



australian
pharmacy
council

Accreditation standards for pharmacist prescriber education programs

Consultation paper one

March 2023

Acknowledgements

The Australian Pharmacy Council (APC) would like to acknowledge and thank the Pharmacy Board of Australia which is funding the development of these standards.

We would like to thank Dr Lynda Cardiff and Dr Karen Bettaney for their work in identifying the areas for consultation and their contribution to development of this consultation paper.

We would also like to thank the contributions of the following individuals, groups and organisations who have provided input into this consultation paper and/or participated in preliminary conversations:

Members of the APC Governance Group

Members of the APC Stakeholder Reference Group

Australian College of Rural and Remote Medicine

Australian Medical Association

Council of Pharmacy Schools of Australia and New Zealand

Health Professions Accreditation Council members

National Aboriginal Community Controlled Health Organisation

Pharmaceutical Defence Limited

Pharmaceutical Society of Australia

Pharmacy Council of New Zealand

Society of Hospital Pharmacists of Australia

The Pharmacy Guild of Australia

Chief Pharmacists of states and territories

Dr Geoff McColl, Chair of the Australian Medical Council

Acknowledgement of Country

We gratefully acknowledge the Ngunnawal people, the traditional owners of the land on which the APC is based. We pay our respects to the Ngunnawal people and recognise their deep connection to this incredible place we now share. We also pay our respects to the resilience, strength and wisdom of Aboriginal and Torres Strait Islander Elders, past, present and emerging across the nation.

We recognise First Nations people's vast knowledge in native plants and their uses. Indigenous Australians were our first pharmacists. Country has provided medicines and healing throughout history. We acknowledge this important connection to Country and the impacts colonisation continues to have on this integral practice.

Canberra means meeting place in Ngunnawal, and is a place where people have been meeting, living and learning for thousands of years. We hope to continue this tradition as we work toward our vision of collaborative, committed and safe pharmacy practice.

Table of Contents

Acknowledgements	2
Acknowledgement of Country	2
Glossary and References	4
Introduction	5
1.1 Who we are	5
1.2 Our objective	5
1.3 Purpose of this paper	5
1.4 Developing standards	6
1.5 What we need to achieve.....	6
1.6 What we have done so far	7
Background information	8
2.1 Prescribing in Australia	8
2.2 'Scope of practice'	8
2.3 Prescribing Competencies Framework.....	9
2.4 National Law	9
Findings	10
3.1 Environmental Scan	10
3.2 Literature Review	11
3.3 Preliminary consultations	11
Consultation questions	13
Consultation process and timeframes	18
4.1 Consultation timeframes	18
4.2 How to provide us with your feedback	18
4.3 Publication of submissions and feedback.....	19
4.4 Need more information?	19
4.5 People to contact	19

Glossary and References

A glossary and full list of the references used in this Consultation Paper can be found in the accompanying [Environmental Scan and Literature Review](#).

Introduction

1.1 Who we are

The Australian Pharmacy Council Ltd (APC) is the independent accreditation authority for pharmacy education and training programs in Australia.

We work as part of the *National Registration and Accreditation Scheme* (NRAS or National Scheme), which was created in 2010 under the National Law (*Health Practitioner Regulation National Law Act (QLD) 2009*)¹ and as such, we work under assignment of the Pharmacy Board of Australia (PharmBA), the National Board responsible for the regulation of the pharmacy profession in Australia.

APC accreditation helps to protect the health and safety of the Australian community by establishing and maintaining high-quality standards for pharmacy education, training and assessment.

The Pharmacy Board of Australia (PharmBA) has engaged us to develop accreditation standards for pharmacist prescriber training programs.

1.2 Our objective

Our objective is to produce a set of accreditation standards that will:

- ensure graduates are qualified to prescribe medicines according to their scope of practice
- ensure graduates are ethical, safe practitioners for the benefit and well-being of the public we serve
- ensure graduates are flexible, adaptable and responsive to the evolving needs of individuals and communities, and to fully comprehend their role as prescribers within that changing environment.

1.3 Purpose of this paper

This is the first of two consultation papers.

The paper should be read in conjunction with the [Environmental Scan and Literature Review](#).

The purpose of this paper is to provide people with the information they need to start a conversation, generate feedback, and maintain the dialogue.

The conversation is important because the feedback it generates will influence the decisions we make.

The content for this paper has come from:

¹ National Registration and Accreditation Scheme (National Scheme) as established under the National Law in each Australian State and Territory.

- the PharmBA position statement regarding [pharmacist prescribing](#)
- a review of the current national and international literature
- the outcomes of our preliminary visits with key stakeholders
- the input of members of the Governance Group² and Stakeholder Reference Group³

1.4 Developing standards

We must follow the Ahpra '[Procedures for development of accreditation standards](#)'.

This means that the accreditation standards we recommend to the PharmBA for approval will need to:

- reflect the objectives and guiding principles of the National Law
- be derived from a wide-ranging public consultation process the outcome of which, is supported by the pharmacy profession
- safeguard and promote the health, safety and well-being of all people particularly those living in Australia
- ensure education and training is quality assured and subjected to a continuous improvement process to maintain the quality and effectiveness of programs and the performance of program providers
- reflect contemporary thinking and accepted good practice (being evidence-based as derived from research, comparative benchmarking and/or similar processes)
- ensure students and graduates receive the education and training they will need to implement and deliver high-quality of health care services that might be reasonably expected of a future well-trained pharmacy workforce
- protect and promote diversity and demonstrate social accountability
- enable innovation in the design, development, and delivery of pharmacy programs.

1.5 What we need to achieve

The Pharmacy Board of Australia (PharmBA) has requested APC develop accreditation standards for pharmacist prescriber education programs.

The PharmBA has undertaken extensive work to investigate the capacity for competent and safe prescribing by pharmacists. They issued a [statement](#) on this work in 2019.

Development of the accreditation standards will be informed by the [NPS Prescribing Competencies Framework \(2021\)](#) which describes the expectations and core competencies for all health professional prescribers.

² The Governance Group is an internal APC Committee with oversight responsibility for the development of the standards. The members of this group can be viewed at <https://www.pharmacycouncil.org.au/education-provider/standards/pharmacist-prescriber-training-program-standards/>

³ The members of the Reference Group can be viewed at <https://www.pharmacycouncil.org.au/education-provider/standards/pharmacist-prescriber-training-program-standards/>

The standards will ensure that pharmacists complete an accredited and approved education program and are competent to prescribe.

The PharmBA may use the accreditation standards as part of their submission if they decide to seek Ministerial Council approval of an endorsement for scheduled medicines for pharmacists' registration.⁴

1.6 What we have done so far

There are six phases to the development of the standards:

1. Project initiation
2. Preliminary investigations and consultation
3. Publication of findings
4. Public consultation (three rounds)
5. Finalisation
6. Approval

We have completed the first three stages and have developed this paper as part of the first round of consultation.

During stages two and three we undertook:

- A review of international and national literature of pharmacist prescribing
- An environmental scan of accreditation standards for prescribing training
- Preliminary stakeholder meetings.

What we found is described in [Section 3](#).

⁴ [Australian Health Practitioner Regulation Agency - Endorsement for scheduled medicines \(ahpra.gov.au\)](https://www.ahpra.gov.au/Endorsement-for-scheduled-medicines)

Background information

2.1 Prescribing in Australia

Prescribing is defined in Australia as ‘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’⁵.

Prescribing is much more than the generation of a prescription, although this is the part of the process that most people recognise. Before the prescription can be prepared, the prescriber must understand the needs of the consumer and make decisions regarding the best possible treatment in line with their goals. In some cases, this will result in a prescription; while in other cases, it may be more appropriate not to prescribe a medicine.

Various health professions are authorised to prescribe medicines in Australia, including dentists, medical practitioners, nurse practitioners, endorsed midwives, endorsed optometrists and endorsed podiatrists.

The medicines a prescriber is authorised to prescribe is defined for some professions, while others can prescribe any medicine, provided they are competent to do so.

Pharmacists are authorised to supply consumers with medicines that are available without a prescription. This includes those that are unscheduled and those classified in schedule 2 (pharmacy only) and schedule 3 (pharmacist only) of the Poisons Standard.⁶

According to state and territory legislation, pharmacists may also prescribe some medicines according to agreed protocols. This includes vaccinations and antibiotics for the management of uncomplicated urinary tract infections in some states.

2.2 ‘Scope of practice’

A pharmacist’s scope of practice is defined as *‘a time sensitive, dynamic aspect of practice which indicates those professional activities that a pharmacist is educated, competent and authorised to perform and for which they are accountable.’*⁷

This definition highlights that a pharmacist’s scope of practice comprises:

- Competence – which is based on education, training and professional experiences,
- Authority – as defined by federal and state/territory legislation and regulation as well as local systems and policies, and
- Accountability – which is found in the professional practice standards and competencies that are applicable to all pharmacists.

As the definition describes, a pharmacist’s scope of practice changes with time. This is an important consideration that is relevant to prescribing and all areas of practice.

⁵ NPS MedicineWise. Prescribing Competencies Framework: embedding quality use of medicines into practice (2nd Edition). Sydney. 2021.

⁶ [The Poisons Standard \(the SUSMP\) | Therapeutic Goods Administration \(TGA\)](#)

⁷ Pharmaceutical Society of Australia. National Competency Standards Framework for Pharmacists in Australia. Canberra. 2016.

2.3 Prescribing Competencies Framework

The Prescribing Competencies Framework, published by NPS MedicineWise⁸ defines the competencies required by health practitioner prescribers in Australia. Prescribers apply the competencies to the setting in which they work and within the boundaries of their scope of practice.

For example, the Prescribing Competencies Framework describes the need to assess the consumer to understand their needs. This process will likely include a discussion with the person about their medical history and any medicines and/or treatments they have used. It may also include a physical assessment, and this will be different depending on the prescriber. A general practitioner may perform an ECG; a cardiologist an angiogram; an optometrist a slit lamp examination; a podiatrist a gait analysis. Which examination is conducted is dependent on the health professional's [scope of practice](#).

The Prescribing Competencies Framework is used to inform education and training programs, continuing professional development programs and health professional regulation.

2.4 National Law

The Health Practitioner Regulation National Law (the National Law) was enacted in each state and territory in 2009/10 and provided authority for the establishment of the National Registration and Accreditation Scheme (NRAS)⁹.

This National Scheme protects the public through the registration and regulation of health practitioners against consistent, high-quality professional standards. There are 16 health professions under the National Scheme, and each profession is regulated by a profession-specific National Board. The Australian Health Practitioner Regulation Agency (Ahpra) works in partnership with each National Board to implement the National Scheme.

Pharmacists in Australia are regulated under the National Scheme and must be registered with the Pharmacy Board of Australia (PharmBA) to practise.

Under the National Law, the Australian Health Workforce Ministerial Council (the Ministerial Council) can grant approval for a National Board to endorse the registration of a health practitioner as being qualified to undertake specified activities relating to scheduled medicines, including prescribing.

The PharmBA can seek approval from the Ministerial Council to endorse the registration of an individual pharmacist as being qualified to prescribe scheduled medicines, or a class of scheduled medicines, as specified. Pharmacists who seek endorsement would need to hold an approved qualification and comply with an endorsement registration standard.

⁸ NPS MedicineWise. Prescribing Competencies Framework: embedding quality use of medicines into practice (2nd Edition). Sydney. 2021.

⁹ National Registration and Accreditation Scheme (National Scheme) as established under the National Law in each Australian State and Territory.

Findings

3.1 Environmental Scan

Development of the standards provided an opportunity for APC to review the accreditation standards applied to programs leading to a pharmacist prescriber qualification in other countries. We also reviewed the accreditation standards applicable to other professions that prescribe medicines in Australia. [Read the environmental scan and literature review.](#)

The following important points were identified from the environmental scan:

International review

- The education requirements for pharmacists to prescribe prescription-only medicines varies between countries (and sometimes within countries). For example, pharmacists may be required to complete a continuing education module in a specified area of practice or a formal postgraduate program of study.
- The boundaries applied to pharmacist prescribing differ between countries. They may include:
 - the medicines available to prescribe (e.g., according to a set formulary, or list);
 - the requirement for prescribing to conform with specified protocols (e.g., a clinical protocol, or an organisational policy); and/or
 - the requirement for an authorised prescriber to supervise prescribing.
- Formal prescriber education programs include a period of supervised practical training and specify who is eligible to supervise the pharmacist during this period of training.
- Formal prescriber education programs stipulate entry requirements which may include a period of post-registration practice and an identified area of practice in which prescribing will occur.
- Accreditation standards for postgraduate pharmacist prescriber programs are structured in a similar way to those for entry-level programs and include program development, design, quality assurance, required resources, student selection process, student experience and the expected outcomes of the program.

