

# PRESCRIBING COMPETENCIES FRAMEWORK

Embedding quality use  
of medicines into practice

2nd edition

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# FOREWORD

NPS MedicineWise CEO Steve Morris to provide foreword upon completion of the Prescribing Competency Framework once the public consultation responses from Stage 2 of the review have been incorporated into the document.

## 1 INTRODUCTION

The use of medicines to treat or manage disease is an established healthcare intervention. Medicines use in Australia is increasing,<sup>1</sup> in line with a global trend that has seen the population age<sup>2,3</sup> and carry a significant burden of chronic disease.<sup>4</sup> It is also well understood that while medicines have the potential to improve health, their use is not without risk, associated with the medicine itself, the person and/or the system within which the medicine is provided.<sup>5-7</sup> Awareness of the risks and benefits of medicines use is essential for all members of the healthcare team and critical for those who prescribe medicines.

Prescribing medicines is a complex task that requires the application of specific knowledge, skills and attitudes to a unique patient at a given time point. The task is further complicated by an increasing number of complex medicines available to the prescriber and the fact that many patients receive multiple medicines and a range of other therapies. The importance of ensuring health professionals are able to prescribe medicines safely and effectively is supported by a clear definition of what constitutes safe and effective prescribing. The Prescribing Competencies Framework, since its introduction in 2012, has defined the expectations for all Australian prescribers. This revised edition provides a focused description of the core competencies considered essential to safe and effective prescribing.

Competent prescribing contributes to the quality use of medicines, a central component of the National Medicines Policy.<sup>8</sup> 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.<sup>9</sup> This revised edition of the Framework positions the person central to the prescribing process and places a clear emphasis on working together to achieve quality health outcomes through optimal medicines use.

## 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 prescribing context, including their recognised scope of practice and the boundaries within which their prescribing practice takes place. 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 regarding program content, assessment and expected outcomes, for programs that lead to health practitioner registration. Accreditation authorities are able to 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. By clearly describing expected competencies and detailing 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 competencies may be used by National Health Practitioner Boards to describe elements of practice that require demonstration in order to achieve or maintain registration as a prescriber.

► **Recognition of the prescribing role**

By clearly describing the important aspects of the prescribing process, the Framework contributes transparency to the process, which may contribute to a greater understanding of the role for both colleagues who do not prescribe medicines and consumers.

# 3 UPDATES TO THE FRAMEWORK

Review of the Framework was based on an established research methodology and consultation with a broad range of stakeholders. Prescribers, members of the healthcare team, consumer representatives, professional and healthcare organisations contributed to the consultation process by providing their views of prescribing in contemporary Australia. These views have shaped the redesign of the Framework with a clear focus on describing the expectations of prescribers from all professions. Further details of the review process can be found in Appendix One.

The Framework continues to reflect the Australian definition of prescribing<sup>10</sup> by defining the competencies important to each stage of the prescribing process: information gathering; clinical decision making; communication; and the review of the outcomes of prescribed therapy. The essential components of the quality use of medicines, i.e. the judicious, appropriate, safe and efficacious use of medicines, remain central to the Framework and are expanded on within the competencies.

Changes that have been made from the previous edition include:

► **Revised structure**

The Framework structure is simplified. The competency areas, elements, performance criteria and evidence examples found in the previous edition have been simplified to a description of the competencies supported by guidelines for inclusion in practice. It is hoped this change will ensure the competencies are more clearly identified with a resultant impact on the utility of the Framework.

► **Focus on describing the essential prescribing competencies**

In order to focus on the competencies required to safely and effectively prescribe medicines, competencies describing the expectations of professional practice in general have been removed. For most professions, the expectations of a registered practitioner will be defined in detail in professional practice standards or competencies. It is therefore inefficient to attempt to replicate these expectations for all professions in the Framework.

► **A renewed focus on the person and the provision of person-centred care**

Where possible, competencies are described using language that considers the person first.

