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**Pharmacy Board
Ahpra**

Pharmacist Capability Framework

Public Consultation Stakeholder
Feedback Report

13 February 2026

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 and present.

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.

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Public Consultation Feedback Report

The Australian Pharmacy Council (APC) would like to express our sincere thanks to the individuals, groups and organisations who provided feedback during the public consultation phase of the development of the Pharmacist Capability Framework. We appreciate and value their input which will play a vital role in refining and strengthening the Framework to ensure it meets the needs of the profession.

This report documents the development process of the Pharmacist Capability Framework and provides a summary of the consultation and engagement activities undertaken during the public consultation, detailing how feedback was considered and incorporated into the draft Framework.

Background

The Pharmacy Board of Australia (the Board) has [engaged APC to develop a Pharmacist Capability Framework](#) on their behalf.

The Board's Pharmacist Capability Framework ('the Framework') delineates the entry-to-practice capabilities of a newly registered pharmacist who is adaptable to future practice change. It will be used by APC for accreditation purposes, and by the Pharmacy Board for its regulatory functions including registering pharmacists.

The Framework will support the Board's registration functions and the APC's accreditation functions, by:

- underpinning the next version of the accreditation standards developed by APC to accredit pharmacy programs that lead to qualifications suitable for registration in the pharmacy profession
- supporting the initial training, assessment and registration of pharmacists who qualified in Australia or overseas. The Framework will also outline the expected minimum requirement for performance at entry to the profession and at re-entry, after a period of absence from practice.

Project objective

The goal of this project is to develop the Framework that will describe the entry-to-practice capabilities of a newly registered pharmacist and underpin the future education of pharmacists, ensuring they can adapt to a changing environment.

What we have done so far

There are six stages to the development of the Framework:

1. Project initiation
2. Literature Review and consultation preparation
3. Preliminary consultation
4. Public consultation
5. Review versions of the draft Framework
6. Finalisation and approval

The first five stages have now been completed. The completion of these stages has resulted in the final draft of the Framework, which will now proceed through the project's governance processes for final approval by the Board.

Consultation approach

The consultation approach aligns with [Ahpra's Consultation process of National Boards 2023](#) and [Guidance on developing professional capabilities](#) as follows:



Image: Australian Health Practitioner Regulation Agency. (2025). [Guidance on Developing Professional Capabilities](#)

As outlined in the abovementioned guidance, the consultation approach was designed in two distinct phases to ensure a structured, inclusive and iterative process: a preliminary consultation phase and public consultation phase. Both consultation phases were concluded by mid-December 2025.

Preliminary Consultation

The preliminary consultation focused on targeted engagement with the project Reference Group (RG) including subject matter experts and key stakeholders. This phase gathered in-depth feedback and tested the draft Framework with key stakeholders with the goal of refining the version of the draft Framework for public consultation. The preliminary consultation also provided an opportunity for feedback about the consultation content, expression and/or clarity. Engagement with stakeholders included a face-to-face consultation forum with the RG members and meetings with targeted stakeholders. Preliminary consultation was undertaken between June and August 2025.

Public Consultation

The public consultation phase commenced in November 2025 to a wider audience, including pharmacists, health professionals, consumers, and interested parties. This phase was designed to gather a wide range of perspectives on the draft Framework, allow broad participation and promote transparency in our development process. A range of feedback opportunities were provided through face-to-face and virtual forums, written submissions and other engagement channels.

Consultation documents

Our consultation process was supported by the following documents:

- [Public consultation paper](#)
- [dv 0.5 Pharmacist Capability Framework \(Appendix A\)](#)

Documents produced during the development stages of the project included:

- [Final literature review](#)
- [Final framework mapping](#)
- [Preliminary consultation papers](#)
- [Final Preliminary consultation report](#)

Consultation methods

In the public consultation phase, stakeholders were invited to provide feedback through a range of opportunities:

- In-person forums held in Melbourne, Adelaide and Brisbane
- A virtual forum
- A written response addressing the consultation questions, via online submission.

Consultation outcomes

The following section details the consultation outcomes which have been broken down into who participated in the consultation and the feedback received from the participants.

Overview of consultation participants

The public consultation phase of the draft Pharmacist Capability Framework was undertaken to ensure a structured, inclusive, and transparent process, providing opportunities for stakeholders across Australia to contribute to the development of the Framework. A range of consultation opportunities were provided to maximise engagement, accessibility, and the collection of diverse perspectives. The following table summarises the number of participants and responses received through the organised forums and online submission.

Feedback mechanism	Number of participants
Forum participants	
<ul style="list-style-type: none"> • In-person forums (Melbourne, Adelaide and Brisbane) 	61
<ul style="list-style-type: none"> • Virtual forum 	35
	Forum total 96
Education provider workshop	
<ul style="list-style-type: none"> • Council of Pharmacy Schools Australia and New Zealand 	18
Written submissions	
<ul style="list-style-type: none"> • Submissions that specifically addressed the consultation questions 	26

Table 1 - Summary of number of participants and responses received

Participants

The following section describes the participants who engaged in the public consultation.

Public Consultation Forums

In-person forums: the forums were undertaken in Melbourne, Brisbane and Adelaide and were well-attended, with participants representing a broad range of professional and community background. These forums provided an important opportunity for direct engagement, enabling stakeholders to discuss the draft Framework in detail.

Virtual forum: an online forum was conducted to provide a flexible and accessible engagement option for stakeholders unable to attend in person. This format supported participation from all states and territories, enabling real-time interaction and discussion while overcoming geographical and logistical barriers.

The combined engagement across both in-person and virtual forums allowed for a diversity of participants ensuring multiple perspectives were captured, reflecting the varied experiences and expertise across the pharmacy sector.

A breakdown of participants per forum and by work setting is provided to illustrate the breadth of engagement achieved during the forums.

Date	Forum	Total Attendees
5 November	Melbourne	28
12 November	Adelaide	11
17 November	Brisbane	22
19 November	Virtual	35
Total		96

Table 2 - Number of attendees across the Forums

For the full list of organisational affiliations of forum participants in the Public Consultations, please refer to appendix A.

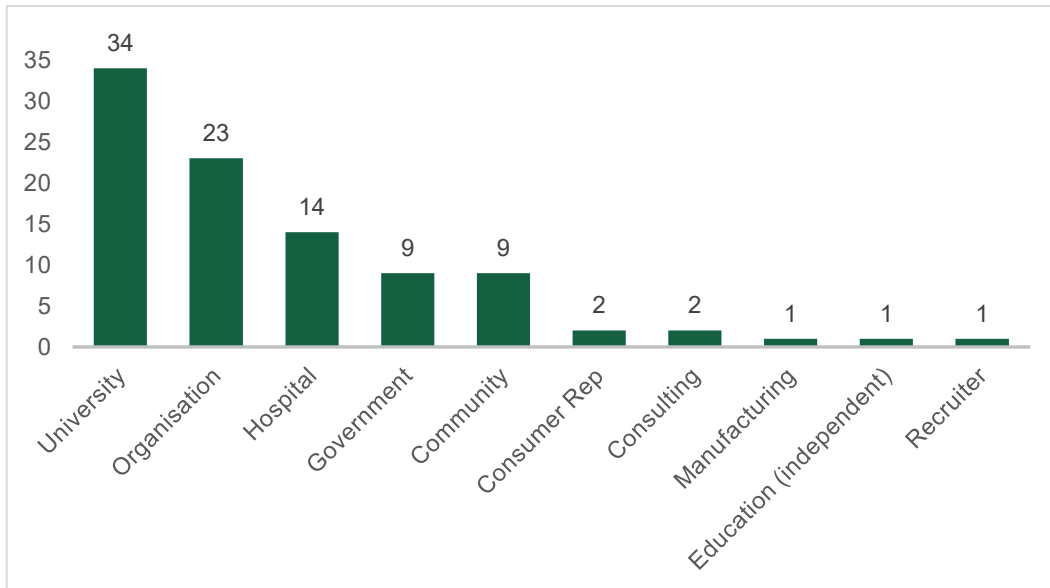


Figure 1: Work setting of participants across all Forums

Education provider workshop

A separate workshop was undertaken with education providers from the Council of Pharmacy Schools. Representatives from 18 universities across Australia were in attendance. The universities represented are included in Appendix A.