Review of accreditation standards for Australian health professional programs

- Accreditation standards for Australian health professions that prescribe commonly refer to professional practice standards or competency descriptions to indicate program requirements regarding prescribing medicines.
- Descriptions of prescribing differ between professional practice/competency descriptions.

- Some professions refer to the NPS MedicineWise Prescribing Competencies Framework (the Framework) to define prescribing expectations and core competencies, commonly requiring education providers to map learning outcomes and assessments to the Framework.

3.2 Literature Review

The literature review focused on Australian studies investigating pharmacist prescribing. In addition, a summary of significant international findings was presented. The main findings of the review included:

- Australian studies have largely investigated pharmacists charting medicines in the hospital setting. In this context, pharmacists have demonstrated accuracy in generating a prescription and a high rate of adherence to prescribing protocols and/or guidelines.
- Fewer Australian studies have investigated pharmacist prescribing in the community setting. In the context of managing uncomplicated urinary tract infections, one study has demonstrated pharmacists' ability to provide safe and appropriate care with a high level of adherence to clinical protocols. Further Australian studies in the community setting are underway.
- Inconsistency exists in the language used to describe prescribing activities in Australian studies.
- Similarly, inconsistencies can be observed in the education and training pharmacists are required to complete to prescribe.
- International evidence has demonstrated pharmacists' ability to independently prescribe safely and make clinically appropriate prescribing decisions. In the context of chronic disease management, pharmacists make prescribing decisions that are comparable to their medical colleagues.

3.3 Preliminary consultations

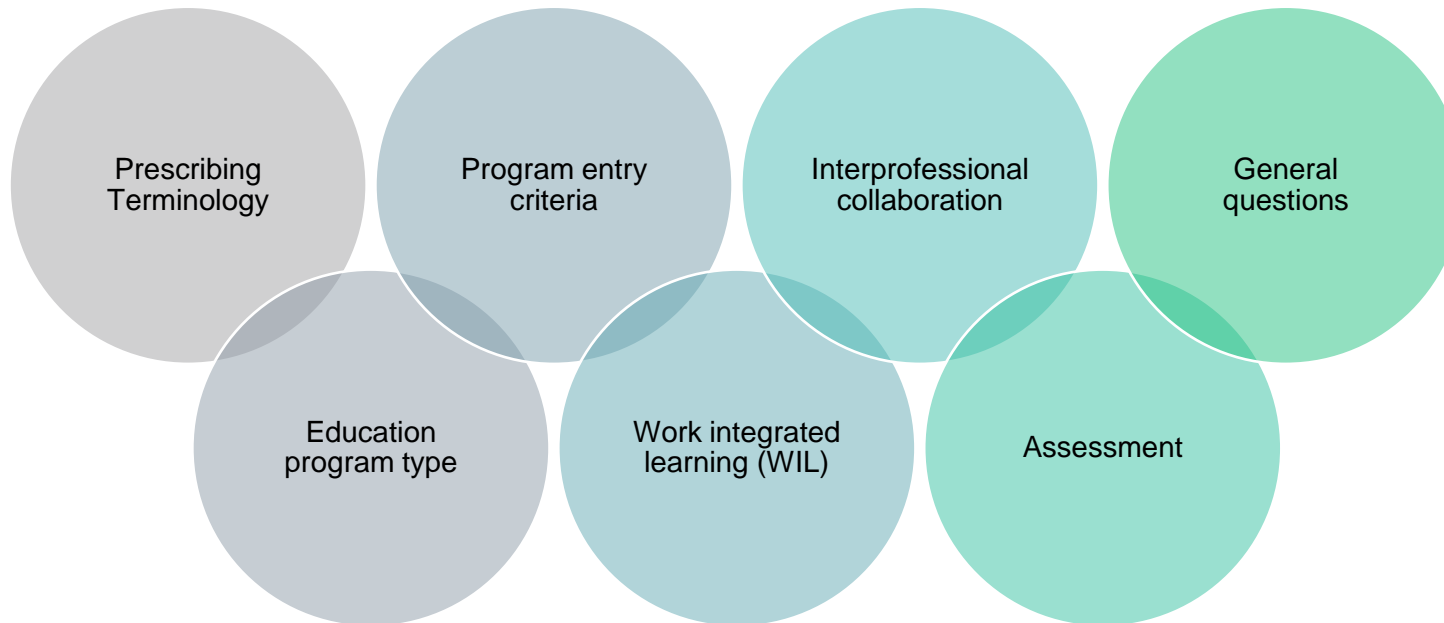
We have conducted a series of meetings with key stakeholder organisations and groups. These consisted of pharmacy professional organisations, medical professional organisations, education providers, accreditation authorities, regulators and indemnity insurers. The key themes from these conversations were:

- Inconsistency in language regarding prescribing, implementation models, and scope of practice
- Focus on person centred multidisciplinary team-based care
- Importance of interprofessional collaboration and communication including access to and sharing of records and ensuring continuity of care

- Determining the need for any prerequisites for program entry such as clinical experience or identified areas of practice
- Assessment methods including work-based assessments (WBAs) or entrusted professional activities (EPAs)
- Individual professional accountability of a pharmacist to work within their competency, or scope of practice
- Work integrated learning (WIL) design and delivery including supervision requirements, assessments, educational support
- Ongoing mentoring, network, and peer support for prescribers and ability to develop reflective practice.

Consultation questions

Through our literature review and environmental scan and our preliminary consultations with key stakeholders, we have identified the following specific **areas for consultation**:



The following consultation questions have been posed to explore these ideas further, and to assist in the development of the first draft of the accreditation standards.

Area for consultation	Question	Commentary
<p>1. Prescribing terminology</p>	<p>1.1 Current terminology to describe pharmacist prescribing across various implementation models is inconsistent and creating confusion. How should this be resolved?</p>	<ul style="list-style-type: none"> • Clarity of terminology surrounding prescribing is important in the development of pharmacist prescriber education programs and implementation of pharmacist prescribing in Australia. • The NPS MedicineWise Prescribing Competencies Framework definition of prescribing is the accepted definition for health professional prescribing in Australia. • This definition is referenced in some, but not all, accreditation standards for prescribing professions in Australia. • The Health Professional Prescribing Pathway (HPPP) refers to three models of prescribing: <ol style="list-style-type: none"> 1. Structured, or protocol-based prescribing 2. Prescribing under supervision 3. Autonomous prescribing • The Pharmacy Board of Australia refers to the HPPP definitions in a position statement indicating structured and supervised prescribing is within the competency of registered pharmacists, however, autonomous prescribing may require further education and training. • Pharmacists around the world prescribe according to different implementation models.

Area for consultation	Question	Commentary
		<ul style="list-style-type: none"> • Australian pharmacists are currently authorised to supply medicines that are available without a prescription and some prescription medicines according to structured arrangements (e.g., vaccinations for administration). • Internationally, models of prescribing are referred to differently, for example, independent prescribing is used to describe what the HPPP defines as autonomous prescribing.
2. Education program type	2.1. What level of education or training is required to support pharmacist prescribing in Australia? Please explain your answer.	<ul style="list-style-type: none"> • In their statement, the PharmBA have said that pharmacist prescribing may require further education and training. • Internationally, registered pharmacists are commonly required to complete additional education and training before being authorised to prescribe. • This varies between formal post graduate qualifications and continuing education programs in a specific area of practice. • It is often the regulatory requirements that define the level of qualification and is related to the 'model' of prescribing (e.g., independent prescribing, structured prescribing etc).
3. Program entry criteria	3.1 What should an education provider consider before applying entry criteria requirements for their programs?	<ul style="list-style-type: none"> • Overseas pharmacist prescriber programs specify entry criteria such as: <ul style="list-style-type: none"> ○ a specified duration of post registration experience (NZ)

Area for consultation	Question	Commentary
	3.2 What entry requirements should be considered and why?	<ul style="list-style-type: none"> ○ relevant experience and the ability to demonstrate an understanding of prescribing in a practical context (UK). ● Defining program entry criteria will have implications for training program development.
4. Interprofessional collaboration	<p>4.1 How should education providers ensure the principle of interprofessional collaboration is embedded in their training programs?</p> <p>4.2 Can you provide examples of interprofessional collaborative learning that have been effective in addressing safe prescribing competency in the context of the multidisciplinary health care team?</p>	<ul style="list-style-type: none"> ● A fundamental concept underpinning prescribing is the importance of collaboration both between and within professions, and with the consumer. ● Interprofessional learning can be experienced and assessed in the workplace.
5. Assessment	<p>5.1 What factors should an education provider consider when developing an assessment strategy for pharmacist prescriber training programs?</p> <p>What factors should an education provider consider to ensure fair, valid, reliable and consistent assessment of learners in the workplace?</p>	<ul style="list-style-type: none"> ● Assessment of prescribing competence is crucial to ensure patient safety ● Prescribers are required to apply their skills and knowledge to the work context. Therefore, the workplace provides an ideal setting to assess learner competence.

Area for consultation	Question	Commentary
6. Work integrated learning (WIL)	<p>6.1 Should there be a similar requirement for WIL in pharmacist prescriber training programs in Australia? Please provide rationale for your answer.</p> <p>6.2 What factors might determine how an education provider decides the most appropriate duration of WIL in their program?</p> <p>6.3 What measures should an education provider consider for assurance of the quality of the supervision, the supervised practice site, and the learner experience?</p>	<ul style="list-style-type: none"> • A period of work integrated learning (WIL) provides context to the development of prescribing competence. • UK and NZ pharmacist prescriber programs require WIL. • Some international pharmacist prescriber programs and domestic prescribing professions accreditation standards define the duration (hours, months) of WIL. • Where the concept of WIL is supported, a pivotal consideration is who supervises the training and/or assessment. • In particular, the credentials of the supervisor are critical as this role would likely involve direct supervision, delegated supervision and a contribution to the assessment of prescribing skills and knowledge.
7. General questions	<p>7.1 Is there anything else you think we need to consider when developing the standards?</p>	

Consultation process and timeframes

4.1 Consultation timeframes

The consultation period will remain open until 12:00am AEST on **Monday 10 April 2023**.

4.2 How to provide us with your feedback

Options	What's involved
<p>1. Take our survey</p>	<p>Ideal for sending us your views and comments to our questions.</p> <p>The survey uses response buttons with the choice of supporting your response through a short (free text) comment box.</p> <p>Our survey carries links to background information</p> <p>Start survey</p>
<p>2. Attend our Stakeholder Consultation Forum in Melbourne or virtually</p>	<p>For individuals who want to discuss and provide commentary on the key areas for consultation.</p> <p>It is a hybrid event so you can join either face-to-face or virtually.</p> <p>Option 1: Face-to-face</p> <ul style="list-style-type: none"> Monday 20 March 2023 1.30pm – 5.30pm (arrival from 1pm) <i>Afternoon tea will be provided</i> The Savoy Hotel on Little Collins 630 Little Collins Street, Melbourne VIC <p>Register for face-to-face</p> <p>Option 2: Virtual</p> <ul style="list-style-type: none"> Monday 20 March 2023 1.30pm – 5.30pm (open from 1pm) Zoom teleconference, streaming from The Savoy Hotel <p>Register for virtual</p>
<p>3. Make a written submission by downloading our</p>	<p>Ideal for individuals, groups and organisations who want to download the questions and use the feedback template to provide us with comments or detailed feedback.</p>

Options	What's involved
Consultation Questions Template	Submissions need to carry the name and contact details (phone number and e-mail address) of the writer. Download consultation question template
4. You can e-mail us your phone contact number, and one of our review team members will call you to get your feedback	Ideal for a short statement on one or more of the areas for consultation (relevant to the review), which is of a significant or personal interest. standards@pharmacycouncil.org.au

4.3 Publication of submissions and feedback

We will publish a summary of the major themes derived from the comments and feedback we receive from stakeholders, along with our response to the matters raised from this consultation.

We will publish submissions and feedback on the APC website unless it is requested that part or all of the submission remains confidential. Material supplied in confidence, should be clearly marked 'IN CONFIDENCE' and be provided as a separate attachment to any non-confidential material or feedback you give us.

Published submissions will include the names of the respondent and/or organisation making the submission. All personal contact details will be removed from submissions before publication.

We will not place on our website, or make available to the public, submissions containing offensive or defamatory comments, or submissions outside the scope of this consultation.

We will e-mail a link to stakeholders when we publish the summary of the major themes (and our response) on the APC website.

4.4 Need more information?

e: standards@pharmacycouncil.org.au
 t: + 61(0) 2 6188 4288
 a: Level 1, 15 Lancaster Place, Majura Park
 CANBERRA AIRPORT ACT 2609

4.5 People to contact

Glenys Wilkinson Deputy Chief Executive Officer, APC
 Claire Bekema Director Standards Development, APC



australian
pharmacy
council

Australian Pharmacy Council

Level 1, 15 Lancaster Place

Majura Park, Canberra Airport, ACT 2609, Ngunnawal Country

p +61 2 6188 4288 | www.pharmacycouncil.org.au