► **Simplified language**

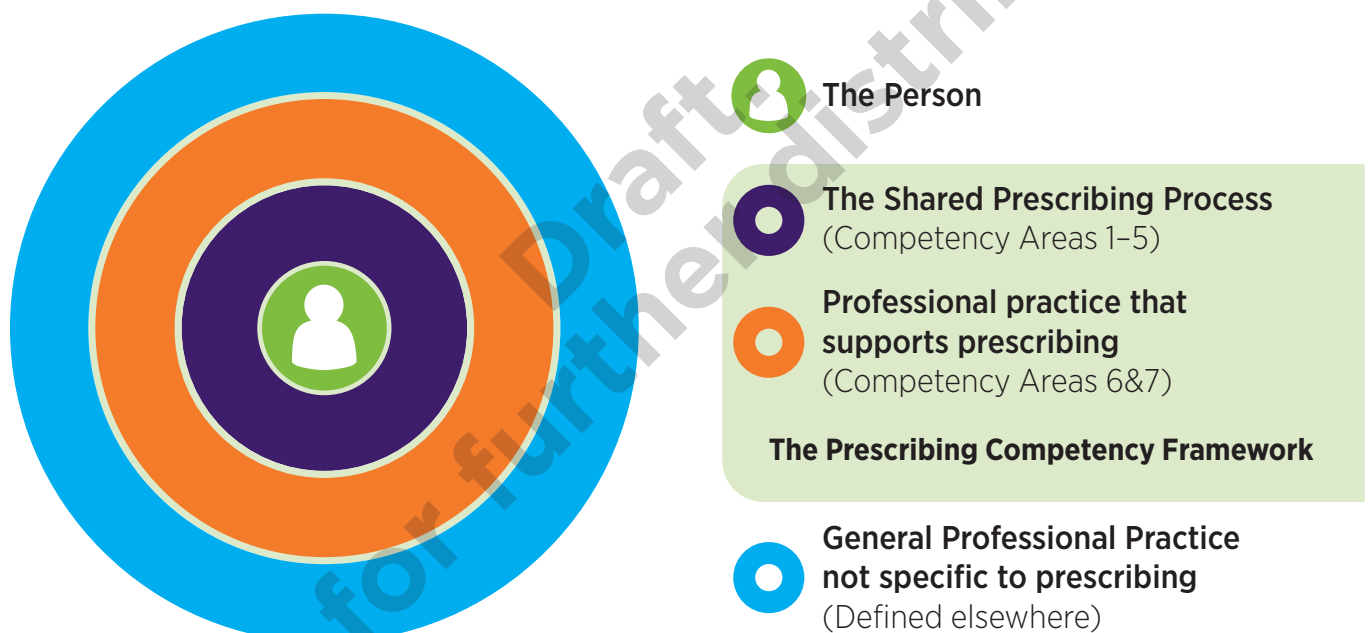
Competencies are described using plain language applicable to all professions. Concise descriptions of the competencies are supported by additional information and examples where appropriate. It is hoped this change will increase the usability of the document across all sectors.

# 4 THE PRESCRIBING COMPETENCIES FRAMEWORK

## Framework Structure

The Framework (illustrated below) groups competencies in 7 competency areas, with a person-centred focus. The shared prescribing process, contributed to by both the person and the prescriber, is described by competency areas 1–5. Professional practice competencies that support the shared prescribing process are contributed by the practitioner and described in competency areas 6 and 7. Competencies that describe expected professional practice, not specific to prescribing, are not included in this Framework. These competencies are described in documents that define professional practice such as codes of practice and practice standards and/or competencies. Section 1 of the Framework summarises the competencies according to their competency area. Section 2 further clarifies each competency and provides a guide for how the competencies can be met.

**Figure 1:** The revised Framework structure



The Shared Prescribing Process	Professional Practice that supports prescribing
<b>Competency Area 1</b> Understands the person and their needs	<b>Competency Area 6</b> Prescribe safely and effectively
<b>Competency Area 2</b> Understand the treatment options	<b>Competency Area 7</b> Prescribe professionally
<b>Competency Area 3</b> Decide together on a plan for medicines	
<b>Competency Area 4</b> Prescribe medicines and communicate the agreed treatment decision	
<b>Competency Area 5</b> Review the outcomes of treatment	

## Framework Terminology

In preparing this edition of the Framework, careful attention was applied to the use of language that holds meaning to everyone involved in the prescribing process. By describing the expectations of optimal prescribing practice, consumers and health professionals who do not prescribe medicines are able to understand what prescribers can be expected to do. The competencies focus on the perspective of the person and the language used reflects this.

<b>Adherence</b>	The extent to which a person's behaviour – taking medication, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a health care provider. <sup>11</sup>
<b>Competency</b>	The knowledge, skills and behaviours needed to adequately perform the function.
<b>Consumer</b>	Consumers are members of the public who use, or are potential users, of healthcare services. The term 'consumer' may refer to patients, consumers, families, carers and other support people. <sup>12</sup>
<b>Cultural safety</b>	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. <sup>13</sup>
<b>Medical history</b>	The medical history includes details of the person's current and past medical and social history and cultural and demographic characteristics.
<b>Medication management review</b>	Includes domiciliary medication management reviews (DMMR) for people living in the community and residential medication management reviews (RMMR) for residents of a residential aged care facility. Reviews are a collaborative process that involves a comprehensive review of the person's medicines with the goal of maximising the benefit of the medicines and preventing medication-related problems. <sup>14</sup>
<b>Medicine</b>	<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.<sup>15</sup></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"> <li>▶ <i>scheduled medicines</i> (e.g. controlled drugs, prescription-only medicines, pharmacist-only medicines, pharmacy-only medicines)</li> <li>▶ <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).<sup>16</sup></li> </ul>



<b>Medicines history</b>	The Medicines history should include current and previous prescription, over-the counter 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.
<b>Non-pharmacological</b>	For the purposes of this document, non-pharmacological therapies are those that do not achieve their intended purpose by exerting a pharmacological action.
<b>Quality use of medicines (QUM)</b>	<p>A process that involves:<sup>17</sup></p> <ul style="list-style-type: none"> <li><b>a.</b> 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);</li> <li><b>b.</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</li> <li><b>c.</b> 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).</li> </ul>
<b>The Person</b>	The person requiring or receiving healthcare. In the context of these competencies, this includes the patient and family/guardian/carer where relevant.
<b>Prescriber</b>	A health professional authorised to undertake prescribing within the scope of their practice.
<b>Prescribing</b>	An iterative process involving the steps of information gathering, clinical decision making, communication and evaluation that results in the initiation, continuation or cessation of a medicine. <sup>10, 18</sup>
<b>Scope of practice</b>	The areas and extent of practice for an individual health professional, usually defined by a regulatory body or employer, after taking into consideration the health professional's training, experience, expertise and demonstrated competency.
<b>Treatment</b>	The management of a person's health condition/s. May include the use of medicines and non-pharmacological therapies.
<b>Treatment history</b>	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.

## Section 1: The Prescribing Competencies

### THE SHARED PRESCRIBING PROCESS (Competency Areas 1–5)

#### Competency Area 1:

##### Understand the person and their needs

<b>1.1</b>	Discuss with the person their medical and treatment history
<b>1.2</b>	Assess the person according to the clinical context and relevant scope of practice
<b>1.3</b>	Review and interpret information in the person's health records to contribute to an understanding of their needs and current treatment
<b>1.4</b>	Explore with the person their adherence to prescribed medicines and the treatment plan
<b>1.5</b>	Make or review and understand the diagnosis and key clinical issues including those that are, or may be, medicine related
<b>1.6</b>	Discuss with the person the clinical issues and implications for treatment

#### Competency Area 2:

##### Understand the treatment options

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

#### Competency Area 3:

##### Decide together on a plan for medicines

<b>3.1</b>	Explore the person's opinions and preferences concerning medicines and the treatment plan
<b>3.2</b>	Negotiate therapeutic goals that enhance self-management
<b>3.3</b>	Discuss the possible medicines options with the person and allow them time to make an informed decision
<b>3.4</b>	Explore and respond appropriately to the person's concerns and expectations regarding their health and the use of medicines to maintain their health
<b>3.5</b>	Develop the medicines plan in partnership with the person
<b>3.6</b>	Stop or modify existing medicines and other treatments where appropriate
<b>3.7</b>	Identify the need for and develop with the person a plan to review treatment

## Competency Area 4:

### Prescribe medicines and communicate the agreed treatment decision

4.1	Ensure adequate and current knowledge of medicines prior to prescribing
4.2	Prescribe medicines compliant with relevant legislation, regulatory frameworks, guidelines, codes and scope of practice expectations and organisational policies and procedures
4.3	Where prescribing relies on electronic (e.g. telehealth) or telephone services (e.g. verbal prescription or medication order), ensure compliance with relevant legislation, guidelines and policies
4.4	Provide clear information to other health professionals when implementing new medicines or modifying existing medicines or treatment plans
4.5	Discuss 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 5:

### Review the outcomes of treatment

5.1	Explore with the person their response to treatment including adherence with 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	Discuss with the person the benefits of a comprehensive medicines review, where appropriate
5.5	Work with the person and other health professionals to modify the treatment plan to optimise the safety and effectiveness of treatment, where appropriate
5.6	Discuss the findings of the review and recommendations with other health professionals where appropriate



## PROFESSIONAL PRACTICE THAT SUPPORTS PRESCRIBING (Competency Areas 6 & 7)

## Competency Area 6:

### Prescribe safely and effectively

6.1	Understand and prescribe medicines according to relevant legislation, regulatory frameworks and organisational requirements
6.2	Practice within the limits of the health professional's education, training and scope of practice as applied to prescribing
6.3	Understand common causes of error 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 medicines
6.6	Critically evaluate information about medicines and make evidence-based decisions in the context of the person's needs

## Competency Area 7: Prescribe professionally

<b>7.1</b>	Understand and comply with applicable professional standards, codes of conduct and guidelines relevant to prescribing
<b>7.2</b>	Demonstrate appropriate professional judgement when interpreting and applying prescribing guidelines and protocols to the person's situation
<b>7.3</b>	Maintain accurate and complete records of the prescribing interaction
<b>7.4</b>	Accept responsibility and accountability for prescribing decisions
<b>7.5</b>	Engage in ongoing professional development and education to improve prescribing practices
<b>7.6</b>	Implement strategies to address influences that may bias prescribing decisions
<b>7.7</b>	Demonstrate respect for other health professionals and their contribution within a collaborative care model

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## Section 2: Guidelines for achieving the competencies

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 reflects the competency. Practitioners should develop their skills and knowledge relevant to their recognised scope of practice and context in which they prescribe medicines.

### THE SHARED PRESCRIBING PROCESS (Competency Areas 1–5)

#### Competency Area 1: Understand the person and their needs

##### 1.1 Discuss with the person their medical and treatment history

###### How to achieve this competency

- ▶ 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.
- ▶ Recognise the limitations of the information gathered, and verify the information given, where possible and with the person's consent, with other health professionals, family or carers.
- ▶ Recognise the risk of medicines errors at transitions of care (e.g. moving between wards or departments within a hospital or discharge from a hospital to the community) and 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.
- ▶ Consider medicines as a possible cause of presenting symptoms.
- ▶ Verbally summarise the information for the person, where appropriate.
- ▶ Ask the person for more information or to clarify information provided, where required.
- ▶ 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.

##### 1.2 Assess the person according to the clinical context and relevant scope of practice

###### How to achieve this competency

- ▶ According to the relevant scope of practice, and with the person's consent, review the medical history and examination findings to inform appropriate further investigations, if required.
- ▶ Use appropriate examination and investigations, based on identified clinical issues and real and potential risks, to further assess the person.
- ▶ Evaluate the clinical relevance of investigations.
- ▶ Refer the person for further assessment where outside the health professional's scope of practice.

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

###### How to achieve this competency

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

##### 1.4 Explore with the person their adherence to prescribed medicines and the treatment plan

###### How to achieve this competency

- ▶ Discuss with the person their views, beliefs, and perceptions regarding their current condition, health and wellbeing.
- ▶ Explore the person's psychological behaviours and motivation for consulting a health professional.



- ▶ 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.
- ▶ Consider the risk factors for poor adherence, including social isolation, physical impairment, cognitive impairment or disturbance, low English proficiency, low health literacy, financial disadvantage.
- ▶ Recognise and deal effectively with potential abuse of medicines.

### **1.5 Make or review and understand the diagnosis and key clinical issues including those that are, or may be, medicine related**

#### **How to achieve this competency**

- ▶ Evaluate the results of investigations in the context of the person's medical history and examination.
- ▶ Establish a list of possible conditions and medicines-related problems and explore their likelihood.
- ▶ Consider the possibility of non-disclosure of relevant information (e.g. high-risk behaviours).
- ▶ Understand the person's condition/s and the likely response to treatment, including medicines.
- ▶ Revisit the history with the person where results appear inconsistent with the original history.

### **1.6 Discuss with the person the clinical issues and implications for treatment**

#### **How to achieve this competency**

- ▶ 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.
- ▶ Understand and explain to the person the likely natural progression of the condition with or without treatment.
- ▶ Consider the person's response to the clinical issues and work to maintain an effective therapeutic partnership that recognises the basis of rational prescribing.
- ▶ Refer clinical issues that are outside the health professional's scope of practice to other health professionals.

## **Competency Area 2: Understand the treatment options**

### **2.1 Recognise when it is clinically appropriate not to prescribe medicines**

#### **How to achieve this competency**

- ▶ Understand and explain to the person the clinical reasoning, including relevant risks and benefits, supporting the decision not to intervene.

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

#### **How to achieve this competency**

- ▶ Consider whether existing medicines have achieved the agreed goals and modifications are indicated e.g. dose adjustment, deprescribing.
- ▶ Consider whether existing medicines may be causing adverse effects or may be ineffective and require modification e.g. dose adjustment.
- ▶ 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**

- ▶ Understand the clinical reasoning and/or evidence supporting treatment decisions.
- ▶ Identify non-pharmacological therapies and their relative outcome capacity in comparison with pharmacological interventions.
- ▶ Consider the potential benefits and risks of incorporating non-pharmacological and/or pharmacological therapies or a combination thereof.

### **2.4 Identify suitable medicine options**

#### **How to achieve this competency**

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

- ▶ Understand the pharmacological basis supporting treatment decisions in the context of the person's current needs.
- ▶ 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 and apply current evidence and information about medicines to inform decision making**

### **How to achieve this competency**

- ▶ Understand and consider the clinical relevance of the evidence and information about medicines to the person's situation.
- ▶ Critically assess the validity and reliability of study findings and information, including that related to the safety, efficacy, comparative effectiveness and cost-effectiveness of medicines.
- ▶ Apply study findings and medicines information in the context of relevant clinical considerations, the person's preferences and their circumstances.
- ▶ Use clinical decision support tools and memory aids when prescribing unfamiliar medicines, and thoughtfully apply the obtained 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**

- ▶ With the person's consent, engage with other health professionals to further understand medicines and/or other treatments previously prescribed.
- ▶ Consult other health professionals for advice regarding medicines choices in the interests of safety and optimal prescribing outcomes, where appropriate.
- ▶ Where appropriate, consult other health professionals to understand non-pharmacological therapies that are outside personal scope of practice. Consider implications for medicines management, if any.

## **2.7 Tailor medicines for the person considering relevant risks, benefits, medicine and person-specific factors**

### **How to achieve this competency**

- ▶ Apply knowledge of the differences between medicines in the same class to the person's situation to identify medicines that have an acceptable benefit-harm ratio and to eliminate those medicines that are not suitable.
- ▶ Consider the possibilities of drug-drug and drug-disease interactions and the implications for the choice of medicine.
- ▶ Consider person-specific factors relevant to the choice of medicine, dose, frequency, formulation and/or duration e.g. lifestyle, preferences, beliefs, cultural influences, pregnancy, co-existing conditions, current medicines, allergies, the ability to swallow.
- ▶ Avoid medicines that have caused previous adverse events or that are unsuitable because of the person's allergies.
- ▶ Implement appropriate medicines strategies in situations where the diagnosis is ambiguous e.g. pre-emptive treatment, defined trial periods.
- ▶ Act cautiously in situations where there is limited or no evidence for using the medicine with the person's particular co-morbidities or characteristics e.g. age.
- ▶ Understand the clinical reasoning underpinning medicines decisions.

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

### **How to achieve this competency**

- ▶ Consider the person's eligibility to access subsidised medicines (e.g. the Pharmaceutical Benefits Scheme [PBS], the Repatriation Pharmaceutical Benefits Scheme [RPBS], and the Quality Use of Medicines Maximised in Aboriginal and Torres Strait Islander Peoples [QUMAX] programs).
- ▶ Select a more affordable medicine in preference to one that is less affordable when the two medicines are therapeutically equivalent.

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

### **How to achieve this competency**

- ▶ Understand and consider the principles of antimicrobial stewardship and antimicrobial resistance.
- ▶ Understand why generic medicines are an acceptable alternative to original brand medicines.
- ▶ Select a more cost-effective medicine in preference to a less cost-effective option.

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

### How to achieve this competency

- Arrange referrals to other health professionals as needed.

## Competency Area 3: Decide together on a plan for medicines

**3.1** Explore the person's opinions and preferences concerning medicines and the treatment plan

### How to achieve this competency

- Respect the person's values, beliefs, expectations, opinions and decisions regarding their treatment preferences.
- Consider the person's preferences for generic brands of medicines.
- Discuss the person's capacity to pay for medicines.

**3.2** Negotiate therapeutic goals that enhance self-management

### How to achieve this competency

- Facilitate interactive negotiations regarding the goals of medicines as part of the treatment plan.
- Respect the person's beliefs and preferences during goal negotiations.

**3.3** Discuss the possible medicines options with the person and allow them time to make an informed decision

### How to achieve this competency

- 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.
- Provide sufficient necessary information about medicines options, in an appropriate format and language, to assist the person to make an informed choice about treatment.
- Explain the medicines options to the person without personal bias.
- Facilitate an interactive discussion and involve the person in the treatment decisions.
- Discuss and work with the person to resolve discordant expectations or requests e.g. the desire for a prescription where not warranted.
- Identify and manage drug-seeking behaviour on the part of the person, where appropriate.
- Advise the person of how they can access appropriate sources of medicines information in languages other than English, where appropriate.
- Provide the person with information about consumer support organisations, where appropriate.
- Use a consumer medicine information leaflet to help inform the person about medicines.
- Supplement verbal information with written information about the condition and treatment options where appropriate.

**3.4** Explore and respond appropriately to the person's concerns and expectations regarding their health and the use of medicines to maintain their health

### How to achieve this competency

- Adopt a person-centred approach.
- Demonstrate appropriate empathy.
- Where applicable, explore and respond to concerns and expectations regarding the consultation, their health, the role of health professionals and the person in managing the person's health, the health professional's scope of practice.

**3.5** Develop the medicines plan in partnership with the person

### How to achieve this competency

- For all medicines: determine the correct dose for the person, check and document all dose calculations, ensure the treatment plan specifies the correct dose, frequency, likely duration and an appropriate method of administration.
- Respect the person's decision regarding the selection of medicines as part of the treatment plan.

- ▶ Respect the person's decisions regarding 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.
- ▶ Respect existing decisions made by the person regarding advanced care planning.
- ▶ Establish a medicines management plan or add to a current one, making sure the person understands any changes made to previous plans.
- ▶ Recommend a dose administration aid if required.
- ▶ Consider the use of a medication management review where the person is taking multiple medicines regularly, have had significant changes to their medicines plan, have difficulty managing their medicines, or if it appears the person may not be adhering to their medicines plan.

### 3.6 Stop or modify existing medicines and other treatments where appropriate

#### How to achieve this competency

- ▶ Adhere to protocols or guidelines for withdrawing medicines from a person's treatment plan.
- ▶ Negotiate with other health professionals to modify or stop treatments they have implemented, where appropriate.
- ▶ Discuss any changes to medicines and/or the treatment plan with the person.
- ▶ Reconcile and update the person's medicines profile and/or health record with any changes made to their medicines.

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

#### How to achieve this competency

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

## Competency Area 4:

## 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

- ▶ Ensure the prescribing of medicines is justified within the context of professional scope of practice and the clinical needs of the person.
- ▶ Review the specifics of the medicines prescribed, including the likely effects, possible adverse effects, approved indications, dose, frequency, likely duration of therapy, contraindications, potential drug-drug or drug-disease interactions and consider in the context of the person.
- ▶ Consider prescribing medicines for unlicensed indications (i.e. "off label") only when a licensed medicine is unavailable or inappropriate, adequate information is available to support use and the potential risks and benefits have been considered.
- ▶ Consider current information regarding the availability and storage of medicines and the potential impact on prescribing decisions.

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

#### How to achieve this competency

- ▶ Obtain approval to use medicines where appropriate. Comply with state, territory and Commonwealth legislative requirements, including restrictions required by the Pharmaceutical Benefits Scheme (PBS) and local approval processes.
- ▶ Adhere to legislative and regulatory requirements relevant to the profession and jurisdiction.
- ▶ Comply with local formularies, guidelines, restrictions and protocols.

- ▶ Preferentially use electronic systems when prescribing or ordering medicines.
- ▶ Complete the National Inpatient Medication Chart (NIMC) accurately and legibly, where appropriate.
- ▶ Communicate appropriately, using unambiguous language, and/or symbolic representation.
- ▶ Use the active/generic ingredient name of medicines.
- ▶ 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.
- ▶ Use terminology, abbreviations and symbols for prescribing medicines recommended by the Australian Commission on Safety and Quality in Health Care.
- ▶ Communicate the basis for dose calculations on the prescription or medication order.

**4.3** Where prescribing relies on electronic (e.g. telehealth) or telephone services (e.g. verbal prescription or medication order), ensure compliance with relevant legislation, guidelines and policies

#### How to achieve this competency

- ▶ Understand the risks associated with prescribing medicines via electronic or telephone services and take steps to prevent or minimise.
- ▶ Communicate verbal medication orders appropriately using unambiguous language.
- ▶ Ascertain that the health professional receiving the verbal medication order has understood the instructions by asking them to repeat the instructions.
- ▶ Ensure that the verbal medication order is documented and signed for within legislative requirements and that this occurs as soon as practicable.
- ▶ Ensure that medicines prescribed under legislation applicable during emergencies are eligible and conform to all criteria, including requirements for documentation.

**4.4** Provide clear information to other health professionals when implementing new medicines or modifying existing medicines or treatment plans

#### How to achieve this competency

- ▶ Provide an accurate and current list of the person's medicines for other health professionals 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.
- ▶ Provide information using secure means and an appropriate format that can be easily understood.
- ▶ Provide information about the person's history of allergies and adverse drug reactions.

**4.5** Discuss 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

- ▶ Support the person's understanding of safe and effective prescribing, noting that sometimes no treatment is the better option.
- ▶ Summarise for, and discuss with, the person the rationale for the treatment plan and how to use and store medicine/s safely using language they can understand.
- ▶ Discuss the ongoing monitoring of the medicine and ensure there are no barriers to achieving this.
- ▶ 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.
- ▶ Provide pictorial or graphical information where helpful.
- ▶ Use the active ingredient name of the medicine and ensure the person understands the difference between the active ingredient and brand name.
- ▶ Discuss how to access information in languages other than English, where appropriate. Use resources in languages other than English where available and appropriate.
- ▶ Tailor information about medicines to ensure it is appropriate for the person's health literacy, language literacy levels and cultural needs.
- ▶ 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 regarding their medicines or condition.



- ▶ Discuss and provide information about support services (e.g. services for people with chronic conditions).
- ▶ 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.
- ▶ Update the person's current medicines list and encourage them to carry it with them and show it to other health professionals providing treatment.
- ▶ Recommend a medicines alert device where appropriate.
- ▶ Encourage the person to share information with other healthcare professionals involved in their care.

## Competency Area 5: Review the outcomes of treatment

### 5.1 Explore with the person their response to treatment including adherence with the medicines and treatment plan

#### How to achieve this competency

- ▶ Engage in interactive two-way communication with the person, their family/carer and other health professionals to review the outcomes of treatment.
- ▶ Ask the person to demonstrate how they take or use the medicine to ensure they are doing this correctly, where appropriate.
- ▶ Discuss with the person and/or family the person's experiences with the medicines, including perceived benefits, adverse effects and adherence issues.
- ▶ 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

- ▶ Gather observations at appropriate time intervals.
- ▶ 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.
- ▶ 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

- ▶ Use information to determine whether: agreed therapeutic goals have been achieved; treatment should be stopped, modified or continued e.g. where adverse effects have been identified; the person should be referred to another health professional.
- ▶ Identify the key findings of the assessment (including history, examination and investigations) that indicate whether the therapeutic goals have, or have not been achieved.
- ▶ Act on the results of the findings to optimise the therapeutic intervention.
- ▶ Establish the clinical reasoning supporting the decision to stop, modify, or continue the treatment, and/or to refer the person to another health professional.
- ▶ Detect and manage adverse events experienced by the person and report them to the relevant authorities.
- ▶ Report the abuse or misuse of medicines in accordance with relevant legislation and organisational policy and procedure.

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

#### How to achieve this competency

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

## 5.5 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

- ▶ Where appropriate, collaborate with and consider the input and expertise of other health professionals when deciding on changes to the treatment.
- ▶ Discuss with the person and ensure they understand the reasons for stopping, modifying, or continuing the treatment unchanged.
- ▶ Provide the person with an updated list of their medicines.
- ▶ Discuss with the person the likely outcome of adverse events and how to avoid medicines that have caused adverse events. Recommend a medicines alert device where appropriate.
- ▶ Communicate the details of adverse event with relevant other health professionals.
- ▶ Where appropriate, discuss with the person the reasons for referral to another health professional.

## 5.6 Discuss the findings of the review and recommendations with other health professionals where appropriate

### How to achieve this competency

- ▶ Communicate, by secure means, the details of the current treatment plan to other health professionals involved in the person's care.
- ▶ Inform other health professionals who provide clinical care for the person about changes to the treatment plan (e.g. dose alterations, medicines ceased or initiated in response to the review) and whether the treatment plan appears to be achieving agreed goals.



# PROFESSIONAL PRACTICE THAT SUPPORTS PRESCRIBING (Competency Areas 6 & 7)

## Competency Area 6: Prescribe safely and effectively

### 6.1 Understand and prescribe medicines according to relevant legislation, regulatory frameworks and organisational requirements

#### How to achieve this competency

- ▶ Achieve and maintain appropriate education, training and required endorsements (where applicable) prior to prescribing medicines.
- ▶ Implement procedures to address the medicolegal requirements that are relevant to the person, including those required for special or vulnerable populations.
- ▶ Comply with state, territory and Commonwealth legislative requirements, including restrictions with the Pharmaceutical Benefits Scheme (PBS) system, and local approval processes (e.g. through drug and therapeutics committees).
- ▶ Understand and comply with national, state and territory, and facility policies and procedures relevant to prescribing.
- ▶ Adhere to policies and procedures (e.g. antimicrobial prescribing policies, shared care arrangements, discharge procedures).

### 6.2 Practice within the limits of the health professional's education, training and scope of practice as applied to prescribing

#### How to achieve this competency

- ▶ Refer the person to other appropriate health professionals for further assessment or treatment when they require healthcare that is outside the health professional's own education, training, and scope of practice.

### 6.3 Understand common causes of error associated with prescribing and medicines use and implement strategies to reduce the risk of these occurring

#### How to achieve this competency

- ▶ Conduct and document a comprehensive medicines assessment and understand the diagnosis prior to prescribing.
- ▶ Preferentially use electronic systems when prescribing or ordering medicines.
- ▶ Confirm prescriptions and medication orders are accurate, particularly at points of transfer e.g. between wards, between hospital and home.
- ▶ Ensure clear documentation is kept, including details of the person's allergies and previous adverse drug reactions and any modifications made to the treatment plan.
- ▶ Report and learn from errors.
- ▶ Respectfully report, using appropriate methods, unsafe prescribing by colleagues.

### 6.4 Detect and report errors, incidents and adverse events involving medicines

#### How to achieve this competency

- ▶ Be aware of the systems that support the identification and reporting of medicines error, including those pertaining to the prescribing process.
- ▶ Report details of the misuse of medicines by patients and/or colleagues, prescribing and medicines errors using appropriate channels and according to legislative, professional and organisational requirements.
- ▶ Understand the importance of reporting potential as well as actual incidents involving medicines, in order to improve prescribing practices.
- ▶ Detect and manage adverse events and report to the relevant authorities.

### 6.5 Apply quality use of medicines principles when prescribing medicines

#### How to achieve this competency

- ▶ Understand the principles of quality use of medicines as required. [Further information is available here.](#)
- ▶ Ensure medicines are prescribed judiciously, appropriately, safely and effectively and in accordance with the prescriber's authorisations and scope of practice.
- ▶ Contribute to quality health outcomes by committing to the fundamental tenants of quality medicines use, including:
  - ◊ recognising that medicines may not be the most appropriate management strategy
  - ◊ making wise medicines choices that align with the person's needs and preferences and medicine specific factors
  - ◊ carefully monitoring the outcomes of medicines used
  - ◊ partnering with both the person and other healthcare professionals to optimise health outcomes.

### 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

- ▶ Critically assess the validity and reliability of study findings and information, including that related to the safety, efficacy, comparative effectiveness, and cost-effectiveness of medicines.
- ▶ Apply study findings and medicines information in the context of relevant clinical considerations, the person's preferences, and their circumstances.
- ▶ Use feedback from the person prescribed a new medicine to contribute to information about the safety and effectiveness of that medicine.

## Competency Area 7: Prescribe professionally

**7.1 Understand and comply with applicable professional standards, codes of conduct and guidelines relevant to prescribing**

### How to achieve this competency

- ▶ Adhere to relevant professional standards, codes of conduct and scope of practice statements or guidelines.
- ▶ 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.

**7.2 Demonstrate appropriate professional judgement when interpreting and applying prescribing guidelines and protocols to the person's situation**

### How to achieve this competency

- ▶ Identify prescribing guidelines and protocols that are relevant to the person and their situation within the health profession's scope of practice.

**7.3 Maintain accurate and complete records of the prescribing interaction**

### How to achieve this competency

- ▶ Ensure records comply with legal, regulatory, and facility requirements.
- ▶ 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.
- ▶ 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.
- ▶ Discuss with the person the potential benefits and harms of treatment, the benefits of communicating with other health professionals regarding 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.
- ▶ Where appropriate, record the person's request to withhold or withdraw consent for treatment.
- ▶ Consider the need to obtain consent in consultation with a third party regarding medicines and the treatment plan (e.g. involuntary patients, children, young people).

**7.4 Accept responsibility and accountability for prescribing decisions**

### How to achieve this competency

- ▶ Audit adverse outcomes and respond appropriately.
- ▶ Understand and respect the legal, ethical and professional responsibilities associated with prescribing.

**7.5 Engage in ongoing professional development and education to improve prescribing practices**

### How to achieve this competency

- ▶ Meet the registration requirements for continuing professional development.
- ▶ Use self-reflection to continually review prescribing practice and respond to feedback.
- ▶ Use audit data to benchmark personal prescribing practice, identify development areas, and plan appropriate learning activities.
- ▶ Continually update knowledge and skills required for medicines safety.
- ▶ Use available resources to improve prescribing practices in accordance with learning plans.

**7.6 Implement strategies to address influences that may bias prescribing decisions**

### How to achieve this competency

- ▶ Influences may include: marketing influences; possible personal, professional, or financial gain; conflicts of interest; the health professional's own beliefs, values, and expectations; the views of colleagues, the media or consumers.
- ▶ Adhere to professional and facility codes of conduct for interacting with the pharmaceutical industry and participating in industry-funded education sessions and research trials.

- 
- ▶ Audit the health professional's own prescribing to evaluate the impact of external influences on their prescribing practices.
  - ▶ Identify, declare, and manage real and perceived conflicts of interest.
- 

#### **7.7 Demonstrate respect for other health professionals and their contribution within a collaborative care model**

##### **How to achieve this competency**

- ▶ Contribute to effective communication and collaboration between health professionals, particularly the person's main healthcare provider and others who prescribe medicines for the person.
  - ▶ Provide advice to colleagues who also care for the person including those who provide and administer medicines.
  - ▶ Understand the scope of practice of other health professionals.
- 

Draft.  
Not for further distribution.



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# APPENDIX ONE: REVIEW OF THE FRAMEWORK

## Reason for the review

Similar to many developed countries, Australia is home to an expanding prescribing workforce. Currently, multiple professions are eligible to prescribe medicines within their recognised scope of practice. In support of quality prescribing outcomes and patient safety, the Framework requires regular updates to ensure it remains relevant and useful.

## Review governance

NPS MedicineWise engaged Queensland University of Technology to work with them to review the Prescribing Competencies Framework. A small project team comprising members of both organisations undertook the work, commencing in March 2019.

The review was supported by an expert reference group comprising representatives of regulatory, accreditation and consumer organisations. This group was convened to ensure the review was undertaken with a fair, balanced and inclusive approach and that all relevant perspectives were considered.

## Review methodology

The review was undertaken in two stages. Stage one employed a Delphi method<sup>19</sup> to gather feedback regarding the existing Framework and, through consensus, develop a draft revised version. The Review Panel consisted of 40 members representing current prescribing professions, consumers and professional organisations. The outcome of this process was a revised Framework which was presented to the Review Expert Reference Group.

Further review of both the revised Framework and comments received from the Review Panel was undertaken by the Expert Reference Group in accordance with the Group's strategy of simplifying the document to improve its utility and clearly defining the essential competencies required to prescribe medicines. Specifically, the following amendments to the Framework were undertaken:

- ▶ Removal of competencies that reflect professional practice expected of all health professionals.
- ▶ Addition of competencies that specifically reflect current prescribing practice.
- ▶ Adoption of a more simplified structure to clearly highlight the competencies important to safe and effective prescribing, and how they can be achieved.
- ▶ Modification to the Framework language to include a greater focus on the person and their needs and to sharpen the focus of each competency.
- ▶ Removal of competencies that were duplicated throughout the Framework.
- ▶ Reordering of the competencies to align with the revised Framework structure.

This process produced the second edition of the Framework for further consultation and feedback as part of the Review Stage Two. This part of the review engaged a broad stakeholder group in order to harness the opinion of a wide cross section of the community.

## Funding

Independent, not-for-profit and evidence-based, NPS MedicineWise enables better decisions about medicines, medical tests and other health technologies.

This review of the Competencies Required to Prescribe Medicines is funded by the Australian Government Department of Health.

# APPENDIX TWO: ACKNOWLEDGEMENTS

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Ms Elizabeth Foley	<i>Federal Professional Officer, Australian Nursing &amp; Midwifery Federation</i>
Mr Peter Fowler	<i>President, The Society of Hospital Pharmacists of Australia</i>
Ms Catherine Fox	<i>Lecturer, La Trobe University. Nurse Practitioner, the Royal Children's Hospital, Melbourne</i>
Mr Mark Gilheany	<i>Secretary, Australasian College of Podiatric Surgeons</i>
Ms Rachel Griffith	<i>Executive Officer, Dental Board of Australia</i>
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