Written online submissions

An online survey form was created to allow stakeholders to provide written feedback for consideration in the refinement of the draft Framework. This option ensured that individuals and organisations unable to attend one of the forums could still contribute, further enhancing the inclusivity and reach of the consultation. Submissions via email were also accepted during the consultation period.

We received 26 submissions directly responding to the six consultation questions provided. All submissions were analysed and considered. The 26 submissions comprised of:

- nine submissions from individuals (including individual practitioners, consumer representatives and members of the public)
- seventeen submissions from organisations (including government bodies and those representing other health professions)

The written online submission respondents represent the following organisations or roles:

- consumers
- universities and other education providers
- government organisations
- intellectual disability advocates
- LGBTIQ+ Health advocates
- pharmacists in patient facing roles – community and hospital
- pharmacy Intern Training Program providers
- pharmacy organisations
- other health profession organisations

For the full list of organisations in the written submissions, please refer to appendix B.

Evaluation of Responses

During the public consultation 1307 pieces of feedback were received, analysed and categorised.

All feedback was carefully reviewed, analysed and grouped to the relevant public consultation questions allowing for a detailed understanding of recurring themes, patterns, gaps and recommendations raised by the stakeholders. Similar observations were grouped together allowing broader concepts to emerge. As a result, the following five key feedback themes emerged:

- **Content accuracy** – feedback on grammar, the use of verbs, domain descriptors and possible gaps in domains, sub-domains and/or indicators
- **Terminology and language** – specific feedback about terminology used within the pharmacy profession and the National Scheme and comments regarding the glossary of terms and definitions
- **Structure and organisation** – suggestions for structure changes such as movement or amalgamation of domains, sub-domains and indicators, and inclusion of new domains/sub-domains
- **Graphs and diagrams** – suggestions regarding visuals and diagrams
- **Implementation** - considerations for implementation of the Framework

Some pieces of feedback from multiple respondents produced conflicting perspectives. These were analysed and categorised, and a final decision of action taken was based on validation of the feedback with evidence-based information.

The table below describes the distribution of feedback across the five key themes described above, as well as providing data on the actions taken by APC. Some feedback resulted in changes to the draft Framework, and others were noted but changes were not made.

Feedback received	
Total = 1307 (Noted 664; Actioned 643)	
Actioned 643 (49%) across the 5 key themes	Percentage in relation of the actioned feedback
Content accuracy	75%
Terminology and language	8%
Structure and organisation	9%
Graphs and diagrams	4%
Implementation	4%

Table 3 - Distribution of actioned feedback across the key themes

Positive sentiment was reflected strongly in the feedback, with 51% of the noted (no action required) comments expressing support, contributing to an overall positivity of 40% across all feedback (both actioned and noted feedback).

Other sentiments were largely related to potential challenges that stakeholders may encounter once the Framework has been implemented and other issues raised that were beyond the scope of this project and Framework. Recurring feedback has been highlighted in the following section.

Feedback in response to consultation questions

The following tables summarise the responses to the draft Pharmacist Capability Framework received during the public consultation phase. They are grouped according to each of the six consultation questions.

The tables also describe what APC did in response to the feedback received, and how that has influenced the next version of the draft Framework, which will proceed through the project's governance processes for final approval by the Board.

