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**Pharmacy Board**  
**Ahpra**

# Pharmacist Capability Framework

Literature review

6 August 2025

## 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.

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## Executive Summary

This literature review critically examines existing health professions capabilities and competencies frameworks to identify key components, gaps, and best practices that support the evolving roles and responsibilities of pharmacists within contemporary healthcare systems.

The Pharmacy Board has engaged APC to help develop a Pharmacist Capability Framework which will be used for both accreditation and registration purposes. This Framework will be guided by national health priorities like preventive care, health equity, interprofessional collaboration, and workforce innovation.

The Australian Health Practitioner Regulation Agency (Ahpra) administers the National Registration and Accreditation Scheme (the National Scheme) and provides support to the National Boards to ensure all registered health practitioners are suitably trained and qualified to practise safely. Ahpra works in partnership with the fifteen National Boards to implement the National Scheme established to regulate these health professions, to ensure consistency and most importantly to assure public safety.

Individuals seeking to practise in a registered health profession in Australia must be suitably qualified and registered with Ahpra. Each profession under the National Scheme has described the knowledge, skills and professional attributes required to safely and competently practice in their respective health professions. These are referred to as professional capabilities, graduate outcomes or standards for practice.

Pharmacists need to be adaptable, flexible and capable in Australia's healthcare system. While each health profession has profession-specific frameworks, Ahpra's Guidance on developing professional capabilities<sup>(1)</sup> supports consistency in the development of capabilities of all health professions regulated under the National Scheme.

A review of the existing healthcare profession-specific frameworks revealed common themes including cultural safety, communication, interprofessional collaborative practice, professionalism, quality use of medicines and lifelong learning. In addition to the shared themes, the frameworks share similar structures. One key challenge was the lack of consistency in language, which highlighted the importance of ensuring consistency and shared language across the health professions.

The review of international healthcare frameworks, particularly the International Pharmaceutical Federation (FIP) Global Competency Framework (GbCF), reveals a strategic and structured approach to advancing pharmacy practice, education, and workforce development. Several countries used an 'adopt and adapt' strategy as a foundation for developing their own frameworks including for entry to practice. Conversely, frameworks from the UK and Canada, while not based on the GbCF, exhibited similar domains.

This review underscores the importance of adapting FIP frameworks to national needs supported by strong governance, stakeholder engagement, and sustained investment in education and workforce infrastructure.

Capability frameworks are particularly valuable in providing a structured developmental trajectory. They support not only technical skill acquisition but also the cultivation of professional identity, confidence and reflective capacity over time. Informed by adult learning theories such frameworks enable learners to progressively take on more responsibility and adapt to emerging challenges. Capability frameworks also promote alignment across pharmacy education, regulation and employment sectors by offering a shared language for expectations at different career stages.

For the purpose of the development of the draft Pharmacist Capability Framework APC has adapted Ahpra's **definition of capabilities** <sup>(1,58,95)</sup>: *the knowledge, skills, behaviours, professional and personal attributes needed to safely practise as a registered pharmacist in Australia. It is the extent to which pharmacists can adapt to change, generate new knowledge and continually improve their performance.*

As part of the development work, APC has defined a **Capability framework** as: *a complete collection of capabilities that are thought to be essential to safely practise as a registered pharmacist in Australia.*

Defining and integrating the scope of practice for pharmacists is essential when developing a pharmacist capability framework. Without clear alignment, the framework will not incorporate contemporary practice and may not be able to prepare pharmacists adequately for expanded roles.

The Scope of Practice Review ('the Scope of Practice Review') was an independent review led by Professor Mark Cormack in 2023-2024. The review report 'In the Unleashing the Potential of our Health Workforce – Issues Paper 1', <sup>(2)</sup> released in 2024, identified a key focus of strengthening the health workforce to meet the evolving health demands. This involves expanding the scope of practice for health professionals. The final outcomes of the review 'In Unleashing the Potential of our Health Workforce – Issues Paper 2' <sup>(3)</sup> also emphasised the need for a National Skills, Capacity Framework and Matrix.

Pharmacists are increasingly involved in prescribing and other medicine-related activities including when working as an Aged Care On-Site Pharmacist (ACOP), when undertaking Medication Management Reviews (MMR) and when administering vaccinations and other injectable medicines, in addition to prescribing and supplying other medicines. As pharmacists continue to contribute more significantly to patient care, the capability framework must evolve accordingly to support capability development in these areas and ensure safe, effective and collaborative practice.

In addition to scope, a contemporary pharmacist capability framework must integrate cultural safety ensuring delivery of respectful and responsive care to Aboriginal and Torres Strait Islander peoples. The framework should also incorporate mental health capabilities acknowledging the growing need for pharmacists to engage meaningfully with individuals experiencing mental illness.

Inclusion of a clear scope, cultural safety care, mental health responsiveness and social accountability helps form the foundation of a contemporary and future proof pharmacist capability framework that supports individual professional development and broader health system priorities in Australia.

The findings presented in this review will directly inform and underpin the development of a Pharmacist Capability Framework that will describe the capabilities of a newly registered pharmacist who is adaptable to future practice change.

## Review of the Literature Relevant to Capability Frameworks

### Aim

This section provides a targeted review of the available evidence relevant to capability, competence, frameworks and standards for pharmacists in Australia and overseas. The review is not intended to be exhaustive, rather to summarise our understanding of the evidence surrounding pharmacists' performance at point of entry level.

### Method

Studies were identified by a search of multiple databases including PubMed, Google Scholar, Consensus and Research Rabbit. Search terms used were Capability, Competency, Framework, Pharmacy, Scope of Practice, Pharmacists, Australia and several combinations of them. Filters were applied to all searches to identify articles available where the full text could be obtained. Grey literature was identified by Google search of relevant official organisation websites. Wherever possible, downloadable content from official websites was sought and cited.

Relevant publications were frequently identified in more than one search. Additional material was sourced by inspecting the reference lists and bibliographies of already identified documents.

A total of 216 publications were selected as potentially relevant through analysis and 138 of these were retrieved and analysed.

## Background

The Council of Australian governments established the National Registration and Accreditation Scheme (the National Scheme) in 2010<sup>(4)</sup> – with a vision to streamline and standardise the regulatory processes for health practitioners, ensuring consistency in the quality of healthcare services nationwide and public safety. Sixteen health professions are now regulated by the National Scheme. Each health profession is governed by their respective National Board.

The Australian Health Practitioner Regulation Agency (Ahpra) administers the National Scheme and provides support to the National Boards to ensure all registered health practitioners are suitably trained and qualified to practise safely.

Under the Health Practitioner Regulation National Law (the National Law),<sup>(5)</sup> as in force in each state and territory, individuals seeking to practise as a health practitioner in Australia must be qualified for registration. Each health profession under the National Scheme has a document outlining the knowledge, skills and professional attributes required to safely and competently practise as a registered health practitioner in Australia<sup>(6)</sup>. These documents are referred to as professional capabilities, graduate outcomes or standards for practice.

Recognising a critical gap in the professional capabilities in the pharmacy sector, the Pharmacy Board commissioned the Australian Pharmacy Council in 2024 to develop a Pharmacist Capability Framework (the Framework). The Framework may also be used to communicate to the public, consumers, employers and other stakeholders the standards to expect from health practitioners.

## Australian Pharmacy Council

The Australian Pharmacy Council (APC)<sup>(7)</sup> is the independent accrediting authority for pharmacy education and training in Australia. This function falls within the National Scheme and is undertaken by APC on behalf of the Pharmacy Board. 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.

## Pharmacy Board of Australia

The Pharmacy Board of Australia (the Board) plays a critical role in the regulation and oversight of the pharmacy profession.<sup>(8)</sup> One of the key functions of the Board is registration of pharmacists and students ensuring that they meet the necessary qualifications and comply with professional standards to practise safely and effectively. The Board develops standards, codes, and guidelines to maintain the integrity and quality of pharmacy services and addresses and manages professional conduct issues. In addition to these functions, the Board also approves accreditation standards and accredited programs of study that lead to registration.

## Developing a Pharmacist Capability Framework

The Board has engaged APC to develop the Pharmacist Capability Framework ('the Framework') on their behalf.<sup>(9,10)</sup> This strategic initiative is aimed at establishing a robust, single foundation for accreditation, regulation and registration processes within the pharmacy profession.

The Framework will be used by APC for accreditation and assessment purposes as defined under the National Law. The role of accreditation is to ensure that pharmacy programs of study meet high quality standards required to train pharmacists who can effectively meet health demands and practise safely. In addition to guiding the accreditation of pharmacy education and training programs, the Framework will describe the capabilities for newly registered pharmacists and ensure they can adapt to a changing environment.

The Board will have full autonomy over the final Framework including its content and integrate it into its regulatory functions.

## Australian Health Priorities

The Primary Health Care 10-Year Plan 2022-2032 (the Plan)<sup>(11)</sup> outlines the Australian Government's key priorities for transforming the country's primary healthcare system from a focus on illness to a focus on wellbeing. The Plan sets a strategic framework for the next decade, focusing on improving access, quality, and sustainability in primary healthcare. It emphasises workforce development, integrated care, prevention, digital health, and reducing health disparities, ensuring that Australia's healthcare system is capable of meeting the needs of an aging and increasingly diverse population. Through these priorities, the government aims to create a healthcare system that is responsive, patient-centred, and sustainable for the future.

The Plan is underpinned by, and integral to, the delivery of the broader long-term national health strategy, Australia's Long Term National Health Plan ('Long term plan'), which was released in 2019.<sup>(12)</sup> The following are the four pillars of the Long term plan:

- guaranteeing Medicare and improving access to medicines through the Pharmaceutical Benefits Scheme (PBS)
- supporting our public and private hospitals, including improvements to private health insurance
- prioritising mental health and preventive health
- investing in health and medical research.

Building on these national health priorities, each state and territory government's health plans have been developed to address local needs and are closely aligned with and contribute to the national level Primary Health Care 10-year Plan. The following provides a high-level overview of the priorities at each individual state and territory level.

### Queensland

HEALTHQ32 A vision for Queensland's health system<sup>(13)</sup> has seven priority areas. The key initiatives are focused on two critical priority areas; improving patient care and supporting the workforce to ensure that high quality care is delivered to all Queenslanders.

## Victoria

Reshaping systems together for a healthier, fairer Victoria - The next 10 years 2023-2033<sup>(14)</sup>, emphasises improving health, more economical health system and focusing on equity to drive fairer health outcomes.

## New South Wales

Future Health: Guiding the next decade of health care in NSW 2022-2032<sup>(15)</sup> highlights the importance of shifting health care focus to preventative health and ensuring that there is a robust health workforce to support this plan.

## South Australia

South Australian Health and Wellbeing Strategy 2020-2025<sup>(16)</sup> focuses on delivering better public health services to the community. The strategy focuses on integrated community-based healthcare.

## Western Australia

The Sustainable Health Review - Final Report to the Western Australian Government (SHR), was published in 2019.<sup>(17)</sup> The SHR immediate focus is on 6 recommendations which can be categorized under three themes; improving patient care, improving the health system, and building and supporting the health workforce.

## Tasmania

Health Tasmania Five-Year Strategic Plan 2022-2026<sup>(18)</sup> emphasises ensuring health wellbeing through investing in health services, infrastructure and preventative health.

## Northern Territory

Northern Territory Health Strategic Plan 2023-2028 Great health for all Territorians<sup>(19)</sup>, focuses on preventative and primary health care and the use of the appropriate technology, infrastructure, environment and workforce approaches to provide personalised care closer to home.

## Australian Capital Territory

Accessible, Accountable, Sustainable: A Framework for the ACT Public Health System 2020–2030<sup>(20)</sup> provides the foundation for a person-centred, innovative, high performing public health system for the Territory. The Framework is focused on integrating services across three areas of health—preventive health, community-based services and care in hospital.

### Emerging Themes from State and Territory Health Plans

Reviewing the current health plans from each state and territory has revealed several common themes that reflect shared priorities across the jurisdictions:

- Prevention and Health Promotion, including chronic disease management, mental health support, and healthy lifestyle promotion.
- Workforce Innovation which encompasses various elements such as addressing workforce shortages, expanding roles, new scopes of practice, interprofessional collaborative practice, adaptability to evolving practice, and rural and regional workforce support.
- Integrated Care Models, consisting of patient-centred care, team-based care, and care coordination.

- Digital Health and Technology, relating to telehealth, digital health systems, data analytics.
- Health Equity will focus on strengthening culturally safe practice, addressing health disparities, inclusivity, amongst others.
- Future-focused primary health care emphasises adaptable and sustainable health systems.

In addition to the above, the federal and state governments collectively recognise racism as an urgent national health priority, acknowledging its profound and pervasive impacts on the physical and mental wellbeing of Aboriginal and Torres Strait Islander peoples especially. This recognition is firmly embedded across national, state, and territory health strategies and reforms, reflecting a shared commitment to equity, justice and the social determinants of health and working towards ‘Closing the Gap’.

Aligning the Pharmacist Capability Framework with health priorities is crucial for preparing pharmacists to meet current and future healthcare challenges upon registration. By improving access, enhancing workforce capability, leveraging technology, and fostering integrated care, the health plans envision a system that is better equipped to meet the diverse needs of the Australian population, particularly as healthcare demands continue to grow.

The Australian Institute of Health and Welfare (AIHW) is an independent statutory Australian Government agency producing authoritative and accessible information and statistics to inform and support better policy and service delivery decisions, leading to better health and wellbeing for all Australians.<sup>(21)</sup> The health workforce issues described across the national and individual state and territory health plans is supported by the AIWH which reported significant shortages across various health professions, including pharmacists. Furthermore, in 2023, one of the key findings of the Skills Priority List by Jobs and Skills Australia (JSA) indicated that over 82% of health professional occupations were experiencing shortages.<sup>(22,23)</sup>

Addressing the workforce shortages in the health sector is critical to ensuring the sustainability of the Australian Healthcare system. The Independent Review of Australia’s Regulatory Settings Relating to Overseas Health Practitioners - Final Report, published in 2023<sup>(24)</sup> discusses the urgent need for Australia to grow its health workforce to ensure that the population continues to have access to timely, high quality and safe health care services, now and well into the future. The report also confirmed that shortage of health workforce in Australia is widespread across medical, nursing, and allied health professions and highlighted Australia’s need to grow its health workforce.

