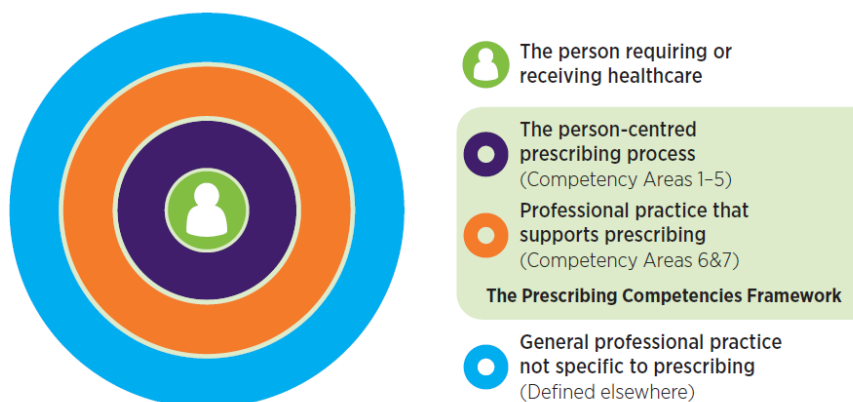
4. The National Prescribing Competencies Framework

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.

Figure 1: The revised framework structure.



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 Agree on a plan for medicines	
Competency Area 4 Prescribe medicines and communicate the agreed treatment decision	
Competency Area 5 Review the outcomes of treatment	

The following section 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 noxious and unintended; 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. (8)(12)
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. A medicine allergy is one type of adverse drug reaction. (8)(12)
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.
Cultural safety	<p>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.</p> <p>To ensure culturally safe and respectful practice, prescribers must:</p> <ul style="list-style-type: none"> • 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. (13)
Informed consent	<p>Informed consent is a person's decision, given voluntarily, to agree to a healthcare treatment, procedure or other intervention that is made:</p> <ul style="list-style-type: none"> • 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. (20)
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	A medication error is a failure in the treatment process that leads to, or has the potential to lead to, harm to the person. (14)
Medication management review	<p>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. 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) It includes:</p> <ul style="list-style-type: none"> • Home Medicine Reviews (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

	<ul style="list-style-type: none"> 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. (15)(16)
Medicines	<p>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. (17)</p> <p>In this document, the term ‘medicines’ or ‘medicine’ includes all classes or types of medicines including:</p> <ul style="list-style-type: none"> <i>scheduled medicines</i> (e.g. controlled drugs, prescription-only medicines, pharmacist-only medicines, pharmacy-only medicines) <i>unscheduled medicines</i> (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). (18) <p>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.</p>
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-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. (9)(12)
Polypharmacy	The use of five or more medicines, including prescribed, over-the-counter, and complementary medicines. (12)(19)
Quality use of medicines (QUM)	<p>A process that involves (10):</p> <ol style="list-style-type: none"> 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 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 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.
Person	The person requiring or receiving healthcare. In the context of this framework, this includes the patient and family/guardian/carer where relevant.

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.
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. (8)(12)
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. (20) The types of transition of care include (7): <ul style="list-style-type: none"> • 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
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	Ensure adequate and current knowledge when prescribing medicines for unregistered indications (i.e. off-label prescribing)
4.3	Prescribe medicines compliant with relevant legislation, regulatory frameworks, guidelines, codes of practice, scope of practice and organisational policies and procedures
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 implementing 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: 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
<i>How to achieve this competency</i>
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; 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
<i>How to achieve this competency</i>
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.
d. Ensure the indications for current medicines are appropriate and understood by the person.
e. Consider medicines 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
<i>How to achieve this competency</i>
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 relevance of 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

<i>How to achieve this competency</i>
a. Consider identity 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 personal and system biases, including racism, assumptions, stereotypes and prejudices, 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 and take steps to ensure you have the skills, knowledge and an appropriate attitude to incorporate cultural considerations in 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
<i>How to achieve this competency</i>
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
<i>How to achieve this competency</i>
a. Discuss with the person their views, beliefs, and perceptions of their current condition, health and wellbeing.
b. Explore and understand the person's psychological 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.
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
<i>How to achieve this competency</i>
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
<i>How to achieve this competency</i>
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
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.
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, preferences, 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 Peoples).
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 are 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).
g. Understand the potential risks of diversion of a medicine to the community.
2.10 Refer the person for further assessment or treatment when the suitable treatment options are outside the health professional's scope of practice
<i>How to achieve this competency</i>
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
<i>How to achieve this competency</i>
a. Respect the person's values, beliefs, expectations, opinions and decisions about their treatment preferences.
b. Consider the person's preferences for generic 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
<i>How to achieve this competency</i>
a. Jointly participate and agree on the goals of medicines as part of the treatment plan.
b. Respect the person's 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.
3.3 Discuss the possible medicines options with the person and allow them time to make an informed decision
<i>How to achieve this competency</i>
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 warranted.
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. Demonstrate appropriate empathy.
b. Where applicable, explore and respond to the person's concerns and expectations about the consultation, their health, the role of health professionals and the person in managing their health to achieve the best health outcomes, the health professional's scope of practice, 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.
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 Ensure adequate and current knowledge when prescribing medicines for unregistered indications (i.e. off-label prescribing)
How to achieve this competency
a. Consider prescribing medicines for unregistered indications (i.e. off label prescribing) 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 off label medicines and associated risks and benefits.
c. Document the reason for off-label use in the person's health record, including digital health record.
4.3 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 by the Pharmaceutical Benefits Scheme (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. 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 computer decision support tools and automated medication alerts; complete the National Standard Medication Chart 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.
4.4 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 prescribing medicines via virtual consultation, comply with the same prescribing requirements as in-person consultation.
4.5 Provide accurate and complete information to other health professionals in a timely manner when implementing 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 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 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 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.
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: 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 relevant and permitted, 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. Negotiate 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 plan.
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 the treatment.
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 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 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. Adhere to legislative and workplace requirements for obtaining and recording consent to access health records; obtain information from, and provide information to, other health professionals; consumer privacy; conduct 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 available, 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.

c. Understand the medico-legal risks associated with prescribing medicines and take appropriate professional precautions e.g. be covered by professional indemnity insurance arrangements.

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. Should real or perceived conflicts of interest be identified, declare and address these in order to minimise the impact on prescribing decisions.
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 and Aged Care. PBS Statistics Section. PBS Expenditure and Prescriptions Report 1 July 2022 to 30 June 2023. Available from:
<https://www.pbs.gov.au/info/statistics/expenditure-prescriptions/pbs-expenditure-and-prescriptions-report-1-july-2022-to-30-june-2023>
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 Government Department of Health and Aged Care. 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>
7. 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>
8. 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>
9. Australian Government Department of Health and Aged Care. National Medicines Policy 2022 (last updated in February 2023). Available from:
<https://www.health.gov.au/resources/publications/national-medicines-policy>
10. Coombes ID, Reid C, McDougall D, Stowasser D, Duiguid M, Mitchell C. Pilot of a National Inpatient Medication Chart in Australia: improving prescribing safety and enabling prescribing training. *Br J Clin Pharmacol* 2011;72(2):338–49.
11. Australian Government Department of Health and Aged Care. 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>
12. 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>.
13. Ferner RE, Aronson JK. Clarification of Terminology in Medication Errors. Definitions and Classifications. *Drug Safety* 2006;29(11):1011–22.
14. Australian Government Department of Health and Aged Care. Home Medicines Review. Available from:
<https://www.health.gov.au/our-work/home-medicines-review>
15. Australian Government Department of Health and Aged Care. 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>
16. Australian Government Department of Health Therapeutic Goods Administration. Acronyms and glossary. Available from:
<https://www.tga.gov.au/resources/acronyms-and-glossary-terms#summary-m>
17. Australian Government Department of Health Therapeutic Goods Administration. Complementary medicines. Available from:
<https://www.tga.gov.au/topics/complementary-medicines>

18. Hilmer SN. The dilemma of polypharmacy. *Aust Prescr* 2008;31:2–3.
19. 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>
20. 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>
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>