Question 1	
The Framework describes the future focused capabilities of an entry-to-practice pharmacist. Is the content and structure of the draft Framework clear and relevant?	
Comments	What APC did in response to feedback received
<p>General feedback indicated the draft Framework describes the future-focused capabilities for an entry-level pharmacist.</p> <p>The key reasons provided included:</p> <ul style="list-style-type: none"> it is comprehensive and effectively responds to the evolving pharmacy landscape particularly in relation to the increased scope of practice the Framework is sufficiently broad to give scope for future pharmacy practice developments 	<p>APC acknowledges the positive feedback, noting no specific action required.</p>
<p>The Framework was generally easy to follow.</p>	<p>APC acknowledges the positive feedback, noting no specific action required. The general structure of the Framework has been retained with improvements to formatting to enhance readability.</p>
<p>Concerns were raised regarding the feasibility and practical implementation of certain capabilities which will be described further in question six.</p>	<p>APC notes the robust discussions with stakeholders regarding the feasibility and practical implementation of the Framework.</p> <p>While this feedback is beyond the scope of this project at this stage, APC will consider the comments in the development of a transition and implementation plan with the Board and Stakeholders.</p>

Question 2

The Framework is structured around five domains that reflect all areas of entry-to-practice for a pharmacist. The content of the five domains has significant overlap in practice and some of the capabilities described could be included in more than one Domain. This reflects pharmacist practice integrating multiple capabilities.

Do you have any general feedback on the five Domains in the draft Framework?

Comments	What APC did in response to feedback received
<p>The following are general comments and recommendations on strengthening the preamble of the document:</p> <ul style="list-style-type: none"> include an Executive Summary reference the Glossary of Terms earlier in the document improve the visuals and diagrams used in the Framework 	<p>New sections have been added to the draft Framework including an expanded Glossary of Terms which is now referenced in the preamble of the document and at the start of the Framework.</p> <p>An Executive Summary has been added to the document that provides a succinct overview of the purpose of the document, the scope and how the Framework will be used.</p> <p>Graphics and diagrams have been improved and updated according to feedback.</p>
<p>There was a strong indication to review and revise the use of verbs across all of the Domains to ensure that the indicators are assessable.</p>	<p>A new section has been added to the preamble draft Framework entitled 'From knowledge to practice' referencing Bloom's Taxonomy and alignment with Miller's Pyramid.</p> <p>The draft Framework has been reviewed throughout to ensure that it reflects the appropriate verb usage.</p>
<p>Improve the Framework through integrating additional concepts, using inclusive language, making unclear language or terms clearer, and removing any duplication.</p>	<p>The draft Framework has been reviewed to integrate the suggested changes and validated with evidence-based findings.</p>
<p>Suggested that some domains and indicators should be repositioned or combined to ensure they sit appropriately within the Framework.</p>	<p>The draft Framework has been revised; the order of the sub-domains has been changed.</p> <p>The sequencing of the indicators within each sub-domain has also been revised to improve flow and order.</p>
<p>Medicines Expert domain could be made more prominent as the domain that is central to the pharmacy profession.</p> <p>The feedback included adding more emphasis to the content and graphical representation.</p>	<p>Medicines Expert domain has been reviewed and strengthened.</p> <p>The overall graphical representation has also been revised to ensure that this domain is more prominent.</p>

Question 2 (cont.)

Comments	What APC did in response to feedback received
<p>There was collective agreement that some capabilities do not align with an entry to practice capability and were recommended to be revised or clarified:</p> <ul style="list-style-type: none"> • research capabilities • leadership capabilities 	<p>As part of the review of the draft Framework, changes and clarity have been made to the specific Research and inquiry indicators to ensure the accuracy of the content. In addition, specific changes subdomains under Leader and Educator have been made to strengthen this domain.</p> <p>Glossary of Terms which is included in the Framework, has been expanded to include the definitions of the terms highlighted in the feedback and clarify how these terms are used in this context.</p>
<p>Review examples in the indicators where brackets are used to ensure relevance.</p>	<p>APC reviewed the examples to ensure that they are relevant and/or removed based on the feedback provided.</p>
<p>Enhance person-centred focus throughout the Framework.</p>	<p>Changes to the content have been made to ensure the draft Framework is person-centred including adding to the Glossary of Terms (included in the Framework) the definition of person-centred care.</p>

Question 3

Are there any capabilities in the draft Framework that do not appropriately describe a future focused entry-to-practice pharmacist?

Comments	What APC did in response to feedback received
<p>There were several suggestions made to improve the indicators.</p>	<p>The draft Framework has been revised, indicators highlighted in the feedback were carefully analysed and suggestions of movements acted upon accordingly.</p>
<p>General consensus was that the draft Framework appropriately describes a future focused entry-to-practice pharmacist with the following concepts to be integrated to help strengthen the Framework including:</p> <ul style="list-style-type: none"> • climate resilience • crisis management and disaster preparedness • global health • environmental sustainability 	<p>A new sub-domain has been added within the Health Advocate domain to highlight the expected capabilities and personal responsibilities to the community in terms of public health and environmental sustainability.</p>
<p>Transitions of care was highlighted as a priority concept in health and one that could be strengthened in the Framework.</p>	<p>APC has reviewed the draft Framework and new indicators specifically about transitions of care have been made prominent and defined in the Glossary of Terms.</p>

Question 3 (cont.)

Comments	What APC did in response to feedback received
Recommendations to expand and clarify concepts regarding digital health and to expand the indicators regarding the use of Artificial Intelligence.	The draft Framework has been revised and concepts regarding digital health and use of AI have been expanded.
Further emphasis on medicines stewardship was recommended in the feedback.	Medicines stewardship has now been made more prominent in the Leader and Educator domain.

Question 4

Would the draft Framework result in any potential negative or unintended consequences for Aboriginal and/or Torres Strait Islander Peoples?

Comments	What APC did in response to feedback received
The consultation feedback did not highlight any particular concern regarding Framework's potential negative or unintended consequences for Aboriginal and/or Torres Strait Islander Peoples.	APC acknowledges the positive feedback, noting no specific action required.
In general, the feedback suggested that the profession ensures ongoing and direct consultation with Aboriginal and/or Torres Strait Islander stakeholders to ensure that the Framework does not result in any unintended or culturally unsafe consequences. Direct impact of the Framework may be realised only after implementation of the Framework.	APC acknowledges this feedback and will ensure ongoing and direct consultation in the development of transition and implementation plans.

Question 5

Are there any other regulatory impacts of the Framework that we should be aware of?

Comments	What APC did in response to feedback received
<p>Feedback received expressed concern about jurisdictional differences in what students and intern pharmacists will be able to do, in different locations and settings.</p>	<p>The draft Framework was developed to define and support what pharmacists are <i>capable</i> of doing as they enter practice, regardless of the setting they practise in. APC acknowledges the nuances in what entry-to-practice pharmacists are <i>permitted</i> to do in different jurisdictions, and also what the workplace expects and allows an entry to practice to undertake.</p> <p>Where considerations of jurisdictional legislation need to be taken into account, a statement has been added to the indicator – e.g. “... <i>in accordance with current jurisdiction, specific legislation, scope of practice, PharmBA Guidelines and contemporary clinical and professional guidelines and standards</i>”.</p>
<p>It was agreed that the Framework will have no additional regulatory impacts beyond what is already outlined in the paper that needs to be highlighted to the Board.</p>	<p>APC acknowledges the positive feedback, noting no specific action required.</p>

Question 6

Are there any implementation issues the Board should be aware of for the final Framework?

Comments	What APC actioned
Clearly communicating the implementation and transition plan.	While this is beyond the scope of the project at this stage, APC has noted this recommendation and has commenced work with education providers and the Board to ensure a clear transition plan. This will be clearly communicated with relevant stakeholders once finalised.
Provide a document mapping the changes against the APC Performance Outcomes Framework as this draft Framework will replace it.	APC notes the feedback and will provide a mapping document once the final Framework has been approved by the Board.
Considerations on how graduates and entry-to-practice pharmacists would be able to deliver across the breadth of the Framework. Would implementing this Framework have implications on student and intern pharmacists current study load?	The indicators throughout the draft Framework have been reviewed thoroughly with consideration of study loads.
Clarity on how the draft Framework fits in the profession with other existing documents.	APC included a section on 'How will the Framework be used' in the preamble of the document to provide clarity on how this Framework will fit with other documents in the pharmacy profession. In addition, APC met with stakeholders to discuss how this draft Framework will fit in the profession and to ensure alignment with the upcoming revision of professional documents.
Comments in regard to whether pharmacists have sufficient training to be independent prescribers.	The draft Framework was reviewed throughout to ensure that it is contemporary, future-focused and profession-relevant. This draft Framework considered: <ul style="list-style-type: none"> alignment with pharmacist prescriber accreditation standards which are currently being revised meetings with stakeholders, Ahpra and the Pharmacy Board to ensure alignment with the work being undertaken by the Board to progress an endorsement for scheduled medicines for pharmacists
Comments about potential conflict of interest regarding pharmacist prescribing and dispensing medications.	The draft Framework was reviewed, and indicators were included to ensure future entry to practice pharmacists will have the capability to mitigate potential conflicts of interest by " <i>Ensure patient and/or consumer autonomy in choice of health care services and provider based on sound and unbiased advice</i> ".

The Next Steps

The public consultation phase concluded on December 15, 2025. APC has prepared a version of the draft Framework based on all feedback gathered from the public consultation. The final Framework will be presented to the Pharmacy Board for their approval.

Once the Framework is finalised, APC will collaborate with the Board and stakeholders to implement the Framework via a clear transition plan.

Appendices

Appendix A: List of organisational affiliations of Forum participants

ACT Health and Community Services Directorate
ACT Health Care Consumers Association
Advanced Pharmacy Australia (AdPha)
Alfred Health
APC Accreditation Committee
Australian Friendly Societies Pharmacies Association (AFSPA)
Australasian College of Pharmacy (ACP)
Australasian Pharmaceutical Science Association (APSA)
Australian Commission on Safety and Quality in Health Care
Australian Dental Council (ADC)
Australian Health Practitioner Regulation Agency (Ahpra)
Australian Medicines Handbook (AMH)
AXE Health Services
Cairns Hospital
Central Pharmacy Queensland Health
Charles Sturt University
Consumers Health Forum of Australia
Curtin University
Department of Health Tasmania, Statewide Hospital Pharmacy
Department of Health, Western Australia
Eastern Health, Victoria
Gowan & Assoc Pty Ltd
Griffith University
HPS/EBOS
Icon Group
James Cook University
La Trobe University
Launceston General Hospital Pharmacy
Locoomago Pty Ltd
Melbourne Health
Monash Health
Monash University
National Aboriginal Community Controlled Health Organisation (NACCHO)
National Pharmacies
NSW Health
Peter MacCallum Cancer Centre
Pharmaceutical Society of Australia
Pharmacists' Support Service
Pharmacy Council of New Zealand
Pharmacy Improvement Centre Ltd
Pharmacy Regulation Authority SA (PRASA)
PharmOnline
Pinewood Centreway Pharmacy
Queensland Health
Queensland Health - Office of the Chief Allied Health Officer
Queensland University of Technology

Ramsay Health
Ramsay Pharmacy
RMIT University
SA Pharmacy
SA Pharmacy SALHN
Sigma Healthcare
Sir Charles Gairdner Osborne Park Health Care Group
Tasmanian Health Service
The Pharmacy Guild of Australia
The University of Newcastle
The University of Queensland
The University of Sydney
The University of Western Australia
The Wound Educator
University of Canberra
University of New England
University of New South Wales
University of South Australia
University of Southern Queensland
University of Tasmania
University of Technology Sydney

Appendix B: List of organisations represented in the Public Consultation Written Submissions

Advanced Pharmacy Australia
Australian Commission on Safety and Quality in Health Care
Australian Medical Association
Australian Nursing and Midwifery Accreditation Council
Children's Health Queensland Hospital and Health Service
Council of Pharmacy Schools Australia and New Zealand
LGBTIQ+ Health Australia
National Alliance for Pharmacy Education
National Centre of Excellence in Intellectual Disability Health
Pharmaceutical Defence Limited
Pharmaceutical Society of Australia
Pharmacists' Support Service
Queensland Directors of Pharmacy Senior Assembly
Royal Australian College of General Practitioners
The Pharmacy Guild of Australia