The Independent Review of complexity in the National Registration Accreditation Scheme (the National Scheme) (‘the Independent Review’), led by Sue Dawson, examines how effectively the National Scheme supports safe, high-quality care through the regulation of health practitioners.<sup>(25)</sup> The first consultation round of the review identified that the NATIONAL SCHEME is overly complex, fragmented and not sufficiently aligned with Australia’s workforce needs. The Independent Review was initiated in 2024 and has now progressed to Consultation Paper 2: Consultation Outcomes and Reform Directions, which marks a shift from identifying problems to proposing reforms.<sup>(26)</sup>

Consultation Paper 2 of the Independent Review outlines a series of strategic actions aimed at addressing critical workforce shortages. Notably, action 1.1 focuses on streamlining the assessment and registration process for overseas-qualified health practitioners. This action proposes the development of a nationally consistent and transparent approach to credential recognition and assessment, with the goal of reducing unnecessary duplication, delays and administrative burden

ensuring a more streamlined pathways for overseas qualified practitioners to enter the Australian workforce. Action 1.1 aims to bolster the health system’s capacity.

The pharmacy sector is a crucial part of the health care system facing workforce shortages. To mitigate these shortages the Independent Review recommended streamlining the regulatory processes for overseas health practitioners – making them easier to join the Australian health workforce, while maintaining high standards of quality and safety.

### Unleashing the Potential of the Health Workforce – Scope of Practice Review

With growing healthcare needs and workforce pressures, expanding the scope of practice of every health professional is another strategy to effectively address workforce shortage challenges in the health sector.<sup>(22,27,28)</sup>

Unleashing the Potential of the Health Workforce – Scope of Practice Review (‘the Scope of Practice Review’), led by Professor Mark Cormack;<sup>(2,27)</sup> identifies a range of issues that impact the ability of all primary care health professionals to work to their full scope of practice. The combined recommendations in the report (shown in table 1 below) are intended to remove the major barriers that impede health professionals from practising to their full scope, thereby ensuring the provision of best collaborative care for consumers.

The recommendations from the Scope of Practice Review are summarised below:

Theme	Recommendations
<b>Workforce design</b>	<ol style="list-style-type: none"> <li>1. Develop a National Skills and Capability Framework and Matrix</li> <li>2. Establish a primary care workforce development program</li> <li>3. Amend the National Law to provide a consistent authority of the Health Ministers to give policy directions on registration and accreditation functions</li> <li>4. Develop principles for Interprofessional Education and interprofessional capabilities for primary care, collaborative practice and First Nations health care</li> <li>5. Remove unnecessary barriers to supervision in primary care education and training</li> </ol>
<b>Legislation and regulation</b>	<ol style="list-style-type: none"> <li>6. Progress activity-based regulation of scope of practice to complement the status quo protection of title approach</li> <li>7. Program of review and potential harmonisation of existing regulation and legislation</li> <li>8. Strengthen and standardise the regulatory model for health professions currently operating outside the NRAS</li> <li>9. Establish an independent mechanism to provide evidence-based advice and recommendations in relation to significant workforce innovation, emerging healthcare roles and workforce models that involve significant change to scope</li> </ol>
<b>Funding and payment policy</b>	<ol style="list-style-type: none"> <li>10. Introduce a new blended payment to enable access to multidisciplinary healthcare delivered by health professionals working to their full scope of practice in primary care</li> <li>11. Introduce bundled payment model for maternity care</li> <li>12. Implement new direct referral pathways for consumer access to specified non-GP specialist MBS Schedule items</li> </ol>

<p><b>Enablers and other key considerations</b></p>	<ol style="list-style-type: none"> <li>13. Program governance and reform structure to oversight reforms</li> <li>14. Develop a new capacity building and implementation support program for the 31 Primary Health Networks</li> <li>15. Develop and implement communications and training strategies</li> <li>16. Commit to a shared definition of cultural safety across primary care</li> <li>17. Mandate participation by primary care providers in an approved accreditation program</li> <li>18. Prioritise implementation of reforms in rural, remote and underserved areas</li> </ol>
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Table 1 Recommendations from *Unleashing the Potential of the Health Workforce – Scope of Practice Review*<sup>(3)</sup>

Under Recommendation 1, Health Ministers are recommended to develop a National Skills and Capability Framework and Matrix to support workforce design, development, education, and planning in primary care.<sup>(27)</sup> The primary purpose of this recommendation is to foster consistency across the health professions, thereby facilitating a clearer understanding of each profession’s scope of practice. This understanding is crucial in enhancing the cohesion and efficiency of interprofessional and multidisciplinary health teams and ultimately helps addresses workforce shortages by promoting task sharing and role redesign.

Within the context of pharmacy, several of the review’s recommendations relate directly to education, training and workforce development, which fall under the remit of the APC.<sup>(7)</sup> These areas are central to enabling pharmacists to assume expanded roles, such as medication management, prescribing, preventative health interventions and providing support for chronic health issues.

Commissioned by the Pharmacy Board, in 2023 APC, developed the Accreditation Standards for Pharmacist Prescriber Education programs<sup>(29)</sup>, which are now embedded within APC’s accreditation processes. The standards are aligned with the broader workforce reform agenda recommended in the Scope of Practice Review and enable pharmacists to satisfy transition into advanced and extended scope of practice. In addition to APC’s work on pharmacist prescriber standards, APC is also committed to strengthening interprofessional education and collaborative practice, helping all regulated health practitioners learn from, with, and about each other for the benefit of all consumers – an approach that aligns with recommendations from the Scope of Practice Review.

Pharmacists are accessible and highly trained health practitioners who are uniquely positioned to expand their contributions to healthcare delivery. The Pharmacy Guild of Australia data indicates that Australians visit a pharmacist up to 18 times per year in metropolitan, rural and remote locations with 84% of adults reporting that they trusted the advice they receive from a pharmacist.<sup>(30)</sup> This finding suggests that Australian pharmacists are accessible health professionals who are well prepared to practise in their expanded scopes and contribute to better health outcomes.

However, longstanding regulatory, funding and systemic barriers continue to limit practising pharmacists’ ability to work to full scope. For example, inconsistent state-based legislation can restrict pharmacists from administering certain vaccines or prescribing even when they are trained to do so. Additionally, funding models may not provide adequate incentives for pharmacists to practise at the top of their scope, while fragmented integration within primary care teams and limited access to shared health records hinder pharmacists’ ability to contribute fully. Recent national policy developments are helping to address these issues and create opportunities for expanded roles across the pharmacy profession.

## Allied Health: Credentialling, Competency and Capability Framework

The Allied Health Credentialling, Competency and Capability Framework, developed by Victoria Health,<sup>(31)</sup> is a key resource for allied health workforce planning and development. The framework supports the safe, effective and consistent delivery of healthcare by allied health professionals in Australia. This resource also helps define standards and expectations for skills, knowledge and performance across various allied health disciplines. Furthermore, this framework offers a platform for the safe implementation of new models, treatments, procedures, and roles, with broadened practice scopes.<sup>(31)</sup>

Allied health encompasses a diverse range of professions with different technical skills, knowledge and practices. It comprises professions regulated under the National Scheme and self-regulated allied health professions. It includes both professionals and assistants.

Given this diversity, there is a strong need for consistency across the sector to ensure safe, effective, and high-quality care for all Australians. Without a consistent framework there will be variations in scopes of practice, competency and capability which can lead to confusion, inefficiencies, and potential risk in service delivery, particularly in multidisciplinary or interprofessional settings. With the expectations for health professionals to practise at the top of their scope, addressing the current inconsistencies in the sector is essential. This framework helps provide the structure and guidance needed to support consistent, safe, and effective practice.

The key elements of aligning with the framework include:

1. Building on what already exists
  - Using this framework as a reference means building on best practice and avoiding gaps or duplication
  - This will also support ease of adoption or acceptance of a new framework
2. Promotes consistency and alignment
  - Aligning with this framework will help ensure consistency across roles, professions and health settings
  - Established structure and language that aligns with national standards
3. Supports flexibility and workforce innovation
  - It accommodates varying levels of practice (entry-level, advanced, extended scopes), which is vital for building a future-proof workforce

Drawing on the National Common Health Capability Resource (NCHCR),<sup>(32)</sup> Section 3 of this framework focuses specifically on capability. It provides a critical foundation for developing the broad, transferable attributes needed for a responsive, future-ready allied health workforce. Resource 3.4 provides a detailed, grade-level mapping of capability expectations. The domains in Resource 3.4 mirror those in NCHCR, which are:<sup>(31,32)</sup>

- Domain 1: Provision of Care
- Domain 2: Collaborative Practice
- Domain 3: Health Values
- Domain 4: Professional, ethical and legal approach
- Domain 5: Lifelong learning

By adopting the NCHCR's national framework, the Allied Health Credentialing, Competency and Capability Framework provides a practical, grade-level mapping that supports allied health professionals' growth while maintaining alignment with established national standards. This approach also aligns with the recommendation 1 of the Scope of Practice Review.

## Summary

The Australian Health Practitioner Regulation Agency (Ahpra) administers the National Registration and Accreditation Scheme (the National Scheme) and provides support to the National Boards to ensure all registered health practitioners are suitably trained and qualified to practise safely. Ahpra works in partnership with the fifteen National Boards to implement the National Scheme established to regulate these health professions, to ensure consistency and most importantly to assure public safety.

Individuals wishing to practise in a number of health professions in Australia must be suitably qualified and registered with Ahpra. Each profession under the National Scheme has described the knowledge, skills and professional attributes required to safely and competently practise in their respective health professions. These are referred to as professional capabilities, graduate outcomes or standards for practice.

The Pharmacy Board has engaged APC to help develop a Pharmacist Capability Framework which will be used for both accreditation and registration purposes. This Framework will be guided by national health priorities like preventive care, health equity, interprofessional collaboration, and workforce innovation.

In the *Unleashing the Potential of our Health Workforce - Scope of Practice Review – Issues Paper 1*<sup>(2)</sup> led by Professor Mark Cormack, a key focus of the report was strengthening the health workforce to meet the evolving health demands. This involves expanding the scope of practice for health professionals. The final review, *Unleashing the Potential of our Health Workforce – Scope of Practice Review – Issues Paper 2*,<sup>(3)</sup> also emphasised the need for a National Skills, Capacity Framework and Matrix.

## Healthcare Professions Capabilities and Competencies Frameworks

The following section describes the wide range of frameworks from Australia and overseas that were included in this review to explore how practitioner capabilities are defined, and which elements should be considered when developing new capability frameworks.

### National Health Frameworks

Australia's health practitioner regulatory system includes a range of profession-specific frameworks that set out the expected standards for education, registration, and professional practice. The following profession-specific documents serve as key tools for ensuring public safety and guiding consistent, high-quality care across the health workforce.<sup>(1)</sup> While some frameworks share a common format and intent, others are tailored more uniquely to the needs and scope of individual professions.

Each profession in the National Scheme currently has its own professional capabilities document(s). A number of the following documents share common capabilities to all health practitioners, regardless of profession.

For example, almost all professions have capabilities about:<sup>(6)</sup>

- culturally safe care for Aboriginal and Torres Strait Islander peoples
- communicating clearly, respectfully, sensitively and effectively
- interprofessional collaborative practice
- patient-centred care and planning, and performing a comprehensive assessment
- professionalism, ethics and working within legislative and regulatory requirements
- quality use of medicines and safe and effective prescribing
- lifelong learning

While these capabilities may be common across professions, each profession uses different language to describe the capability. This means there may not be a shared understanding between practitioners from different professions and patients about shared areas of capability, potentially undermining continuity of care.

To address this, it is essential to examine existing capability frameworks within the National Scheme, to identify commonalities, gaps, and best practice. Drawing from these can help ensure our own framework promotes shared understanding, supports interprofessional collaboration, and aligns with national priorities. The following are examples of relevant capability frameworks that can inform the development of a robust and future-focused Pharmacist Capability Framework.

#### Aboriginal and Torres Strait Islander Health Practice

The Aboriginal and Torres Strait Islander Health Practice Board of Australia is the national board responsible for regulating and supporting safe, professional and culturally appropriate practice of Aboriginal and Torres Strait Islander Health Practitioners across Australia.<sup>(33)</sup> The Board's Professional Capabilities for Registered Aboriginal and Torres Strait Islander Health

Practitioners was published by the National Board in 2019.<sup>(34)</sup> The professional capabilities outline the knowledge, skills and professional attributes needed to safely and competently practise as an Aboriginal and Torres Strait Islander Health Practitioner in Australia.<sup>(34)</sup> In addition to this, the capabilities define the threshold level of professional capability required for both initial and continuing registration.

The framework aligns with the Ahpra structure and domains shared across other health disciplines. The core domains that this framework shares with other professions are:

- Domain 2: Professional and ethical practitioner
- Domain 3: Communicator and collaborator
- Domain 4: Lifelong learner
- Domain 5: Quality and risk manager.

Moreover, a domain that focuses on the unique aspects of the profession is Domain 1, which specifically pertains to Aboriginal and Torres Strait Islander Health Practitioners.

### Chinese Medicine

The Chinese Medicine Board of Australia is the national board responsible for regulating Chinese medicine practitioners to ensure that all practitioners are suitably trained, qualified and safe to practise.<sup>(35)</sup> The Board's Professional capabilities for Chinese medicine practitioners were released in 2020.<sup>(36)</sup> The professional capabilities identify the knowledge, skills and professional attributes needed to safely and competently practise as an acupuncturist, and/or a Chinese herbal medicine practitioner and/or a Chinese herbal dispenser in Australia. They describe the threshold level of professional capability required for both initial and continuing registration.

The professional capabilities were developed in consultation with a wide range of stakeholders and in alignment with Ahpra requirements. The framework reflects the shared core capabilities found in similar documents. The framework also includes the capabilities related specifically to the Chinese medicine profession.

### Medical Radiation

The Medical Radiation Practice Board of Australia is the national board responsible for regulating the medical radiation profession in Australia. The Board first published its Professional capabilities for medical radiation practitioners in 2013 with an updated version implemented in 2020.<sup>(37)</sup> The framework follows the same structure and domains as both of the frameworks described earlier.

Of particular note is the framework's emphasis on the concept of threshold professional capability and competence. The framework describes professional capability as the ability to take effective and appropriate action to solve problems and make informed decisions in both familiar and unfamiliar, complex and changing settings. Capability does not preclude the expression of competence, nor is capability a higher level of competence. Rather, competence is viewed as an essential part of being capable. On the other hand, competence, in this framework, refers to the consistent application of knowledge and skills in routine practice, whereas capability extends beyond this to include adaptability, critical thinking, and responsiveness in varied and unfamiliar contexts. Both of these definitions were used explicitly

for the Medical Radiation Framework. This distinction reflects a shift toward a capability framework that supports ongoing professional practice rather than serving solely as a point-in-time assessment. It enables practitioners to develop and demonstrate threshold behaviours for safe and effective practice across diverse and continually evolving healthcare environments.<sup>(37)</sup>

## Podiatry

The Podiatry Board of Australia is the national board responsible for regulating the podiatry profession in Australia. The primary function of the Board is to protect the public by ensuring that podiatrists and podiatric surgeons meet the necessary standards of practice and conduct.<sup>(38)</sup>

The Board's two key documents outline the professional capabilities within the podiatry profession:

1. Professional capabilities for podiatrists (2022)<sup>(39)</sup>
2. Professional capabilities for podiatric surgeons (2022)<sup>(40)</sup>

Both documents are structured similarly to the professional capabilities developed by other National Boards. They both retain the five main domains:

- Domain 1: Relevant Podiatry level
- Domain 2: Professional and ethical practitioner
- Domain 3: Communicator and Collaborator
- Domain 4: Lifelong Learner
- Domain 5: Quality and Risk Manager.

Together, these domains define the essential capabilities required for safe and competent practice across a variety of clinical contexts and levels of complexity.

While many of the key capabilities in both documents largely align, the Professional Capabilities for Podiatric Surgeons includes enabling components that reflect a more advanced scope of practice. These enabling components are tailored to meet the heightened expectations and responsibilities associated with the role of a podiatric surgeon and is aligned with the broadened scope of professional capabilities.

## Paramedicine

The Paramedicine Board of Australia is the national board responsible for regulating paramedicine practitioners, ensuring practitioners are suitably qualified, competent and fit to practise safely.<sup>(41)</sup> The Board's Professional Capabilities for Registered Paramedics<sup>(42)</sup> was developed under the guidance of Ahpra and aligns with broader regulatory expectations. The framework outlines the knowledge, skills and professional attributes required for safe and competent practice in Australia. The capabilities share a number of similarities in structure and format of the Ahpra frameworks. The domains are:<sup>(42)</sup>

- Domain 1: The professional and ethical practitioner
- Domain 2: The communicator and collaborator
- Domain 3: The evidence-based practitioner
- Domain 4: The safety and risk management practitioner

- Domain 5: The paramedicine practitioner

Paramedics like pharmacists are increasingly working in extended or advanced scopes, often in community and primary care settings. This creates natural alignment in terms of expectations for independent practice, critical thinking and patient-centred outcomes. As a result, it is essential that our framework aligns.

### Chiropractic

The Council on Chiropractic Education Australasia (CCEA) is the independent and nationally recognised accrediting authority in the Asia Pacific region.<sup>(43)</sup> CCEA is the accreditation authority for the chiropractic profession in Australia, appointed by the Chiropractic Board of Australia and assesses and accredits programs of study and education providers. The accreditation functions of CCEA also include the development and review of accreditation standards, the assessment of assessing authorities, and performing assessment of the knowledge and clinical skills, professional attributes and overall competence of overseas chiropractors wishing to practise in Australia.

The Competency Standards for Chiropractors were updated and effected in February 2025,<sup>(44)</sup> are developed and owned by the CCEA. The Competency Standards for Chiropractors delineate the essential competencies required for safe and effective chiropractic practice. These competencies are categorised into two primary domains: Universal Competencies and Practice Competencies.

Universal Competencies encompass the foundational skills and attributes that all chiropractors must demonstrate regardless of their specific practice area. These competences include:

- Universal Competency 1: Practising professional
- Universal Competency 2: Practising in a culturally safe and respectful way
- Universal Competency 3: Communication, collaboration and leadership

Practice Competencies pertain to the specific skills and knowledge required to deliver chiropractic care effectively. These competencies include:

- Practice Competency 4: Clinical assessment
- Practice Competency 5: Planning care
- Practice Competency 6: Implementing, monitoring and evaluation care

The Chiropractic framework presents a valuable structural model through its distinction between universal competencies and practice-specific competencies. This approach provides clarity on the foundational capabilities expected of all practitioners, while also recognising the specialised skills required for professional practice.

### Dental

The Australian Dental Council (ADC) is the accreditation authority appointed by the Dental Board of Australia for the dental professions in Australia. The ADC worked in close consultation with the Australian dental professions and wider community to develop the Professional

competencies of the newly qualified dental practitioner.<sup>(45)</sup> The ADC are the custodians of the Professional competencies of the newly qualified dental practitioner.

The competencies for all five divisions of registered dental practitioners in Australia have been consolidated into a single comprehensive document to support collaborative team-based care by promoting a clearer understanding of each division competencies. The document describes the competencies that all newly qualified dentists must demonstrate.

The range of competencies expected of the newly qualified practitioner has been clustered into the following six domains:

Competencies for all divisions of general registration:

1. Social responsibility and professionalism
2. Communication and leadership
3. Critical thinking

Competencies specific to each division of general registration:

4. Health promotion
5. Scientific and clinical knowledge
6. Person-centred care

Aligning with the Dental professional capabilities ensures consistency across professions with similar scopes of autonomous patient-facing care.

## Medicine

The Australian Medical Council (AMC) is the independent national accrediting authority for medical education programs. The Medical Board of Australia has appointed AMC as the accreditation authority for medicine to conduct accreditation functions under the National Law. As with other accreditation authorities, the AMC has responsibility for developing accreditation standards, including the Standards for Assessment and Accreditation of Primary Medical Programs, which the Board approves.<sup>(46)</sup> Graduate outcome statements are embedded with the AMC Standards for Assessment and Accreditation.

Unlike many other regulated health professions in Australia (apart from psychology), the professional competencies for medicine are embedded in the accreditation standards. The Graduate outcome statements serve as the national benchmark outlining what medical students should know and be able to do when they complete their degree. The document provides guidance to medical educators in designing curriculum and assessment, ensuring graduates are equipped to begin clinical practice responsibility and competently within the Australian healthcare system.

The graduate outcome statements comprise the following domains:

- Domain 1: Practitioner
- Domain 2: Professional and leader
- Domain 3: Health advocate
- Domain 4: Scientist and scholar

The outcome statements are observable and measurable. This framework provides a nationally consistent, future-focussed foundation that ensures medical graduates are equipped to deliver safe, competent, and patient-centred care from start of their professional journey.

## Nursing and Midwifery

The Nursing and Midwifery Board of Australia (NMBA) is the national board of the nursing and midwifery professions in Australia and outlines national standards for practice that apply to all regulated nursing and midwifery professionals. There are four standards documents that define the expectation for safe, competent, and ethical care at each level of professional practice<sup>(47)</sup>:

### 1. Midwife standards for practice<sup>(48)</sup>

The Midwife standards for practice provide a framework for midwifery practice in all contexts. They also inform women, consumers, those who regulate, educate, collaborate with and manage midwives on what to expect from a midwife's practice. These standards mirror the Registered nurse standards but are expanded to reflect and tailor to midwifery practice.

### 2. Registered nurse standards for practice<sup>(49)</sup>

The Registered nurse standards for practice are for all registered nurses (RNs) across all areas of practice:

- Standard 1: Thinks critically and analyses nursing practice.
- Standard 2: Engages in therapeutic and professional relationships.
- Standard 3: Maintains the capability for practice.
- Standard 4: Comprehensively conducts assessments.
- Standard 5: Develops a plan for nursing practice.
- Standard 6: Provides safe, appropriate and responsive quality nursing practice.
- Standard 7: Evaluates outcomes to inform nursing practice

### 3. Enrolled nurse standards for practice<sup>(50)</sup>

The Enrolled nurse standards for practice are the core practice standards that provide the framework for assessing enrolled nurse (EN) practice. They communicate to the general public the standards that can be expected from ENs. The standards are divided into 3 domains:

- Domain 1: Professional and collaborative practice
- Domain 2: Provision of care
- Domain 3: Reflective and analytical practice

### 4. Nurse practitioner standards for practice<sup>(51)</sup>

The Nurse practitioner standards for practice build and expand on those required of an RN. The standards in this document are the minimum standards that are applicable across diverse practice settings and patient/client populations for both beginning and experienced Nurse practitioners.

- Standard 1: Assesses using diagnostic capability

- Standard 2: Plans care and engages others
- Standard 3: Prescribes and implements therapeutic interventions
- Standard 4: Supports health system

The nursing standards emphasises that nurses, similarly to pharmacists, play critical roles in both direct patient care, often with interdisciplinary teams.

### Occupational Therapy

The Occupational Therapy Board of Australia is the national board for the occupational therapy profession in Australia. The Board aims to ensure that occupational therapists deliver safe, competent, and ethical care.<sup>(52)</sup>

The Australian Occupational Therapy Competency Standards<sup>(53)</sup> were developed by the Board through consultation with the profession, the public and other relevant bodies. The competency standards focus on four competency standards that are further described by a number of practice behaviours. The practice behaviours communicate to an occupational therapist and the public the expected behaviours an occupational therapist should demonstrate under each competency standard.

The competency standards include:

- Standard 1: Professionalism
- Standard 2: Knowledge and learning
- Standard 3: Occupational therapy
- Standard 4: Communication

### Optometry

The Optometry Board of Australia is the national board for the optometry profession in Australia. The Optometry Council of Australia and New Zealand (OCANZ) is the accreditation authority appointed by the Board.

The Entry-Level competency Standards for Optometry were developed by OCANZ and approved by the Board.<sup>(54)</sup> The document identifies the knowledge, skills and professional attributes needed to safely and competently practise as an optometrist.

The following are the Domains that cover requirements of an entry-level optometrist:

- Domain 1: Clinical Care Provider
- Domain 2: Professional and Ethical Practitioner
- Domain 3: Communicator and Collaborator
- Domain 4: Scholar and Lifelong Learner
- Domain 5: Quality and Risk Manager

## Osteopathy

The Osteopathy Board of Australia is the national board for the osteopathic profession in Australia.

The Osteopathy Board of Australia Capabilities for osteopathic practice are informed by the CanMEDS competency framework that was developed by the Royal College of Physicians and Surgeons of Canada.<sup>(55)</sup> The seven core roles that have been adapted by the profession are as follows:

- Role 1: Osteopath
- Role 2: Professional and ethical practitioner
- Role 3: Communicator
- Role 4: Critical reflective practitioner and lifelong learning
- Role 5: Educator and Health promoter
- Role 6: Collaborative practitioner
- Role 7: Leader and Manager

This framework provides a great exemplar in how an overseas framework can be adapted and be applicable in Australia's context.

## Physiotherapy

The Physiotherapy practice thresholds in Australia & Aotearoa New Zealand<sup>(56)</sup> were jointly developed by the Physiotherapy Board of Australia (PhysioBA) and the Physiotherapy Board of New Zealand (PBNZ). The Boards undertook a comprehensive review and update of the framework that was implemented in October 2023. The updated version reflects contemporary expectation for physiotherapy practice, incorporating elements such as cultural safety, digital competence and interprofessional collaboration.

Drawing inspiration from the CanMEDS framework<sup>(55)</sup> which is used in medical education primarily in Canada and now adapted by other health professions and other countries, the Physiotherapy Practice Thresholds consist of 21 competences grouped into 7 key roles essential for competent physiotherapy practice:<sup>(56–58)</sup>

- Role 1: Physiotherapy Practitioner
- Role 2: Professional and Ethical Practitioner
- Role 3: Communicator
- Role 4: Reflective Practitioner and Self-Directed Learner
- Role 5: Collaborative Practitioner
- Role 6: Educator
- Role 7: Manager/Leader

For pharmacy, this offers a valuable precedent for creating a similar capability framework to support evolving roles and ensure consistency in practice standards.

## Psychology

The Australian Psychology Accreditation Council is the accreditation authority for the psychology profession in Australia, appointed by the Psychology Board of Australia.<sup>(59)</sup>

Unlike many other regulated health professions in Australia (apart from medicine) the professional competencies for psychology are embedded in the accreditation standards. The Accreditation Standards for Psychology Programs serve as the national framework to ensure that psychology education programs in Australia deliver consistent, high-quality training that prepares graduates for safe, ethical, and competent practise. The standards describe the minimum requirements be met in order to deliver psychology programs suitable for safe practice of the profession.

The Standards articulate expected graduate outcomes across four domains: Foundational Competencies (developed during undergraduate studies), Pre-professional competencies (introduced during the fourth year), Professional competencies (developed in postgraduate programs), and Specialist competencies (students in advanced practice areas).

The Domains are:

- Domain 1: Public Safety
- Domain 2: Academic governance and quality assurance
- Domain 3: Program of Study
- Domain 4: The student experience
- Domain 5: Assessment

## Pharmacy

Given evolving scopes of practice, digital health integration, and interprofessional collaboration, there is a clear need to clarify how the existing National Competency Standards Framework <sup>(60)</sup> complement, extend or integrate with the planned capability framework to support pharmacists throughout their careers. This alignment will ensure a more coherent, flexible, and future-proof approach to pharmacist capability development, bringing together initial registration and lifelong professional growth in a rapidly changing healthcare.

The competency framework outlines the essential knowledge, skills, attitudes and attributes required for pharmacists to practise effectively across all areas of the profession. The framework serves as a foundational tool for guiding education, professional development, and performance assessment.

The framework is structured around five domains:

- Domain 1: Professional and Ethical Practice
- Domain 2: Communication and Collaboration
- Domain 3: Medicine Management
- Domain 4: Health Promotion and Education
- Domain 5: Quality and Safety

Each domain includes performance criteria described at four levels:

- General level
- Transition level Stage 1
- Consolidation level Stage 2
- Advanced level Stage 3

The Board's emerging pharmacist capability framework will focus on defining entry-to-practice standards aligned with national accreditation requirements. Once the Capability Framework is implemented, the National Competency Standards Framework will serve continuing professional development, and professional practice needs post-registration. The Competency Framework is intended for use by all pharmacists, regardless of their specific role or practice setting, and is aligned with the requirements of the Pharmacy Board for pharmacists' post-initial registration.

### Cross-professional and System-Level Frameworks

In addition to healthcare profession-specific frameworks such as those listed above from the National Scheme, there are several cross-cutting health national frameworks that, while not developed for a single health profession, are highly relevant and essential to consider in developing a pharmacist capability framework.

### The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025

The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025<sup>(61)</sup> has been developed in partnership with Aboriginal and Torres Strait Islander leaders and organisations, National Scheme entities and Ahpra. The Strategy is the roadmap which aims to transform the healthcare system into one that is culturally safe, free from racism and is equitable for Aboriginal and Torres Strait Islander peoples. The Strategy has been signed up to by all entities within the National Scheme.

Given the significance of cultural safety in achieving health equity and the need for systemic change across health professions, the Strategy outlines a clear set of objectives to guide meaningful action. The Strategy's core objectives are designed to ensure that cultural safety is embedded in all aspects of the National Scheme:

- Cultural Safety
- Increased Participation
- Greater Access
- Influence
- Monitoring and reporting

In summary, integrating the Strategy into the framework development is both a professional responsibility and necessary step toward achieving systemic change.

### Australian Digital Health Capability Framework

The Australian Digital Health Capability Framework<sup>(62)</sup>, developed by the Australasian Institute of Digital Health (AIDH) on behalf of the Australian Digital Health Agency, provides a structured approach to developing and assessing the digital competencies of healthcare professionals and organisations.

A health workforce competent and confident in delivering health and care using digital health is a key priority in the National Digital Health Strategy 2023-2028.<sup>(63)</sup>

Achieving this requires the definition of a national set of digital health capabilities towards which health workers of all types can professionally aspire, and on which workplaces can focus to build capability consistently across staff. A standardised, profession-agnostic approach will ensure consistency across the sector and increase opportunity for the development of transferable digital health capabilities which can be applied across a range of roles and settings.

## Domains

The Framework structure provides five Domains (A-E) with three sub-domains under each domain. The sub-domains are made up of four capability statements which describe the area in more detail and provide opportunity for individual reflection, assessment, and continual professional development.

The five domains of the digital health capabilities are:<sup>(62)</sup>

- Domain A: Digital Professionalism
- Domain B: Leadership and Advocacy
- Domain C: Data and Information Quality
- Domain D: Information Enabled Care and Services
- Domain E: Technology

## Capability Levels

Each capability statement has three levels. The levels represent a structured progression of digital health skills and knowledge tailored to different roles, responsibilities, and experience levels within the healthcare workforce. This tiered approach allows individuals to identify where they currently stand and what skills they need to develop to progress in their role or meet evolving workplace demands.

The three capability levels of the framework are:

- Formative
- Intermediate
- Proficient

The following Figure 1 describes the capability levels in more detail:

CAPABILITY LEVEL	LEVEL STATEMENT
<b>FORMATIVE</b>	This level reflects healthcare workers who are beginning to use and understand digital health and the implications for their work and their sector
<b>INTERMEDIATE</b>	This level reflects healthcare workers who are developing increased confidence, knowledge, skill and capacity in the use of digital health in their role
<b>PROFICIENT</b>	This level reflects healthcare workers who are assuming leadership in the use and championing of digital health within their own work setting and the broader health sectors

*Figure 1 Digital Health Capability Framework - Capability Levels*

Ensuring alignment with the Framework by incorporating its key messages ensures that the content of the new framework will be strategic, relevant and aligned with national priorities.

## Intellectual Disability Health Capability Framework

The Intellectual Disability Health Capability Framework is a national initiative developed by the Australian Government Department of Health and Aged Care.<sup>(64)</sup> The primary purpose of the framework is to equip pre-registration students in health, allied health, , and other health-related disciplines with the core capabilities necessary to provide quality healthcare to individuals with intellectual disability. The framework focuses on enhancing students' knowledge, skills, and attitudes to ensure they can deliver person-centred, inclusive, and effective care to this population.

This framework is particularly important given the significant health disparities faced by individuals with intellectual disability in Australia.<sup>(64)</sup>

The Capabilities are organised into six areas:

- Intellectual Disability Awareness
- Communication
- Quality Evidence-Informed Health Care
- Coordination and Collaboration
- Decision-Making and Consent
- Responsible, Safe and Ethical practice

Principles that underpin the Capabilities include:

- social justice
- person-centred care
- partnerships
- supported decision-making
- cultural safety
- evidence-informed health care

Each capability has been assigned learning outcomes at three different levels of learning.

These levels are:

- Know about (define, identify, outline, discuss, describe key concepts, summarise)
- Know how (sort, compare, contrast, interpret, organise)
- Shows how/does (perform, apply, diagnose, demonstrate, analyse, critique, create, design, debate)

Ensuring that the key messages, and certain elements of Intellectual Capabilities framework are captured in the pharmacist capability framework, will ensure that pharmacists at entry-level are equipped to provide inclusive, equitable and person-centred care especially to people with intellectual disability.

### National Safety and Quality Health Service Standards

The National Safety and Quality Health Service (NSQHS) Standards are developed by the Australian Commission on Safety and Quality in Health Care in collaboration with the Australian Government, states and territories, the private sector, clinical experts, patients and carers.<sup>(65)</sup>

The primary aims of the NSQHS Standards are:

- to protect the public from harm
- to improve the quality of health service provision

They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met. The NSQHS Standards cover high-prevalence adverse events, preventing and controlling infections, medication safety, comprehensive care, clinical communication, the prevention and management of pressure injuries, the prevention of falls, and responding to clinical deterioration. The following are the eight NSQHS standards:

1. Clinical Governance
2. Partnering with Consumers
3. Preventing and Controlling Infections
4. Medication Safety
5. Comprehensive Care
6. Communicating for Safety
7. Blood Management
8. Recognising and Responding to Acute Deterioration

Importantly, these NSQHS Standards have provided a nationally consistent statement about the standard of care consumers can expect from their health service organisations.<sup>(65)</sup>

### National Principles for Child Safe Organisations

The National Principles for Child Safe Organisations draw on the work of the Royal Commission into Institutional Responses to Child Sexual Abuse, Australian Children's Commissioners and Guardians and the 2005 National Framework for Creating Safe Environments for Children.<sup>(66)</sup>

They provide a national approach to embedding a child-safe culture across all sectors of Australian society in which children are involved.

The National Principles are underpinned by a child-rights approach and based on the standards recommended by the Royal Commission. The framework also emphasises the importance of culturally safe environments and practices for Aboriginal and Torres Strait Islander children.

The Principles outline at a high level the 10 elements that are fundamental for making an organisation safe for children. The ten principles are as follows:

1. Child safety and wellbeing is embedded in organisational leadership, governance and culture.
2. Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously.
3. Families and communities are informed and involved in promoting child safety and wellbeing.

4. Equity is upheld and diverse needs respected in policy and practice
5. People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice.
6. Processes to respond to complaints and concerns are child focused.
7. Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training.
8. Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.
9. Implementation of the national child safe principles is regularly reviewed and improved.
10. Policies and procedures document how the organisation is safe for children and young people.

Ensuring that the National Principles are reflected in curricula or frameworks will help build capacity and deliver child safety and wellbeing in organisations, families and communities and prevent future harm.

## Summary

Pharmacists need to be adaptable, flexible and capable in Australia's healthcare system. While each health profession has profession-specific frameworks, Ahpra's Guidance on developing professional capabilities<sup>(1)</sup> supports consistency in the development of capabilities of all health professions regulated under the National Scheme.

A review of the existing healthcare profession-specific frameworks revealed common themes including cultural safety, communication, interprofessional collaborative practice, professionalism, quality use of medicines and lifelong learning. In addition to the shared themes, the frameworks share similar structures. One key challenge was the lack of consistency in language, which highlighted the importance of ensuring consistency and shared language across the health professions.

## International Health Frameworks

### The International Pharmaceutical Federation (FIP) | Global Competency Framework

The FIP Global Competency Framework (GbCF) v1<sup>(67)</sup> was initially published in 2012. The framework is a comprehensive, evidence-based tool developed by the International Pharmaceutical Federation (FIP) to guide the education and professional development of early-career and foundation-level pharmacists worldwide. The framework is designed to be expandable and to support the progression of pharmacists towards more advanced roles. The GbCF includes behaviours grouped under competency domains and four broad competency clusters as depicted in figure 2.

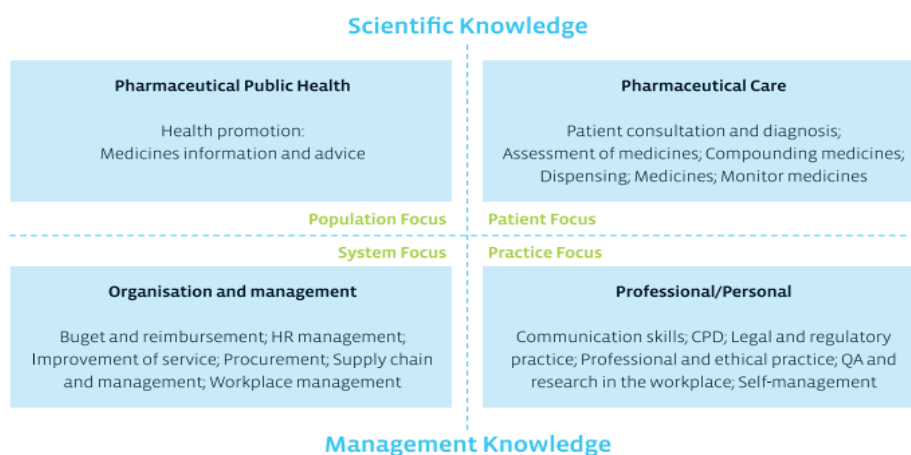


Figure 2 Domains and illustrative competencies from the GbCF v1 for pharmaceutical services <sup>(65)</sup>

The original version of the GbCF underwent a comprehensive, evidence-based validation process that included literature review, evidence/document gathering, consensus group meetings, content validation meetings and several rounds of iterative refinement. The outcomes of this process demonstrated that, fundamentally, there are universally shared capability attributes that span different practice settings and national boundaries.<sup>(67,68)</sup>

The current iteration, GbCF v2<sup>(69)</sup>, was released in 2020 and focuses on supporting the development of foundation and early-career pharmacists. The number of behavioural statements increased from 100 to 124 behavioural statements, with 23 competency domains, increasing from 20, but remains structured within four broad competency clusters.<sup>(68)</sup>

The GbCF framework has been widely adopted and adapted by numerous countries as a foundational tool in the development of national pharmacy competency or capability frameworks.<sup>(70–72)</sup> It is evident through the wide use of this framework that it is practical, flexible and has global relevance. Countries have used the GbCF not only to guide initial education and training standards, but also to structure workforce development, inform regulatory standards, and align professionals across healthcare systems.<sup>(73)</sup>

### Ireland | Pharmaceutical Society of Ireland (PSI) Core Competency Framework for Pharmacists

Ireland was the first country to adapt the GbCF,<sup>(72)</sup> with the Pharmaceutical Society of Ireland (PSI) developing its own Core Competency Framework<sup>(74)</sup> in 2013. The PSI is the regulatory body for pharmacy in Ireland. PSI's core competencies are based on the GbCF. Following a comprehensive review, an updated Core Competency Framework was approved by the PSI

Council in December 2022, to ensure it remains fit-for-purpose and relevant to the evolving role of pharmacists.

The PEARs project (Pharmacy Education and Accreditation Reviews) emphasised the need for pharmacy education in Ireland to be structured around competence at the point of registration. To achieve this, the PEARs project recommended that any new MPharm program should be underpinned by education and standards directly tied to what pharmacists are expected to know and be able to do once they are fully registered.<sup>(75)</sup>

To address this recommendation, PSI developed and published the Core Competency Framework. The framework not only defines the competencies required for safe and effective practice but also bridges the gap between academic education and professional expectations.

PSI's globally informed competency framework is structured into five domains:<sup>(74)</sup>

- Domain 1: Personal
- Domain 2: Professional
- Domain 3: Organisation and Management Skills
- Domain 4: Pharmacy Care
- Domain 5: Public Health

This competency framework is a valuable example for other countries and institutions aiming to ensure coherence between what is taught, what is practised and what is assessed at the point of registration.

### [South East Asia Region | The FIP Global Competency Framework: A validated adaptation](#)

Building on the foundation of the FIP Global Competency Framework (GbCF) v2<sup>(69)</sup>, the FIP Global Competency Framework: A validated adaptation for the South East Asia Region,<sup>(71)</sup> represents a strategic and context-sensitive approach to enhancing pharmacy education and practise in the region.

The adapted framework was published in December 2024. This framework preserves the overall structure and domain categories of the GbCF, which ensures that it remains aligned with international standards and facilitates comparability across countries.

The development of the framework was a collaborative and iterative process aimed at aligning global competency standards with unique health needs and pharmacy education and practice contexts of the South East Asia Region (SEAR).<sup>(71)</sup>

The successful adaptation of the GbCF for the SEAR shows its flexibility and relevance across different healthcare systems and pharmacy sectors.

### [Great Britain | The Royal Pharmaceutical Society \(RPS\) Foundation Pharmacist Framework](#)

The Royal Pharmaceutical Society (RPS) Foundation Pharmacist Framework 2019<sup>(76)</sup> is a comprehensive competency framework designed to guide the development of newly qualified pharmacists in Great Britain. It aims to ensure that foundational pharmacists are equipped with the necessary capabilities to practise confidently and competently across a range of clinical settings.

The framework was mapped against other existing framework in Great Britain (e.g. Advanced Pharmacy Framework) to ensure the attributes identified within the framework were aligned with identified attributes in existing documents. A key feature to note in mapping of this framework is that it has been designed to support seamless career development through foundation to advanced and consultant practice.<sup>(77)</sup>

There are nine attributes identified in Foundation Competency Framework, each represented by a number of behavioural descriptors. When considered in relation to the Advanced Pharmacy Framework, which represents the next stage in professional growth, it becomes clear that the two frameworks share a strong thematic alignment.<sup>(77)</sup>

The two frameworks share thematic alignment across the following domains:

- Professionalism
- Collaborative Working
- Evidenced-Informed Decision Making
- Communication & Consultation Skills
- Leadership and Management
- Education, Research and Evaluation

### South Africa | South African Pharmacy Council (SAPC) Competency Standards for Pharmacists

The South African Pharmacy Council (SAPC), the regulatory body for pharmacy in South Africa, published the comprehensive competency standards for pharmacists to align with the FIP GbCF v1 in 2018.<sup>(78)</sup> This marked a significant revision of the SAPC 2006 competence standards, reflecting a shift from a focus solely on competence to a broader concept of competency. This transition emphasised not only knowledge and technical skills but also behavioural attributes and professional attitudes.

The SAPC Competency standards were developed as a tool to help pharmacists to assess their own learning needs. Gaps in knowledge, skills, attitudes and values are identified by comparing personal knowledge, skills, attitudes and values with those required by the competency standards.

Adapted from the GbCF, the competency framework is structured into 12 competency domains, which are grouped together into four overarching clusters. This structure promotes a holistic approach to professional development and lifelong learning within the pharmacy profession in South Africa.

Further supporting the adaptability of the GbCF in African countries, a survey investigating pharmacists' perceptions of foundation-level competencies across African countries, provided valuable insights into regional development needs.<sup>(79)</sup> The findings highlighted a general recognition among pharmacists of the relevance and applicability of the competencies in GbCF. In addition to this, the survey underscored the need for harmonised, contextually relevant standards that can guide pharmacists across diverse healthcare settings in Africa, reinforcing the value of adopting and localising the GbCF.<sup>(69,79)</sup>

### Canada | National Association of Pharmacy Regulatory Authorities (NAPRA) Professional Competencies for Pharmacists and Pharmacy Technicians at Entry to Practice

The Professional Competencies for Pharmacists and Pharmacy Technicians at Entry to Practice in Canada (ETP) was published in 2024 by the National Association of Pharmacy Regulatory Authorities (NAPRA)<sup>(80)</sup>. NAPRA is the peak body for pharmacy provisional regulators in Canada. These competencies outline the essential knowledge, skills, abilities, attitudes and judgments required for pharmacists and pharmacist technicians to practise safely and competently upon entry into the profession in Canada.

While the competencies are grouped together for ease of reading, the domains and competencies are not listed in any order of importance, hierarchy, workflow, or sequence. All of the competencies listed are expected of pharmacy professionals at entry to practice in Canada. The following are the five competencies:<sup>(80)</sup>

- 1A. Providing Care
- 1B. Providing Care
- 2. Knowledge and Expertise
- 3. Communication and Collaboration
- 4. Leadership and Stewardship
- 5. Professionalism

### Canada | Royal College of Physicians and Surgeons CanMEDS 2015 Physician Competency Framework

While the CanMEDS (Canadian Medical Education Directives for Specialists) framework by the Royal College of Physicians and Surgeons of Canada is not specific to pharmacy, the capabilities within the document offer valuable insights and principles that are highly relevant and transferable to pharmacy practice. The framework focuses on the essential abilities that physicians need to improve health outcomes.<sup>(55)</sup> The framework is organised into seven thematic groups of competencies, which are expressed as physician Roles. The following are the 7 roles:

- Medical Expert
- Communicator
- Collaborator
- Manager
- Health Advocate
- Scholar
- Professional

The CanMEDS supports the development of practitioners along a continuum, identifying competencies required for safe and effective practice as well as ongoing professional growth. This approach is different to simply identifying the competence expected at entry to practice and moves away from traditional time-based immersions with an emphasis on a single point in time assessment to a system of demonstrating performance regularly in real situations and settings. This approach is a move towards Competency based education which is outcome focused.

The first edition of CanMEDS was approved and published in 1996 and was subsequently updated in 2005. The review of the current iteration of the framework (2015) involved individuals

and organisations inside and outside of Canada. The framework is now widely recognised and adapted for use in many countries and across different health professions.

In Australia, some of the health professions regulated under the National Scheme have used the CanMEDS either directly or indirectly to underpin their capabilities or competencies. Capability and practice threshold frameworks of Osteopathy and Physiotherapy professions are examples of frameworks that are directly influenced by the CanMEDS.<sup>(56,58,81)</sup>

## Summary

The review of international healthcare frameworks, particularly the FIP Global Competency Framework (GbCF), reveals a strategic and structured approach to advancing pharmacy practice, education, and workforce development. Several countries, including Ireland and South Africa, as well as those in the South East Asia Region, utilised an ‘adopt and adapt’ strategy, using the GbCF as a foundation for developing their own capability frameworks. Conversely, frameworks from the UK and Canada, while not based on the GbCF, nonetheless exhibited similar domains.

This review underscores the importance of adapting FIP frameworks to national needs, supported by strong governance, stakeholder engagement, and sustained investment in education and workforce infrastructure.

## Australia’s Pharmacist Capability Framework

Reviewing international pharmacy frameworks provides valuable insights into how different countries and global organisations structure and support pharmacy practice, education, and workforce development. These frameworks, such as those developed by the International Pharmaceutical Federation (FIP) and national regulatory bodies, offer models for competency development, professional standards, and role evolution. By critically examining these frameworks, we can identify common principles, innovative practices, and areas for improvement that inform the advancement of pharmacy services in diverse contexts. This review highlights the significance of global alignment while acknowledging the need for contextual adaptation to local healthcare needs and system capacities

## Ahpra Guidance on Developing Professional Capabilities

In February 2025, the Ahpra Independently chaired Accreditation Committee released its Guidance on developing professional capabilities, providing a nationally consistent approach to capability design.<sup>(1)</sup> The Committee was established by Ahpra in 2021 with the primary purpose to provide independent and expert advice on accreditation and other National Scheme accreditation matters. In line with Ministerial Council Policy Direction, Ahpra, National Boards and accreditation authorities are accountable for considering the Committee’s advice.

Under Section 25 of the National Law,<sup>(5)</sup> APC must ensure that processes and procedures used in developing the Pharmacist Capability framework align with the guidance as determined by Ahpra.

The guidance supports National Scheme entities by outlining key principles to:

- Ensure professional capabilities reflect contemporary practice
- Undertake broad consultation with stakeholders to ensure that valuable perspectives of stakeholders likely to be impacted by the professional capabilities are sought
- Assess regulatory impacts of the new professional capabilities
- Promote opportunities for consistency across health professions under the National Scheme
- Ensure the document is accessible on the Ahpra website
- Identify and commit to periodic reviews of the professional capabilities

The guidance seeks to foster good practice and promote greater consistency in the development of professional capabilities. While finalising and publishing the guidance is an important milestone for the Accreditation Committee in terms of addressing the concerns raised in the Scopes of Practice Review,<sup>(27)</sup> the guidance could have provided direction on the terminology to be adopted within the Scheme.

## Terminology: Capability vs Competency

The use of terminology across regulated health professions varies, with terms such as capability and competency often being used interchangeably, despite referring to conceptually distinct ideas. This lack of clarity can lead to confusion especially when terms such as competency and capability are used interchangeably despite referring to distinct concepts. The following definitions of competency and capability found in the literature highlight their distinct purposes and implications.

### Competency

Competency based education and assessment is widely accepted as the contemporary framework for preparing health professionals for practice. It involves the development of standards of practice for a specific profession, curriculum that supports the achievement of the standards and authentic assessment methods to measure an individual's success in meeting the standards.<sup>(82)</sup> Competency based education is outcome focused and endeavours to shift thinking away from the traditional concept of 'time-in training' as a means for determining readiness to practice.<sup>(83)</sup>

The term competency has its origins in vocational training where competency frameworks were derived from industry standards as indicators to define the skills necessary to perform a task adequately.<sup>(84,85)</sup> This association with the vocational section has been viewed negatively by some in the health professions.<sup>(86)</sup> Perhaps the use of alternative terms such as 'performance outcomes,' 'learning outcomes,' 'practice thresholds,' and 'capability' have been aimed at distancing the health professions from occupations that are perceived to not require high level critical thinking. But the inconsistent and interchangeable use of multiple terms to mean the same thing in the health professions has not been helpful and has led to confusion. While a common definition remains contentious, competency/competence is generally understood to comprise the set of technical skills, underpinning knowledge, attitudes, and behaviours of an individual that are measurable, and which are necessary to practice a specific profession.

There is broad agreement that competencies are useful for practice-based professions, including in non-health professions. Regulators and employers rely on competency frameworks

to assess an individual's readiness to practise independently or their employability, respectively. Critics of the competency-based approach, however, argue that competencies tend to rapidly go out of date, are simplistic and prescriptive, are only appropriate for stable environments in familiar contexts and fail to empower people to reach their full potential.<sup>(85–87)</sup> Further, where workplace context is complex and rapidly evolving such as in health care, competency statements have little value in providing information on what an individual can do when faced with new problems and new situations.

### Competencies in the context of Pharmacy

In pharmacy, competencies refer to the specific skills, knowledge, and abilities required to perform tasks effectively in a professional setting. They are often defined as the "what" of professional performance, focusing on the execution of specific tasks or actions with the necessary knowledge.<sup>(88,89)</sup>

In addition to this, competency frameworks in pharmacy are used to regulate career entry, benchmark standards of practice, and facilitate expertise development. These frameworks are essential for competency-based education and training (CBET) and are designed to ensure pharmacists meet the health needs of their communities.<sup>(88)</sup> Assessment of competencies typically occurs through structured frameworks that include various domains such as clinical skills, pharmaceutical care, and research-related competencies.<sup>(88)</sup>

### Capability

The concept of capability was first introduced into higher education by Stephenson and Yorke in the 1990's<sup>(85)</sup> at about the same time that George Miller published his iconic Miller's pyramid for assessment of clinical competency.<sup>(90)</sup> Summarised in Figure 3 below, capability is about being creative, an effective communicator, future focused, a confident decision maker, and effective problem solver in both familiar and unfamiliar situations.

#### What is Capability?

**Stephenson and Yorke (2012)** first introduced the concept of *capability and quality in higher education* in the 1990s. To summarise, they declared:

Capability is a broader concept than that of competence ... Capability embraces competence but is also forward looking, concerned with the realization of potential ... Capability is an integration of knowledge, skills, personal qualities and understanding used appropriately and effectively – not just in familiar and highly focused specialist contexts but in response to new and changing circumstance ... to take actions in uncertainty and to see initial failure as a basis of learning how to do better (**Stephenson and Yorke, 2012**).

*Figure 3 Capability definition by Stephenson and Yorke<sup>(83)</sup>*

The New South Wales Rural Doctors Network (NSW RDN) provide an expansive comparison of capability vis a vis competence<sup>(91)</sup> as shown in Figure 4 below. The NSW RDN proposes that a capability approach places an individual's entire state at the centre of thinking (person-centred) and that this helps build individual adaptability, motivation, and resilience to work effectively in challenging and evolving contexts such as those found in rural health care settings. Martinuik

and colleagues suggest that capability thinking also provides a suitable framework for concepts such as lifelong learning, reflective practice, and professionalism.

#### What is capability?

*Capacity* refers to sufficient quantities to meet demand. *Competence* is what individuals know or are able to do in terms of knowledge, skills and attitude. *Capability* refers to skills and experience and takes into account factors such as values, commitment, creativity, intuition, integrity and other personal qualities, as well as context/environment<sup>7</sup>. It considers the extent to which individuals can adapt to change, generate new knowledge and continue to improve their performance<sup>8</sup>. Stephenson and Cairns describe capability as requiring the integration of skills, knowledge, ethics and judgement, including in dealing with unfamiliar problems in unfamiliar contexts<sup>9</sup>. Capability needs to be thought of as a dynamic performance. It changes with context and time. This is in contrast to competence, which is typically static (ie the individual has the skills to perform). Capability bridges the external (observable actions/skills) as well as the internal (not readily observable, eg values, motivation, wellbeing). While definitions of competence do include the internal, such as 'attitude', one might say that capability extends further or even focuses primarily on these 'internal', and less measured, domains. We recognise the varied interpretations of the

Figure 4 What is capability? (75)

### Capabilities in the context of Pharmacy

Competencies in pharmacy are specific, measurable skills and knowledge required for effective practice, while capabilities encompass the broader ability to adapt and apply these skills in varying contexts. Both are essential for the sustained growth and development of pharmacy professionals, with competencies providing the foundation for practice and capabilities enabling adaptation and innovation in response to changing healthcare landscapes. Building on these definitions within the context of pharmacy, capabilities on the other hand, are broader and refer to the ability to adapt, learn, and apply skills in new and unfamiliar situations. They emphasise flexibility and adaptability, allowing pharmacists to manage effectively in dynamic and changing environments.<sup>(92,93)</sup> Particularly in pharmacy management, capabilities are crucial for identifying and solving unfamiliar problems, requiring a combination of knowledge, experience, and adaptability.<sup>(92,93)</sup> Capabilities are therefore viewed as dynamic and evolving, often involving learning from external sources and adapting to changes over time.<sup>(94)</sup>

#### Capability definition

For the purpose of this work, APC has adapted Ahpra's definition of capabilities<sup>(1,58,95)</sup>:

*The knowledge, skills, behaviours, professional and personal attributes needed to safely practise as a registered pharmacist in Australia. It is the extent to which pharmacists can adapt to change, generate new knowledge and continually improve their performance.<sup>2</sup>*

As part of the development work, APC has defined a **Capability framework** as: *a complete collection of capabilities that are thought to be essential to safely practise as a registered pharmacist in Australia.*

## Developing a Capability Framework for Entry into the Pharmacy Profession

Building on the distinction between competencies and capabilities, it is essential to develop a capability framework specifically for entry-level practice. Such a framework ensures that a newly graduated pharmacist possesses not only the foundation, measurable competencies but also the broader capabilities needed to adapt and thrive in diverse and evolving healthcare environments. Linking the entry-level framework to the National Competency Standards Framework provides a coherent pathway from education to professional practice, supporting consistency, clarity and confidence across professions.

### Entry to Practice Learning

In designing a capability framework, it is important to examine adult learning principles, in particular Miller's Pyramid (1990). Miller's model is useful for conceptualising the development of clinical competencies in stages, as depicted in the following figure 5:<sup>(90)</sup>

- Knows – the pharmacist has the necessary factual and theoretical knowledge
- Knows How – The pharmacist understands how to apply that knowledge
- Shows How – The pharmacist demonstrates their ability to perform in simulation or structured environments
- Does – The pharmacist performs competently in real-work settings

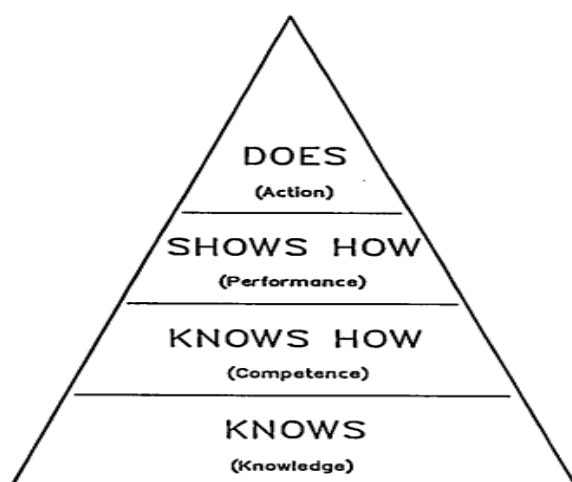


Figure 5 Miller's pyramid for assessing clinical competencies

While Miller's pyramid helps structure educational and assessment approaches, it primarily supports development with stable, predictable contexts. Critics argue that traditional competency frameworks, although valuable, may fall short in addressing the unpredictable, interdisciplinary, and rapidly evolving nature of healthcare practice.<sup>(70,96,97)</sup> In this context there is growing recognition of the need to complement competencies with capabilities. Capabilities prioritise flexibility, professional judgment, critical thinking, and the ability to learn and adapt.

## Purpose of the Capability Framework

In Australia, there is no nationally endorsed capability framework specifically for entry-level pharmacists, as we defined above, which creates a gap in clearly defining the necessary skills, knowledge, and confidence to practice safely and effectively at the point of registration. The development of such a framework is essential to ensure consistency across pharmacy education programs, align expectations between academic institutions, regulators and employers, and support safe and effective practice from day one.<sup>(87,98)</sup>

Capability frameworks are particularly valuable in providing a structured developmental trajectory. They support not only technical skill acquisition but also the cultivation of professional identity, confidence, and reflective capacity over time. Informed by adult learning theories such frameworks enable learners to progressively take on more responsibility and adapt to emerging challenges.<sup>(85)</sup> Capability frameworks also promote alignment across pharmacy education, regulation and employment sectors by offering a shared language for expectations.

Importantly, a capability framework would provide a mechanism to define learning outcomes and expectations that are contemporary. As pharmacists are increasingly expected to function in interprofessional collaborative environments, apply digital tools and navigate systems-based care, it is essential that education prepares them not only ‘to do the work’ but to grow with the work.<sup>(98,99)</sup>

The Advanced Pharmacy Practice Framework (APPF)<sup>(100)</sup> complements this need by outlining the progression from foundational to advanced practice but without a defined entry-to-practice capability framework, the profession lacks a baseline. Establishing a clear continuum of professional development will support better workforce planning, and ensure pharmacists are equipped to meet the evolving demands of Australia’s healthcare system. Previously a stand-alone framework, this framework was incorporated into the National Competency Standards Framework for pharmacists in Australia in 2016.

## Application of the Capability Framework

It is critical to consider how a capability framework would be operationalised within the Australian context. Currently, pharmacy education is largely underpinned by competency-based standards, the National Competency Standards Framework for pharmacists in Australia.<sup>(60)</sup> While this framework defines what pharmacists should be able to at various career stages, after registration, they do not explicitly describe how individuals could develop the ability to perform effectively in uncertain or evolving healthcare environments. A capability framework can help address this gap by focusing on developmental progression and the integration of knowledge, adaptability, and judgement at entry level.<sup>(98,101)</sup>

The application of a capability framework could begin by aligning its domains with existing pharmacy education structures which includes embedding staged capability outcomes within accreditation processes, undergraduate programs and Intern Training Programs (ITPs).<sup>(98)</sup> The alignment would provide a clear developmental roadmap for learners and support educators in tracking progression. Additionally, a capability framework will promote shared language and support autonomous practice from the point of registration.<sup>(87)</sup>

Rather than replacing the existing National Competency Standards Framework, a capability framework would complement them at the point of entry to practice by broadening the lens

through which pharmacists' development is understood. The framework would support reflective practice, promote autonomy, and encourage lifelong learning, particularly critical in emerging practice areas such as digital health, rural and remote care, and interprofessional collaboration.<sup>(85,86,98,100)</sup>

## Key Features and Considerations for a Capability Framework

### Current Health Strategy for Pharmacy in Australia

Considering the insights from the PSA Pharmacists in 2030<sup>(28)</sup> vision report is essential because it provides a forward-looking roadmap that reflects the evolving role of pharmacists within the healthcare system. This report outlines the future role of the pharmacist within Australia's health systems. The following key focus areas have been extracted from the report:

- Expanding the scope of practice for pharmacists to better respond to health trends.
- Enhancing the role of pharmacists in preventive health and chronic disease management.
- Ensuring universal, effective, and efficient health services through the integration of pharmacists.

The pace of change of Australia's health needs is necessitating rapid workforce changes in the pharmacy profession. Pharmacist roles are becoming more complex, with increasingly sophisticated clinical decision-making required in existing roles.<sup>(28)</sup> Concurrently, the breadth of pharmacist roles is growing as pharmacists respond to growing public health access challenges through broadening of scope of practice.<sup>(102)</sup>

Advanced practice recognition pathways will evolve, a key driver to better support pharmacists' practice towards their full scope in different models of service delivery and multidisciplinary working. This will require review to the National Competency Standards Framework to better recognise pharmacists providing advanced clinical care.<sup>(28)</sup>

### Summary

The Ahpra guidance aims to improve consistency in developing professional capabilities within the pharmacy sector. While it aims to address sector-wide concerns, it lacks clarity on terminology, particularly the interchangeable use of 'competency' and 'capability'.

The document defines competency as specific, measurable skills and knowledge, while capability encompasses broader adaptability and application of skills. Although competency frameworks are valuable, they may not fully address the evolving nature of healthcare. A capability framework is proposed to complement existing competency standards, fostering flexibility, professional judgment, and lifelong learning, particularly crucial in emerging practice areas.

The definition for the purpose of this work refers to capability as the knowledge, skills and professional attributes needed to safely and competently practice as a registered health practitioner. Currently, Australia lacks a nationally endorsed capability framework for entry-level pharmacists, creating a need for consistent expectations across education, regulation, and employment to support safe and effective practice.

For the purpose of the development of the draft Pharmacist Capability Framework APC has adapted Ahpra's definition of capabilities<sup>(1,58,95)</sup>:

*The knowledge, skills, behaviours, professional and personal attributes needed to safely practise as a registered pharmacist in Australia. It is the extent to which pharmacists can adapt to change, generate new knowledge and continually improve their performance.*

As part of the development work, APC has defined a **Capability framework** as: *a complete collection of capabilities that are thought to be essential to safely practise as a registered pharmacist in Australia.*

## Pharmacists' Scope of Practice

Clearly defining and integrating the scope of practice for pharmacists is critical when developing a pharmacist capability framework. Without the alignment, there is a risk that the framework will either limit future practice or fail to prepare pharmacists for expanded roles. The following section highlights important aspects of pharmacists' scope of practice that are essential to consider when shaping capability development.

### Prescribing

Australia's health workforce consists of multiple health professions with the ability to prescribe schedule 4 and above medicines, including dentists, doctors, nurse practitioners, endorsed optometrists, endorsed midwives and endorsed podiatrists. From September 2025, NMBA Registration standard: Endorsement for scheduled medicines will come into effect, which will allow designated registered nurses to prescribe certain scheduled medicines.<sup>(103)</sup> Paramedicine practice includes possession, administration and/or supply (but not prescribing) of medicines according to state/territory legislation.<sup>(104)</sup> These are two examples of professions increasingly working to their full scope of practice, enabled by legislative reforms and targeted protocols that recognise their training and contextual needs.

Prescribing may be undertaken as an independent process or supported by defined formularies and/or protocols. The National Prescribing Competencies Framework describes the competencies and expectations for appropriate, safe and effective prescribing across relevant health professions.<sup>(105)</sup> Prescriptions prepared by some professions are eligible for government subsidy under the Pharmaceutical Benefits Scheme, while others require the consumer to contribute full payment.<sup>(106)</sup>

In the context of medicines that require a legal prescription, pharmacists have traditionally contributed to aspects of the prescribing process, largely by providing recommendations and medicines-specific information to inform prescribing decisions. However, the final responsibility for the prescription has commonly rested with another prescribing health professional.

Australian pharmacists are authorised to provide medicines that are available without a prescription including schedule 2 and 3 medicines. In this context, pharmacists are required to understand the consumer need, formulate a diagnosis for a limited number of conditions and decide on the most appropriate medicine(s).

Since the Pharmacy Board of Australia published its position statement on pharmacist prescribing in October 2019 and updated in 2023,<sup>(107)</sup> state and territory governments have authorised increased public access to prescribing services delivered by pharmacists via pilots and trials. These services reflect a growing recognition of pharmacists' ability to contribute more directly to patient care. Nonetheless, the approach remains fragmented, creating challenges for both the profession and the public in understanding the scope of pharmacists' roles.

The pharmacist prescribing pilots and trials being undertaken by state and territory governments are at varying stages. Some pilots in community pharmacy have concluded with pharmacists authorised to include these public health services in their scope of practice and to deliver them on an ongoing basis.<sup>(107)</sup> An example is the Community Pharmacy Scope of Practice Pilot, supported by Queensland Health, allowing pharmacists to prescribe for a range of conditions including gastro-oesophageal reflux, acne, allergic rhinitis, and hormonal contraception. The pilot is governed by detailed clinical protocols that ensure safe and evidence-based practice.<sup>(108)</sup>

Queensland Health intends to allow pharmacist prescribing for acute conditions permanently from July 2025.<sup>(109)</sup>

The Board has acknowledged these developments, confirming that there are no regulatory barriers preventing pharmacists from participating in such initiatives, emphasising that pharmacists must work within a clinical governance framework and maintain competence.<sup>(107)</sup>

Since 2016 the National Competency Standards Framework<sup>(60)</sup> and since 2020 the APC Performance Outcomes Framework<sup>(110)</sup> include the skills required for undertaking prescribing. National Competency Standards Framework<sup>(60)</sup> includes key competencies that align with prescribing activities, including, patient assessment, clinical decision-making, and therapeutic planning. The APC Performance Outcomes Framework<sup>(110)</sup>, emphasises patient-centred care, interprofessional collaboration, and the safe and effective use of medicines. The frameworks demonstrate that the profession is equipped with the necessary skills and knowledge to undertake prescribing responsibilities safely and effectively.

The growing evidence reflects the recognition of pharmacists' clinical capabilities and expertise, as well as highlighting their growing contribution to timely and accessible healthcare delivery. Incorporating prescribing into the draft Framework is a logical and necessary step to reflect the current and future role of pharmacists in Australia's healthcare system.

### Aged Care On-site Pharmacist and Medication Management Reviews

In 2023, APC developed accreditation standards and an accreditation system to provide quality oversight for training programs to credential pharmacists to work under the following Commonwealth programs:<sup>(111)</sup>

- Aged Care On-site Pharmacist (ACOP) measure<sup>(112)</sup>
- Home Medicines Review (HMR) and Residential Medication Management Review (RMMR) programs – together known as Medication Management Reviews (MMRs)<sup>(113)</sup>

For pharmacists to be eligible to be funded through the above programs and measures, they must complete an education program accredited by APC. This provides assurance to the Commonwealth and other stakeholders that pharmacists are appropriately trained or credentialed to undertake these roles.

Embedding these capabilities into the Capability Framework supports the delivery of high-quality MMRs, promotes safer medication use, and enhance health outcomes for older Australians, consistent with national health priorities and funding requirements.

### Pharmacist Vaccination Services

Authorised Australian pharmacists administer vaccinations in community and hospital settings. Although not considered prescribing from a legislative perspective, administering a vaccination complies with the Australian definition of prescribing in that it requires information gathering, clinical decision-making, communication and monitoring of the prescribing decision. Similar to the model employed by paramedics and other professions, the prescribing decision is followed immediately by the administration of the chosen medicine - in this case, a vaccine.

The inclusion of vaccination as an accepted component of pharmacist practice has been influenced by evidence gathered over the last decade, combined with associated legislative and

health policy amendments. A decade ago, the Grattan Institute suggested pharmacists could reduce rural GP visits if they were permitted to administer vaccinations.<sup>(114)</sup> The Queensland Pharmacist Immunisation Pilot (QPIP, 2014 – 2016) studied the provision of vaccinations by pharmacists in the community setting and concluded that this role was safe, effective and feasible.<sup>(115)</sup> Subsequently, all Australian jurisdictions have introduced legislation to permit pharmacist vaccinations, although the vaccine(s) that can be administered and to whom differ between states and territories.<sup>(116)</sup> This lack of national consistency has the potential to cause confusion for the public and other health professions regarding the role of the pharmacist in prescribing and administering vaccinations.<sup>(117)</sup>

## Other important considerations for a capability framework

In addition to scope of practice, several other key considerations must inform the development of a pharmacist capability framework to ensure it is comprehensive, future-focused, and aligned with contemporary healthcare expectations.

### Cultural safety

To emphasise the importance of cultural safety, as outlined in the national priorities, it is crucial to recognise the commitments made by the 15 National Boards in their 2018 Statement of Intent.<sup>(118)</sup> The National Boards pledged to work together to achieve equity in health outcomes between Aboriginal and Torres Strait Islander peoples and other Australians through closing the gap by 2031.<sup>(119)</sup>

The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025 defines Cultural Safety as:

*Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities.*

*Culturally safe practise 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>(61)</sup>

The definition reinforces that achieving cultural safety requires ongoing self-reflection, accountability, and systemic change, not just individual knowledge or good intentions.

To effectively embed the principles of cultural safety into healthcare, it is essential for practitioners to not only ensure alignment with the National Strategy but also engage with the Indigenous Allied Health Australia (IAHA) Cultural Responsiveness framework.<sup>(120)</sup> Grounded in the Indigenous ways of Knowing, Being and Doing, the framework outlines six core capabilities:

1. Respect for the centrality of cultures
2. Self-awareness
3. Proactivity
4. Inclusive engagement
5. Leadership

## 6. Responsibility and Accountability

Another important resource is the Aboriginal and Torres Strait Islander Health Curriculum Framework which was developed by the Department of Health.<sup>(121)</sup> This Framework provides national guidance for embedding Indigenous health content in health professional education programs across Australia. It aims to support graduates in developing the knowledge, skills, and attitudes needed to work effectively and respectfully with Aboriginal and Torres Strait Islander peoples, ultimately contributing to improved health outcomes and health equity.

Building on this, the Graduate Cultural Capability Model within the Aboriginal and Torres Strait Islander Health Curriculum Framework offers a more detailed structure to ensure that cultural capability is meaningfully developed throughout the educational journey. The model identifies five core domains:

1. Respect
2. Communication
3. Safety and Quality
4. Reflection
5. Advocacy

Each capability has a number of key descriptors that articulate required attitudes, values, skills and knowledge that students need to demonstrate.

By integrating IAHA's capability framework and the Aboriginal and Torres Strait Islander Health Curriculum Framework with the National Scheme's Strategy, practitioners will be better equipped to provide culturally safe, responsive and effective care to Aboriginal and Torres Strait Islander peoples.

### Mental Health

A small Australian study, referenced in the PSA Mental Health Care Report, found that 96% of individuals with mental health conditions demonstrated a more positive attitude towards their medication after being provided with comprehensive information about them in contrast to only 48% prior to receiving information.<sup>(122)</sup> This highlights the significant impact of patient education. Pharmacists are well placed in the community to provide this support with appropriate training.

While there is no specific pharmacist mental health framework, the Mental Health Capability Framework developed by Occupational Therapy Australia<sup>(123)</sup> is an excellent resource to build upon as it articulates the progressive development of mental health capabilities across different stages of practice. The framework outlines three capability levels:

- Foundational capabilities – reflects essential knowledge and behaviours for safe, ethical and entry-level practice
- Intermediate capabilities – reflects growing autonomy and complexity management
- Senior practitioner capabilities – involves advanced leadership, supervision, and system-level influence

These are applied across four key domains: Mental health Systems and Co-occurring factors, Mental Health Assessment and Planning, Occupation- focused interventions and strategies, and client-centred practice and Continuous improvement.

While the framework was developed specifically for occupational therapy, this structure supports the development of person-centred, recovery oriented, and adaptable practice capabilities that are transferable health disciplines, as it is aligned to the National Practice Standards for the Mental Health Workforce.<sup>(123,124)</sup> These frameworks are particularly crucial in addressing service gaps for populations with intellectual disability and co-occurring mental health.<sup>(125)</sup>

## Social Accountability

Both the APC Accreditation Standards for Pharmacy Programs<sup>(29)</sup> and its accompanying Performance Outcomes<sup>(110)</sup> are underpinned by the principle of social accountability with the aim of establishing standards that:

- ensure graduates who achieve registration are competent and qualified to practise as pharmacists
- ensure graduates are ethical, safe practitioners for the benefit and well-being of the public
- ensure graduates are flexible, adaptable, and responsive to the evolving needs of individuals and communities
- equip graduates with the skills which will allow them to adopt to as-yet-unknown scopes of practice which will emerge during their careers, through a commitment to lifelong learning

Stakeholders contributing to the development of the standards supported the adoption of social accountability in line with international trends in pharmacy education was articulated by FIP. Social accountability captures areas beyond the need for patient and public safety to include the preparation of graduates who are adaptable and capable of expanding their skills to undertake practice in emerging areas.<sup>(126)</sup>

To meet the socially accountable future focused standards, pharmacy education providers must take account of emerging priorities such as:

- Cultural safety and Indigenous health
- Digital health capabilities
- The work of the Australian Commission on Safety and Quality in Healthcare in medicines quality safety standards and related guidelines.
- The work of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
- The work of the Royal Commission into Aged Care Quality and Safety
- Family, domestic and sexual violence as an emerging public health issue

The concept of social accountability is grounded in the theory of building individual attributes of adaptability, flexibility, and reflexivity complementary to what capability seeks to achieve.<sup>(127)</sup> These attributes support a capability framework in pharmacy education, complementing technical competencies with border professional capabilities.

## Summary

Defining and integrating the scope of practice for pharmacists is essential when developing a pharmacist capability framework. Without clear alignment, the framework will not incorporate contemporary practice and may not be able to prepare pharmacists adequately for expanded roles.

Pharmacists are increasingly involved in prescribing and other medicine-related activities including when working as an Aged Care On-Site Pharmacist (ACOP), when undertaking Medication Management Reviews (MMR) and when administering vaccinations and other injectable medicines, in addition to prescribing and supplying other medicines. As pharmacists continue to contribute more significantly to patient care, the capability framework must evolve accordingly to support capability development in these areas and ensure safe, effective and collaborative practice.

In addition to scope, a contemporary pharmacist capability framework must integrate cultural safety ensuring delivery of respectful and responsive care to Aboriginal and Torres Strait Islander Peoples.

Inclusion of a clear scope, cultural safety care, mental health responsiveness and social accountability helps form the foundation of a contemporary and future proof pharmacist capability framework that supports individual professional development and broader health system priorities in Australia.

## Key Messages

- The Pharmacy Board has engaged APC to develop a framework aligning with national health priorities including preventive care, health equity, and interprofessional collaboration.
- Pharmacists need to be adaptable, flexible and capable in Australia's healthcare system.
- Analysis reveals shared themes across healthcare frameworks including cultural safety, communication, interprofessional practice, professionalism, quality use of medicines, and lifelong learning.
- One key challenge was the lack of consistency in language, which highlighted the importance of ensuring consistency and shared language across the health professions.
- The review of international healthcare frameworks, particularly the International Pharmaceutical Federation (FIP) Global Competency Framework (GbCF), reveals a strategic and structured approach to advancing pharmacy practice, education, and workforce development. Several countries used an 'adopt and adapt' strategy, as a foundation for developing their own frameworks including for entry to practice.
- Capability frameworks are particularly valuable in providing a structured developmental trajectory. They support not only technical skill acquisition but also the cultivation of professional identity, confidence, and reflective capacity over time. Informed by adult learning theories such frameworks enable learners to progressively take on more responsibility and adapt to emerging challenges.
- For the purpose of this Framework APC has adapted Ahpra's **definition of capabilities**: *the knowledge, skills, behaviours, professional and personal attributes needed to safely practise as a registered pharmacist in Australia. It is the extent to which pharmacists can adapt to change, generate new knowledge and continually improve their performance.* And defined **Capability framework**: *a complete collection of capabilities that are thought to be essential to safely practise as a registered pharmacist in Australia*
- Defining and integrating the scope of practice for pharmacists is essential when developing a pharmacist capability framework. Without clear alignment, the framework will not incorporate contemporary practice and may not be able to prepare pharmacists adequately for expanded roles.
- Pharmacists are increasingly involved in prescribing and other medicine-related activities including when working as an Aged Care On-Site Pharmacist (ACOP), when undertaking Medication Management Reviews (MMR) and when administering vaccinations and other injectable medicines, in addition to prescribing and supplying other medicines. As pharmacists continue to contribute more significantly to patient care, the capability framework must evolve accordingly to support capability development in these areas and ensure safe, effective and collaborative practice.
- In addition to scope, a contemporary pharmacist capability framework must integrate cultural safety ensuring delivery of respectful and responsive care to Aboriginal and Torres Strait Islander Peoples.
- Inclusion of a clear scope, cultural safety care, mental health responsiveness and social accountability helps form the foundation of a contemporary and future proof pharmacist capability framework that supports individual professional development and broader health system priorities in Australia.
- The findings will directly inform and underpin the development of a Pharmacist Capability Framework that will describe the capabilities of a newly registered pharmacist who is adaptable to future practice change.

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## Glossary of Terms

For the purposes of this document, the following definitions apply.

Term	Meaning
<b>Capability framework</b>	A complete collection of capabilities that are thought to be essential to safely practise as a registered pharmacist in Australia.
<b>Capabilities</b>	The knowledge, skills, behaviours, professional and personal attributes needed to safely practise as a registered pharmacist in Australia. It is the extent to which pharmacists can adapt to change, generate new knowledge and continually improve their performance.
<b>Care</b>	Where the word 'care' is used and is not preceded by a qualifying word (for example, 'episode of care', 'comprehensive care'), this encompasses broader elements of care (for example, personal or social care).
<b>Climate resilience</b>	Adapting health services by identifying environmental risks to enable the health sector to become more climate resilient and able to respond to the needs of those most effected by climate change. <sup>(128)</sup>
<b>Consumer</b>	Also known as patients, clients, family, community, carers and secondary consumers. A person with lived or living experience who receives care from health practitioners either directly or in a secondary capacity as a family member, carer or community. <sup>(95)</sup>
<b>Cultural Safety</b>	Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families and communities. Culturally safe practise 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>(61)</sup>
<b>Environmental sustainability</b>	Mitigating processes, practices and services that have high environmental impact to ensure an environmentally sustainable way of providing appropriate care and reducing waste. <sup>(128)</sup>
<b>Health care</b>	'Health care' when referring to a noun (for example, 'the state of health care in Australia')
<b>Healthcare</b>	'Healthcare' when referring to an adjective (for example, the 'healthcare system' or 'healthcare services')
<b>Healthcare provider/ health practitioner/ clinician</b>	Trained individuals who are involved in the provision of health care in a primary and/or community healthcare setting. Healthcare providers may also be referred to as health practitioners, clinicians or by a profession-specific description, for example 'dental practitioner' or 'physiotherapist'. <sup>(129)</sup>

Term	Meaning
<b>Healthcare service</b>	Primary and community healthcare services, as well as other services involved in the delivery of health care to patients and consumers. Healthcare services are delivered in a wide range of settings and vary in size and organisational structure. These range from owner-operated services, where a single healthcare provider is also responsible for administrative and management operations, to complex organisations comprising of many healthcare providers, a supporting workforce, management and an overarching governing body. <sup>(129)</sup>
<b>Patient</b>	Refer to a person or group receiving healthcare services and the term 'consumer' to refer to a person who has used or may use a healthcare service, or a consumer representative or advocate. The term 'patient' encompasses all other relevant terms that may be used in primary and community health care including 'client', 'person', and 'people with lived experience of specific areas of ill health'. <sup>(129)</sup> The term 'patient' is used when the source information (e.g., research study, standard) has employed this term.
<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.
<b>Scope of practice</b>	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.
<b>Systems</b>	A system includes the resources, policies, processes and procedures that are organised, integrated, regulated and administered to accomplish a stated goal. Safety and quality systems will vary depending on the size of the healthcare service and the risks associated with the services being delivered.
<b>Treatment Plans</b>	Treatment plans involve the management of a person's health condition/s, this 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.

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## List of Abbreviations

Abbreviation	Term
<b>ACOP</b>	Aged Care On-site Pharmacist
<b>ADC</b>	Australian Dental Council
<b>Ahpra</b>	Australian Health Practitioner Regulation Agency
<b>AIDH</b>	Australasian Institute of Digital Health
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>AMC</b>	Australian Medical Council
<b>APPF</b>	Advanced Pharmacy Practice Framework
<b>APC</b>	Australian Pharmacy Council
<b>CanMEDS</b>	Canadian Medical Education Directives for Specialists
<b>CCEA</b>	Council on Chiropractic Education Australasia
<b>CPD</b>	Continuing Professional Development
<b>FIP</b>	International Pharmaceutical Federation
<b>GbCF</b>	Global Competency Framework
<b>HMR</b>	Home Medicines Review

<b>IAHA</b>	Indigenous Allied Health Australia
<b>ITP</b>	Intern Training Program
<b>JSA</b>	Jobs and Skills Australia
<b>MMRs</b>	Medication Management Reviews
<b>NAPRA</b>	National Association of Pharmacy Regulatory Authorities
<b>NCHCR</b>	National Common Health Capability Resource
<b>NMBA</b>	Nursing and Midwifery Board of Australia
<b>NSW RDN</b>	New South Wales Rural Doctors Network
<b>NSQHS</b>	National Safety and Quality Health Service
<b>OCANZ</b>	Optometry Council of Australia and New Zealand
<b>PBS</b>	Pharmaceutical Benefits Scheme
<b>PBNZ</b>	Physiotherapy Board of New Zealand
<b>PhysioBA</b>	Physiotherapy Board of Australia
<b>PSA</b>	Pharmaceutical Society of Australia
<b>QPIP</b>	Queensland Pharmacist Immunisation Pilot
<b>RMMR</b>	Residential Medication Management Review
<b>RPS</b>	Royal Pharmaceutical Society
<b>SAPC</b>	South African Pharmacy Council

## Appendix 1 – Frameworks and Standards

Title	Definition(s)	Structure & Domains	Purpose	Profession	Country
Professional capabilities for registered Aboriginal and Torres Strait Islander Health Practitioners <sup>(34)</sup>	<p><b>Professional capability</b> is the ability to take appropriate and effective action to solve problems in both familiar and unfamiliar, complex and changing settings. Competence is an essential part of being capable but is not the only factor.</p> <p><b>Competence</b> refers to the knowledge and skills consistently applied to the standard of performance required in the workplace. The definition of competence required for the job will change as the job role evolves. Capable people have high levels of self-efficacy, know how to learn, work well with others and are creative.</p> <p><b>‘Threshold professional capability’</b> is used to describe the capability level required to practise as a registered health practitioner in Australia. This is based on the idea that capability levels can be described on a continuum.</p> <p>The <b>key capabilities and enabling components</b> in this document consider the complex conceptual, analytical and behavioural elements that integrate competent performance of observable abilities into Aboriginal and Torres Strait Islander health practice relevant to the key capability. The foundational abilities, such as the knowledge, skills, attitudes, values and judgements, that may be learnt in entry-level programs, are integrated in the abilities described by the key capabilities and enabling components.</p>	<p><b>Structure:</b> Domains, key capabilities and enabling components.</p> <p><b>Domains:</b> D1. Aboriginal and Torres Strait Islander Health Practitioner D2. Professional and Ethical practitioner D3. Communicator and collaborator D4. Lifelong learner D5. Quality and risk manager</p>	The professional capabilities identify the knowledge, skills and professional attributes needed to safely and competently practise as an Aboriginal and Torres Strait Islander Health Practitioner in Australia. They describe the threshold level of professional capability required for both initial and continuing registration.	Aboriginal and Torres Strait Islander Health Practice	Australia
Standards for assessment and accreditation of primary medical programs <sup>(46)</sup>	<p><b>Outcomes</b> – describe required knowledge, skills and behaviours.</p>	<p><b>Structure:</b> Outcomes statements divided into domains and statements. Standards divided into six domains and statements.</p> <p><b>Domains:</b></p>	The statements provide the basis for medical program curricula and systems of assessment.	Medicine	Australia New Zealand

Title	Definition(s)	Structure & Domains	Purpose	Profession	Country
		D1. Practitioners D2. Professional and leader D3. Health advocate D4. Scientist and scholar  <b>Standards:</b> S1. Purpose, context and accountability S2. Curriculum S3. Assessment S4. Students S5. Learning environment S6. Evaluation and continuous improvement			
<b>Professional competencies of the newly qualified dental practitioner<sup>(130)</sup></b>	<p><b>Competency</b> includes knowledge, experience, critical thinking and problem-solving skills, professionalism, ethical values, diagnostic and technical and procedural skills. These components are integrated during the delivery of patient care by the competent practitioner. Competency assumes that all behaviours are performed with a degree of quality consistent with patient well-being and that the practitioner self-evaluates treatment effectiveness.<sup>2</sup> The term covers the complex combination of knowledge and understanding, skills and attitudes needed by the graduate. Competencies are outcomes of clinical training and experience.</p> <p><b>Competent</b> – the behaviour expected of the beginning practitioner. This behaviour incorporates understanding, skill, and values in an integrated response to the full range of requirements presented in practice</p>	<p><b>Structure:</b></p> <p>Competencies are clustered into 6 domains – first 3 applies to all dental practitioners and the proceeding 3 are for specific dental practitioners. Each domain contains descriptions of competencies.</p> <p><b>Domains</b></p> <ol style="list-style-type: none"> <li>1. Social responsibility and professionalism</li> <li>2. Communication and leadership</li> </ol>	<p>The professional competencies describe the competencies expected of the newly qualified dental practitioner to be eligible for registration in Australia.</p>	<p>Dental practitioners</p>	<p>Australia</p>

Title	Definition(s)	Structure & Domains	Purpose	Profession	Country
		3. Critical thinking 4. Health promotion 5. Scientific and clinical knowledge 6. Person-centred care*			
<b>Professional capabilities for Chinese medicine practitioners<sup>(36)</sup></b>	<p><b>Key capabilities</b> describe the necessary features of safe and competent Chinese medicine practice in a range of contexts and situations of varied complexity and uncertainty. Practitioners are expected to show key capabilities from various domains during each consultation with a patient/client. This recognises that safe and competent professional practice requires an ability to draw on and integrate a breadth of capabilities to support overall performance.</p> <p><b>Enabling components</b> describe the essential and measurable characteristics of the corresponding key capabilities and facilitate assessment of performance in the clinical practice setting. Safe and competent Chinese medicine practitioners will demonstrate all enabling components for all the key capabilities in clinical practice. This includes applying, adapting and synthesising new knowledge from experience to continually improve clinical and professional performance</p>	<p><b>Structure</b> Domains, key capabilities and enabling components. Explanatory notes follow each domain and relate to some enabling components.</p> <p><b>Domains</b> D1A. Acupuncturist D1B. Chinese herbal medicine practitioner D1C. Chinese herbal dispenser D2. Professional and ethical practitioner D3. Communicator and collaborator D4. Lifelong learner D5. Quality and risk manager</p>	The professional capabilities identify the knowledge, skills and professional attributes needed to safely and competently practise as an acupuncturist, and/or a Chinese herbal medicine practitioner and/or a Chinese herbal dispenser in Australia. They describe the threshold level of professional capability required for both initial and continuing registration.	Chinese Medicine Practitioners	Australia
<b>Accreditation Standards for Chiropractic Programs and Competency</b>	<b>Competencies</b> – The knowledge, skills, attitudes, values and behaviours needed to adequately make a clinical judgement or decision or perform a function. Observable, measurable and assessable behaviours that are multi-dimensional, dynamic and evolve over time. Competencies	<p><b>Structure</b> The Accreditation Standards are divided into 6 domains and criteria.</p>	These two key sets of standards are complementary and strongly inter-linked. They are the mainstay of chiropractic practice and education in	Chiropractic practice	Australia and New Zealand, as well as

Title	Definition(s)	Structure & Domains	Purpose	Profession	Country
<p><b>Standards for Graduating Chiropractors<sup>(44)</sup></b></p>	<p>may be assessed to ensure acquisition. Usually written as statements describing the levels of knowledge, skills, attitudes, values and capabilities expected of graduates</p> <p><b>Competency</b> – An observable and measurable behaviour integrating and displaying multiple components such as knowledge, skills, attitudes, values and capabilities.</p> <p><b>Competent</b> – The levels of knowledge, skills, attitudes, values and capabilities required by new graduates to begin independent, unsupervised chiropractic practice.</p> <p><b>Competence</b> – The combination of skills, knowledge, attitudes, values and capabilities underpinning effective and/or superior performance in a profession or occupational area.</p>	<p><b>Standards</b></p> <p>S1. Public safety S2. Governance and quality improvement S3. Program of study S4. The student experience S5. Student assessment S6. Cultural safety</p> <p><b>Structure</b></p> <p>The Competency Standards are divided into 6 domains and performance criteria. First 3 domains are universal competency, followed by 3 practice competencies</p> <p><b>Domains</b></p> <p>UC1. Practising professionally UC2. Practising in a culturally safe and respectful way UC3. Communication, collaboration and leadership PC4. Clinical assessment PC5. Planning care PC6. Implementing, monitoring and evaluating care</p>	<p>Australia and New Zealand, as well as Asian programs adopting these standards.</p>		<p>Asian programs</p>

Title	Definition(s)	Structure & Domains	Purpose	Profession	Country
<b>Enrolled Nurse Standards for Practice<sup>(50)</sup></b>		<p><b>Structure</b></p> <p>Standards divided into three domains.</p> <p><b>Domains</b></p> <p>D1. Professional and collaborative practice</p> <p>D2. Provision of care</p> <p>D3. Reflective and analytical practice</p>	<p>The Enrolled nurse standards for practice are the core practice standards that provide the framework for assessing enrolled nurse (EN) practice. They communicate to the general public the standards that can be expected from ENs</p>	<p>Enrolled nurses</p>	<p>Australia</p>
<b>Professional capabilities for medical radiation practitioners<sup>(37)</sup></b>	<p><b>Key capabilities</b> – what registered medical radiation practitioners must be able to do. They describe the key features of safe and competent practice in a range of contexts and situations of varied complexity and uncertainty. During any one procedure or treatment, practitioners are expected to demonstrate key capabilities from various domains.</p> <p><b>Enabling components</b> – describe the essential and measurable characteristics of the corresponding key capabilities and facilitate assessment of performance in the practice setting.</p>	<p><b>Structure</b></p> <p>The domains consist of key capabilities that are thematically arranged and describe the essential characteristics of a competent registered medical radiation practitioner</p> <p><b>Domains</b></p> <p>D1A. Diagnostic radiographer</p> <p>D1B. Nuclear medicine technologist</p> <p>D1C. Radiation therapist</p> <p>D2. Professional and ethical practitioner</p> <p>D3. Communicator and collaborator</p>	<p>The Board uses the medical radiation practice professional capabilities as a reference point for a threshold of competence when exercising its statutory functions.</p>	<p>Medical radiation practitioners</p>	<p>Australia</p>

Title	Definition(s)	Structure & Domains	Purpose	Profession	Country
		D4. Evidence-informed practitioner D5. Radiation safety and risk manager			
<b>Midwife Standards for Practice<sup>(48)</sup></b>		<p><b>Standards</b></p> <p>S1. Promotes health and wellbeing through evidence-based midwifery practice</p> <p>S2. Engages in professional relationships and respectful partnerships</p> <p>S3. Demonstrates the capability and accountability for midwifery practice</p> <p>S4. Undertakes comprehensive assessments</p> <p>S5. Develops plans for midwifery practice</p> <p>S6. Provides safety and quality in midwifery practice</p> <p>S7. Evaluates outcomes to improve midwifery practice</p>	These Midwife standards for practice provide a framework for midwifery practice in all contexts. They also inform women, and others including consumers, those who regulate, educate, collaborate with and manage midwives on what to expect from a midwife's practice.	Nursing-Midwives	Australia
<b>Nurse practitioner standards for practice<sup>(51)</sup></b>	<b>Standards for practice</b> are the expectations of the NPs practice in all contexts. They inform the education accreditation standards for NPs, the regulation of NPs and the determination of NPs capability for practice. These standards guide consumers, employers and other stakeholders on what to reasonably expect from an NP regardless of their area of practice or their years of experience.	<p><b>Structure</b></p> <p>The statements are divided into four standards.</p> <p><b>Standards</b></p> <p>S1. Assesses using diagnostic capability</p>	The Nurse practitioner standards for practice (the standards) build on, and expand upon, those required of an RN. The standards in this document are the minimum standards that are applicable across diverse practice settings and patient/client populations	Nurse Practitioners	Australia

Title	Definition(s)	Structure & Domains	Purpose	Profession	Country
		<p>S2. Plans care and engages others</p> <p>S3. Prescribes and implements therapeutic interventions</p> <p>S4. Supports health system</p>	for both beginning and experienced NPs		
<b>Australian Occupational Therapy Competency Standards<sup>(53)</sup></b>		<p><b>Structure</b></p> <p>Each of the four competency standards is further described by a number of practice behaviours.</p> <p><b>Standards</b></p> <p>S1. Professionalism</p> <p>S2. Knowledge and learning</p> <p>S3. Occupational therapy process and practice</p> <p>S4. Communication</p>	They describe the standards expected for competent practice by occupational therapists for registration and for regulation of the profession by the National Board. The current competency standards incorporate the diversity of roles and contexts that now exist in occupational therapy practice	Occupational Therapists	Australia
<b>Entry-Level Competency Standards for Optometry<sup>(54)</sup></b>		<p><b>Structure</b></p> <p>The Entry-Level Competency Standards are arranged into five domains. Each domain encompasses Key Professional Tasks and Performance Criteria</p> <p><b>Domains</b></p> <p>D1. Clinical Care Provider</p> <p>D2. Professional and Ethical Practitioner</p>	This document identifies the knowledge, skills and professional attributes needed to safely and competently practise as an optometrist in Australia	Optometry	Australia

Title	Definition(s)	Structure & Domains	Purpose	Profession	Country
		D3. Communicator and Collaborator D4. Scholar and Lifelong Learner D5. Quality and Risk Manager			
<b>Capabilities for osteopathic practice<sup>(81)</sup></b>	<p><b>Capabilities</b> – describe the personal and professional expertise and underpinning behavioural skills that characterise work being performed well.</p> <p>Capability is normally inferred from evidence of performance on the job. It represents the demonstrable abilities necessary to perform a type or level of work activity.</p> <p>Professional capability specifies the expected behaviours and attributes of clinicians. Capabilities reflect the expanding sphere of influence and control expected of individuals of a higher grading.</p> <p><b>Competence</b> is the consistent and judicious application of knowledge, skills, clinical reasoning, attitudes and reflection to the standard of performance required in the workplace. It embodies the ability to transfer and apply knowledge, skills and behaviours to new</p> <p><b>Threshold competence</b> – describes the minimum requirements for initial and continuing registration as an osteopath.</p>	<p><b>Structure</b></p> <p>The Capabilities for osteopathic practice organise key capabilities into seven integrated roles. Each of the seven practice capabilities are described at three levels: Role definition, key capabilities and enabling component.</p> <p><b>Roles</b></p> <p>R1. Osteopath            R2. Professional and ethical practitioner            R3. Communicator            R4. Critical reflective practitioner and lifelong learner            R5. Educator and health promoter            R6. Collaborative practitioner            R7. Leader and manager</p>	The purpose of the Capabilities for osteopathic practice is to describe the threshold competence for initial and continuing registration as an osteopath in Australia.	Osteopathic practitioners	Australia
<b>Professional capabilities for registered paramedics<sup>(42)</sup></b>	<b>Capabilities Statements</b> – The capability statements identify the minimum knowledge, skills and professional attributes necessary for practice.	<p><b>Structure</b></p> <p>The capabilities are grouped into 4 domains</p>	The capability statements identify the minimum knowledge, skills and	Paramedicine Practitioners	Australia

Title	Definition(s)	Structure & Domains	Purpose	Profession	Country
		<p><b>Domains</b></p> <p>D1. The professional and ethical practitioner</p> <p>D2. The communicator and collaborator</p> <p>D3. The evidence-based practitioner</p> <p>D4. The safety and risk management practitioner</p> <p>D5 The paramedicine practitioner</p>	<p>professional attributes necessary for practice.</p>		
<p><b>National Competency Standards Framework for Pharmacists in Australia<sup>(60)</sup></b></p>	<p><b>Competence</b> – Possession by an individual of the required knowledge, skills and attributes sufficient to successfully and consistently perform a specific task or function to the desired standard.</p> <p><b>Competency standards</b> – describe the skills, attitudes and other attributes (including values and beliefs) attained by an individual based on knowledge and experience which together enable the individual to practise effectively as a pharmacist.</p>	<p><b>Structure</b></p> <p>The competencies are grouped in domains that cover discrete areas of professional endeavour. Each competency standard consists of a number of enabling competencies. Each of these is associated with a number of performance criteria.</p> <p><b>Domains</b></p> <p>D1. Professionalism and ethics</p> <p>D2. Communication and collaboration</p> <p>D3. Medicines management and patient care</p> <p>D4. Leadership and management standards</p>	<p>Competency standards describe the skills, attitudes and other attributes (including values and beliefs) attained by an individual based on their knowledge and experience which together enable the individual to practise effectively as a pharmacist.</p>	<p>Pharmacy</p>	<p>Australia</p>

Title	Definition(s)	Structure & Domains	Purpose	Profession	Country
		D5. Education and Research			
<b>Physiotherapy practice thresholds in Australia &amp; Aotearoa New Zealand<sup>(56)</sup></b>	<p><b>Threshold competence</b> – The level of competence across the specified key competencies required to practise as a registered physiotherapist in Australia and Aotearoa New Zealand.</p> <p><b>Competence</b> – The ability of a physiotherapist to practise safely and effectively in a range of contexts and situations of varying levels of complexity. The level of an individual's competence in any situation will be influenced by many factors. These factors include, but are not limited to, the physiotherapist's qualifications, clinical experience, professional development, and their ability to integrate knowledge, skills, attitudes, values and judgements.</p>	<p><b>Structure</b></p> <p>Practice thresholds arrange key competencies within seven integrated and thematic roles.</p> <p><b>Roles</b></p> <p>R1. Physiotherapy practitioner</p> <p>R2. Professional and ethical practitioner</p> <p>R3. Communicator</p> <p>R4. Reflective practitioner and self-directed learner</p> <p>R5. Collaborative practitioner</p> <p>R6. Educator</p> <p>R7. Manager/Leader</p>	The Physiotherapy practice thresholds describe the threshold competence required for initial registration and continuing practice as a physiotherapist in both Australia and Aotearoa New Zealand.	Physiotherapy practice	Australia & Aotearoa New Zealand
<b>Professional capabilities for podiatric surgeons<sup>(40)</sup></b>	<p><b>Key capabilities</b> – describe the main features of safe and competent podiatric surgical practice in a range of contexts and situations of varied complexity and uncertainty. During each consultation involving a patient interaction or treatment, podiatric surgeons are expected to apply key capabilities from various domains. This recognises that safe and competent practice requires an ability to draw on and integrate a breadth of capabilities to support overall performance at the expected standard. While many of the key capabilities in this document are similar to those in the Professional capabilities for podiatrists document, the enabling components in this document describe an advanced level of practice commensurate with expectations of the capability for podiatric surgeons. This is described in</p>	<p><b>Structure</b></p> <p>Each domain consists of key capabilities and enabling components that cover the high-level knowledge, skills and professional attributes needed to safely and competently practise</p> <p><b>Domains</b></p> <p>D1. Podiatric surgeon</p>	The professional capabilities identify the knowledge, skills and professional attributes needed to safely and competently practise as a podiatric surgeon in Australia. They describe the threshold or minimum level of professional capability required for registration as a podiatric surgeon, and they include the capabilities required to safely and effectively use a range of pharmaceutical products in podiatric surgery practice.	Podiatric Surgeons	Australia

Title	Definition(s)	Structure & Domains	Purpose	Profession	Country
	<p>more detail below. Professional capabilities for podiatric surgeons.</p> <p><b>Enabling components</b> – enabling components describe the essential and measurable characteristics of the corresponding key capabilities and facilitate assessment of performance in the specialist clinical and surgical practice setting. Safe and competent podiatric surgeons will apply all enabling components for all the key capabilities in their practice. This includes applying, adapting and synthesising new knowledge from experience to continually improve their clinical, surgical and professional performance.</p>	<p>D2. Professional and ethical practitioner</p> <p>D3. Communicator and collaborator</p> <p>D4. Lifelong learner</p> <p>D5. