

# PRESCRIBING COMPETENCIES FRAMEWORK

Embedding quality use  
of medicines into practice

2nd edition

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# PREFACE

The first NPS MedicineWise Prescribing Competencies Framework was published in 2012. The intent of the framework was to promote the quality use of medicines across all prescribing professions, describing the competencies that health professionals require to prescribe medicines judiciously, appropriately, safely and effectively in the Australian healthcare system. The framework has proven to be of value to national registration boards for health professionals, used in the development, or revision, of prescribing curricula, informed governance and other systems to ensure the safe and effective use of medicines and acted as a reflective guide for individual practitioners

Since the publication of the original framework, prescribing rights have been extended to new professional groups. This places an onus on a broader range of health professionals to contribute to quality use of medicines within their scope of practice. The need for, and value of, a consistent and standard approach to prescribing for all health professionals with prescribing rights is therefore ever more prevalent. Adequately preparing health professionals to prescribe within a quality use of medicines framework is essential.

As the national steward of Quality Use of Medicines, NPS MedicineWise, in consultation with key stakeholders in the sector, has undertaken a review of the original framework to ensure the document is contemporary, relevant and fit for purpose in order to continue to be of value in supporting quality prescribing decisions by all prescribers. The review involved extensive consultation from a range of contributors.

The Framework continues to reflect the Australian definition of prescribing and describes the practice expectations of Australian prescribers. By simplifying the Framework structure in line with stakeholder feedback, the competencies most important to prescribing are highlighted and stated succinctly, supported by relevant practice-based examples. Where logical, competencies have been combined and/or reworded to ensure relevance to current prescribing expectations.

Competencies viewed as general professional competencies that are not specific to prescribing have been removed from the Framework. This ensures the Framework is focused on the aspects of practice most important to the prescribing process, while recognising that professionalism must underpin all aspects of care.

Competencies that reflect contemporary prescribing practice have been strengthened and, in some areas, additional competencies included. For example, prescribing practice that is sensitive to the person's perspective and, where relevant, that of their support network, is more clearly described throughout the revised Framework. The importance of using, understanding and maintaining competence to use prescribing systems, such as electronic prescribing systems, has been added to this edition.

The framework plays a vital role in informing both the prescribing practice expectations of eligible registered health practitioners and the prescribing curriculum.

We recognise the need for, and value of, a consistent and standard approach to prescribing for all health professionals with prescribing rights and it is important that the Prescribing Competencies Framework remains relevant for all prescribers in an evolving health environment.

I commend this revised Prescribing Competencies Framework to you.

**Steve Morris**

Chief Executive Officer  
NPS MedicineWise

# 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> The need to prepare health professionals to prescribe medicines safely and effectively is critical to supporting optimal medicines use.

The Australian definition of prescribing (right) 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.

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*Prescribing is 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.<sup>5</sup>*

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The Prescribing Competencies Framework supports prescribing by defining the competencies necessary to prescribe medicines through each stage of the prescribing process. This revised edition 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. Competencies considered common to all health professionals, and not specific to prescribing, have been removed in order to sharpen the focus on the competencies essential to prescribing. The Framework describes the competencies prescribers require to contribute to safe, person-centred and quality medicines use.

## Safe use of medicines

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>6-8</sup> 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 attitudes to a unique person 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 people 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.

## 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. Where appropriate, and with permission, the person's family and/or carer should be included in the prescribing process and consideration given to the environment 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.

## Quality use of medicines

Competent prescribing contributes to the quality use of medicines, a central component of the National Medicines Policy.<sup>9</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>10</sup>

## 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 recognised 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 decision making, communication and monitoring/review)<sup>11</sup> 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.

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. 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 examples provided in Section 2 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.

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 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. 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 in order to achieve or maintain registration as a prescriber.

▶ **Recognition 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

Review of the Framework was based on an established research methodology and consultation with a broad range of stakeholders. Prescribers, members of healthcare teams, consumer representatives, regulatory bodies, 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>5</sup> by defining the competencies important to each stage of the prescribing process. The central objective of supporting quality use of medicines<sup>10</sup> remains, with competencies actively promoting the wise selection of suitable medicines and the safe and effective use of medicines within an overall treatment strategy.

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, improving the utility of the Framework for all prescribers.

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

In order to focus on the competencies required to prescribe medicines safely and effectively, competencies that describe 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**

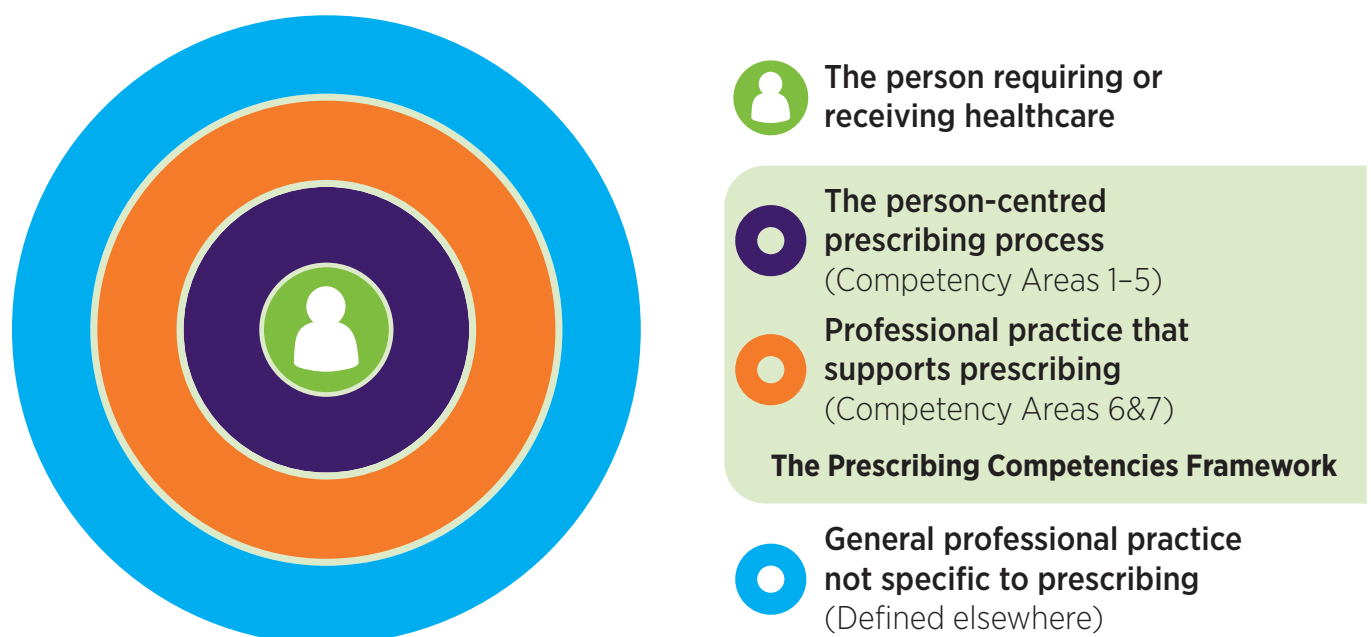
Competencies are described using plain language applicable to all professions. Concise descriptions of the competencies are supported by additional information and examples where appropriate. It is hoped this change will increase the utility of the Framework across all sectors.

# 4. THE PRESCRIBING COMPETENCIES FRAMEWORK

## Framework structure

The Framework (illustrated below) groups competencies in 7 competency areas. The prescribing process is described by competency areas 1-5. Professional practice competencies that support the prescribing process are described in competency areas 6 and 7. Section 1 of the Framework summarises the competencies according to their competency area. Section 2 further clarifies each competency by providing practice-based examples.

**Figure 1:** The revised Framework structure



The person-centred prescribing process	Professional practice that supports prescribing
<b>Competency Area 1</b> Understand the person and their needs	<b>Competency Area 6</b> Prescribe safely and effectively
<b>Competency Area 2</b> Understand the management options	<b>Competency Area 7</b> Prescribe professionally
<b>Competency Area 3</b> Agree 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 paid to the use of language that describes the prescribing process with a focus on the needs of the person receiving care.

<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>12</sup>
<b>Adverse drug reaction</b>	A harmful, unintended reaction to medicines that occurs at doses normally used for treatment. <sup>13</sup>
<b>Competency</b>	The knowledge, skills and behaviours needed to adequately perform the function.
<b>Consumer</b>	Patients and potential patients, carers and organisations representing consumers' interests. May also refer to support persons such as family members. <sup>14</sup>
<b>Cultural safety</b>	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. <sup>15</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 error</b>	A medication error is a failure in the treatment process that leads to, or has the potential to lead to, harm to the patient. <sup>16</sup>
<b>Medication management review</b>	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 of the person's medicines with the goal of maximising the benefit of the medicines and preventing medication-related problems. <sup>17</sup>
<b>Medicines</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>18</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> (eg, controlled drugs, prescription-only medicines, pharmacist-only medicines, pharmacy-only medicines).</li> <li>▶ <i>unscheduled medicines</i> (such as medicines on open sale [eg, 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>19</sup></li> </ul> <p>In this document, biological agents commonly viewed as medicines are included in this definition. These may include hormones (eg, insulin), proteins (eg, interferons, interleukins), antibodies (eg, monoclonal antibodies) and polypeptides.</p>
<b>Medicines history</b>	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.
<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>Polypharmacy</b>	The use of five or more drugs, including prescribed, over-the-counter, and complementary medicines. <sup>20</sup>

<b>Quality use of medicines (QUM)</b>	<p>A process that involves:<sup>21</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 which results in the initiation, continuation or cessation of a medicine. <sup>5</sup>
<b>Scope of practice</b>	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.
<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 PERSON-CENTRED PRESCRIBING PROCESS (Competency Areas 1-5)

#### Competency Area 1: 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	Consider the person's cultural history and identity when gathering information to understand their needs
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 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 2: Understand the management options

2.1	Recognise 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, and apply current reliable evidence and information about medicines to inform decision making
2.6	Consult other health professionals about potential medicines and the treatment plan, where appropriate
2.7	Tailor medicines for the person, considering 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 3: Agree on a plan for medicines

3.1	Explore the person's opinions and preferences concerning medicines and the treatment plan
3.2	Negotiate therapeutic goals that enhance self-management
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 maintain their health
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 4: Prescribe medicines and communicate the agreed treatment decision

<b>4.1</b>	Ensure adequate and current knowledge of medicines prior to prescribing
<b>4.2</b>	Prescribe medicines compliant with relevant legislation, regulatory frameworks, guidelines, codes of practice, scope of practice and organisational policies and procedures
<b>4.3</b>	Where prescribing relies on electronic (eg, telehealth) or telephone services (eg, verbal prescription or medication order), ensure compliance with relevant legislation, guidelines and policies
<b>4.4</b>	Provide accurate and complete information to other health professionals in a timely manner when implementing new medicines or modifying existing medicines or treatment plans
<b>4.5</b>	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 5: Review the outcomes of treatment

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

<b>6.1</b>	Understand and prescribe medicines according to relevant legislation, regulatory frameworks and organisational requirements
<b>6.2</b>	Practise within the limits of the health professional's education, training and scope of practice as applied to prescribing
<b>6.3</b>	Understand common causes of incidents and error associated with prescribing and medicines use and implement strategies to reduce the risk of these occurring
<b>6.4</b>	Detect and report errors, incidents and adverse events involving medicines
<b>6.5</b>	Apply quality use of medicines principles when prescribing medicines
<b>6.6</b>	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 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 practice
<b>7.6</b>	Ensure the person's needs take precedence over all considerations in all prescribing decisions
<b>7.7</b>	Demonstrate respect for other health professionals and their contributions within a collaborative care model

## 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 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.

### THE PERSON-CENTRED PRESCRIBING PROCESS (Competency Areas 1-5)

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

##### 1.1 Ensure competence to assess the person's needs

###### How to achieve this competency

- ▶ Consistent with the professional scope of practice, ensure your understanding of biomedical sciences (including anatomy, physiology, pathology, pathophysiology, microbiology, immunology, chemistry, biochemistry, clinical medicine) is adequate and current.
- ▶ 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 professional scope of practice.

##### 1.2 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 (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.
- ▶ 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.

##### 1.3 Assess the person according to the clinical context and the health professional's scope of practice

###### How to achieve this competency

- ▶ 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.
- ▶ 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.
- ▶ Evaluate the clinical relevance of investigations.
- ▶ Refer the person for further assessment where outside the health professional's scope of practice.

##### 1.4 Consider the person's cultural history and identity when gathering information to understand their needs

###### How to achieve this competency

- ▶ Discuss with the person their cultural identity and the aspects of their culture that may impact their treatment preferences.

- ▶ Acknowledge personal and system biases, including racism, assumptions, stereotypes and prejudices, and take steps to minimise the impact of these on prescribing practice.
- ▶ Recognise the importance of the individual, family and community in decisions about treatment and medicines use.
- ▶ 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**

#### **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.

### **1.6 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 of their current condition, health and wellbeing.
- ▶ Explore the person's psychological behaviours, health literacy 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 respond to the potential misuse of medicines.
- ▶ 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.

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

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

- ▶ Evaluate the results of investigations in the context of the person's medical history and examination.
- ▶ Establish a list of possible conditions and explore their likelihood.
- ▶ Consider the possibility that the person's current medicines might be contributing to their presentation.
- ▶ Consider the possibility of non-disclosure of relevant information (eg, high-risk behaviours or non-adherence to prescribed medicines).
- ▶ 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.

### **1.8 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.
- ▶ Include the person's family and/or carer in these discussions where relevant and with the person's permission.
- ▶ 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 management 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 potential benefits and harms, supporting the decision not to prescribe medicines.
- ▶ 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

- ▶ Consider whether existing medicines have achieved the agreed goals and modifications are indicated eg, dose adjustment, discontinuation.
- ▶ Consider whether existing medicines may be causing adverse effects or may be ineffective and require modification eg, dose adjustment, discontinuation.
- ▶ 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).
- ▶ 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 harms of incorporating non-pharmacological and/or pharmacological therapies or a combination thereof.
- ▶ 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

- ▶ 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 eg, availability, indications, contraindications, potential adverse effects and interactions.

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

#### How to achieve this competency

- ▶ Identify reliable information to inform decisions about medicines and other treatment options.
- ▶ 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.
- ▶ 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 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

- ▶ 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 about 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 potential benefits, harms, 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 for which the comparison of potential benefits and harms is favourable and to eliminate those medicines that are not suitable.
- ▶ Consider the possibility of drug–drug, drug–disease and/or drug–food interactions and the potential implication of these for the choice of medicine.
- ▶ Consider person-specific factors relevant to the choice of medicine, dose, frequency, route of administration, formulation and/or duration of therapy eg, 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.
- ▶ Calculate the correct dose for the person according to relevant person-specific factors such as age, weight, renal function. Check and document all calculations.
- ▶ Avoid medicines that have caused previous adverse events or that are unsuitable because of the person's allergies or intolerances.
- ▶ Implement appropriate medicines strategies in situations where the diagnosis is ambiguous eg, 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 comorbidities or characteristics eg, age.
- ▶ 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

- ▶ 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).
- ▶ Select a more affordable medicine in preference to one that is less affordable when the two medicines are therapeutically equivalent eg, 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

- ▶ 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: Agree on a plan for medicines

Where relevant, and with the person's permission, include the person's family and/or carer in decisions about medicines and the treatment plan.

### 3.1 Explore the person's opinions and preferences about medicines and the treatment plan

#### How to achieve this competency

- ▶ Respect the person's values, beliefs, expectations, opinions and decisions about their treatment preferences.

- ▶ Consider the person's preferences for generic brands of medicines.
- ▶ Discuss with the person their capacity to pay for medicines.

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

#### How to achieve this competency

- ▶ Facilitate interactive negotiations about 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.
- ▶ Discuss relevant lifestyle changes that will be required to support the effectiveness of the medicine/s.
- ▶ 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.
- ▶ Recognise and take steps to minimise the influence of personal bias when providing information about medicines to the person.
- ▶ Facilitate an interactive discussion and involve the person in the treatment decisions.
- ▶ Support the person to make an informed decision by providing additional time and/or resources according to their health literacy.
- ▶ Discuss the likely cost of the medicine options with the person and choose an option they agree to fund.
- ▶ Review the person's understanding of the treatment options.
- ▶ Discuss and work with the person to resolve discordant expectations or requests eg, the desire for a prescription where not warranted.
- ▶ 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.
- ▶ Advise the person 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 about 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 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.

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

#### How to achieve this competency

- ▶ Respect the person's decision about the selection of medicines as part of the treatment plan.
- ▶ 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.
- ▶ Respect existing decisions made by the person about 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, 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.

### 3.6 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 (eg, 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 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.
- ▶ 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.
- ▶ Consider current information about the availability and storage of medicines and the potential impact on prescribing decisions.

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

#### How to achieve this competency

- ▶ 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.
- ▶ Adhere to legislative and regulatory requirements relevant to the profession and jurisdiction.
- ▶ Comply with local formularies, guidelines, restrictions and protocols.
- ▶ Communicate appropriately, using unambiguous language, and/or symbolic representation.
- ▶ Use recommended terminology, abbreviations and symbols for prescribing medicines eg, use the active ingredient name of medicines, and the brand name if clinically necessary.
- ▶ 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.
- ▶ 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.
- ▶ Where electronic medical records are used, ensure competence to use these systems.
- ▶ Ensure the prescription or medication order specifies the active ingredient name (and brand name where clinically appropriate), dose, route of administration and frequency of use. Where relevant, also include the duration of medicine use, the basis for dose calculations and the indication for the medicine.

### 4.3 Where prescribing relies on electronic (eg, telehealth) or telephone services (eg, 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 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

- ▶ 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.
- ▶ Provide information using secure means and an appropriate format that can be easily understood.
- ▶ Provide information about the person's history of allergies, intolerances and adverse drug reactions.

### 4.5 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

- ▶ Include the person's family and/or carer with their permission when discussing medicines and the treatment plan, where appropriate.
- ▶ 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 and the possible side effects of the medicine/s 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 eg, 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 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 about their medicines or condition.
- ▶ Discuss and provide information about support services (eg, 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 to the medicines and treatment plan

#### How to achieve this competency

- ▶ 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.
- ▶ Ask the person to demonstrate how they take or use the medicine to ensure they are undertaking 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 and according to the health professional's scope of practice.
- ▶ 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 discontinued, modified or continued eg, 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 outcome.
- ▶ Establish the clinical reasoning supporting the decision to discontinue, 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. Detect and manage adverse drug interactions.
- ▶ Report the abuse or misuse of medicines in accordance with relevant legislation and organisational policy and procedure.

### 5.4 Discontinue or modify existing medicines and other treatments, where appropriate

#### How to achieve this competency

- ▶ Consider discontinuing medicines where appropriate eg, 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.
- ▶ Adhere to protocols or guidelines for withdrawing medicines from a person's treatment plan.
- ▶ Negotiate with other health professionals to modify or discontinue treatments they have implemented, where appropriate.
- ▶ 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.
- ▶ 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

- ▶ 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.
- ▶ 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

- ▶ Where appropriate, collaborate with and consider the input and expertise of other health professionals when deciding on changes to the treatment.
- ▶ Consider the possibility of adverse events or other concerns (eg, 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.
- ▶ Discuss with the person and ensure they understand the reasons for discontinuing, modifying, or continuing the treatment unchanged.
- ▶ Provide the person with an updated list of their medicines.
- ▶ 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.
- ▶ Communicate the details of any adverse events with relevant other health professionals in a timely manner.
- ▶ 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

### How to achieve this competency

- ▶ 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.
- ▶ Inform other health professionals who provide clinical care for the person about changes to the treatment plan (eg, dose alterations, medicines discontinued 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 federal legislative requirements, including restrictions with the Pharmaceutical Benefits Scheme (PBS) system, and local approval processes.
- ▶ 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.
- ▶ Prescribe according to required systems, including monitoring systems.

### 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

- ▶ 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 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.
- ▶ Understand, maintain competence to use and recognise the limits of systems designed to improve prescribing.
- ▶ Confirm prescriptions and medication orders are accurate, particularly at points of transfer eg, between wards, between hospital and community.
- ▶ 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.
- ▶ Report and learn from errors, incidents and near misses.
- ▶ 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

- ▶ 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.
- ▶ 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.
- ▶ Understand the importance of reporting potential as well as actual incidents and errors involving medicines, in order to improve prescribing practice.
- ▶ Detect and manage adverse events and report to the relevant authorities.
- ▶ 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.

### 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 tenets 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 evidence and information about 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 appropriate to the health professional's scope of practice.
- ▶ 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 and complete records of the interaction**

### How to achieve this competency

- ▶ Ensure records comply with legal, regulatory, and facility requirements and are completed in a timely manner.
- ▶ 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 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.
- ▶ 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 about medicines and the treatment plan (eg, for involuntary people, 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 comply with the legal, ethical and professional responsibilities associated with prescribing.
- ▶ Understand the medicolegal risks associated with prescribing medicines and take appropriate professional precautions eg, professional indemnity insurance.

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

### 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 practice in accordance with learning plans.



## 7.6 Ensure the person's needs take precedence over all considerations in all prescribing decisions

### How to achieve this competency

- ▶ Maintain professional independence in prescribing decision making. Ensure prescribing decisions are made on the basis of providing safe and effective care.
- ▶ 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.
- ▶ 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.
- ▶ 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.
- ▶ Adhere to professional and facility codes of conduct for interacting with the pharmaceutical industry and participating in industry-funded education sessions and research trials.
- ▶ 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.
- ▶ 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 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 primary healthcare provider (usually their general practitioner) and others who prescribe medicines for the person, to support optimal medicines use and management outcomes.
- ▶ 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.

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# APPENDIX ONE: REVIEW OF THE FRAMEWORK

## Reason for the review

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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 consumer safety, the Framework requires regular updates to ensure it remains relevant and useful.

## Review governance

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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

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The review was undertaken in two stages. Stage one employed a Delphi method<sup>22</sup> to gather feedback about 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 Expert Reference Group.

A 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 strategy of simplifying the document to improve its utility and more 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.
- ▶ 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

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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

## Delphi Panel

Dr Carla Abbott	<i>Practitioner member, Optometry Board of Australia, Member of the Optometry Board of Australia Policy and Education Committee</i>
Mr William Alexander	<i>President, Australian Society of Physician Assistants</i>
Ms Betsy Anderson-Smith	<i>Policy Officer, Medicines Australia</i>
Professor Rhonda Clifford	<i>Head, School of Allied Health, University of Western Australia</i>
Dr Jane Currie	<i>Senior Lecturer Acute &amp; Critical Care, Sydney University</i>
Ms Susan Daskalakis	<i>Senior Editor, Therapeutic Guidelines</i>
Dr Nicholas Farinola	<i>Clinical Pharmacologist and General Physician, Department of Clinical Pharmacology, Royal Adelaide Hospital</i>
Mr Paul Fisher	<i>Executive Officer, Paramedicine Board of Australia</i>
Mr Anthony Flynn	<i>Senior Manager, Research, Policy &amp; Advocacy, Asthma Australia</i>
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>
Mr Stephan Groombridge	<i>Program Manager, eHealth &amp; Quality Care, Royal Australian College of General Practitioners</i>
Associate Professor Daryl Guest	<i>Practitioner Member, Optometry Board of Australia, Chair of the Optometry Board of Australia Scheduled Medicines Committee</i>
Professor Inam Haq	<i>Rheumatologist and Associate Dean, Education, the University of Sydney Medical Program</i>
Dr Chris Helms	<i>Registered Nurse and Nurse Practitioner (private general practice)</i>
Ms Jill Humphreys	<i>Executive Officer, Aboriginal and Torres Strait Islander Health Practice Board of Australia</i>
Ms Eithne Irving	<i>Deputy CEO, General Manager (Policy), Australian Dental Association</i>
Mr Ando Kerlen	<i>Senior Lecturer, James Cook University</i>
Ms Sian Lewis	<i>Executive Officer, Optometry Council of Australia &amp; New Zealand</i>
Professor Andrew McLachlan	<i>Head of School, Dean of Pharmacy, The University of Sydney</i>
Mr Grant Martin	<i>Chief Executive Officer, Australian Association of Consultant Pharmacy</i>
Ms Josephine Maundu	<i>Professional Services Pharmacist, Australian Pharmacy Council</i>
Ms Rhona MacDonald	<i>Respiratory Nurse Practitioner, National Asthma Council of Australia</i>
Mr Alan Merritt	<i>Manager, Medical School Assessment, Australian Medical Council</i>
Dr Chris Moy	<i>South Australian President, Australian Medical Association</i>
Dr Paul J Orrock	<i>Senior Lecturer in Osteopathy, Southern Cross University</i>
Dr Amy Page	<i>Pharmaceutical Society of Australia</i>
Ms Adele Print	<i>Professional Teaching Fellow, Pharmacist Prescriber, New Zealand</i>

Professor Debra Rowett	<i>Discipline Leader, Pharmacy External Relations, the University of South Australia</i>
Professor Lorraine Sheppard	<i>Former President, Australian Physiotherapy Council</i>
Dr John Smithson	<i>Council of Deans of Nursing and Midwifery</i>
Dr Kay Sorimachi	<i>Pharmaceutical Society of Australia</i>
Adjunct Professor Jill Thistlethwaite	<i>University of Technology Sydney</i>
Dr Anne Tonkin	<i>Chair, Medical Board of Australia</i>
Associate Professor John Vassiliadis	<i>Emergency Physician, Australian College for Emergency Medicine, Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists</i>
Ms Diane Walsh	<i>Consumer Representative</i>
Ms Kylie Woolcock	<i>Australian Healthcare &amp; Hospitals Association</i>

## Expert Reference Group

Ms Bronwyn Clark	<i>Chair, Health Professions Accreditation Collaborative Forum</i>
Dr Peter Donovan	<i>Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists</i>
Dr Margaret Gatling	<i>Australian Nursing and Midwifery Accreditation Council</i>
Dr Geoff McColl	<i>Chair, Australian Medical Council Medical School Assessment Committee</i>
Adjunct Associate Professor Steve Morris (Chair)	<i>Chief Executive Officer, NPS MedicineWise.</i>
Mr Chris Robertson	<i>Australian Health Practitioner Regulation Agency</i>
Mr Brett Simmonds	<i>Chair, Scheduled Medicines Expert Committee, Australian Health Practitioner Regulation Agency</i>
Mr Mike Stephens	<i>National Aboriginal Community Controlled Health Organisation</i>
Dr Anne Tonkin	<i>Chair, Medical Board of Australia</i>
Ms Diane Walsh	<i>Consumer Representative</i>

## Review Project Team

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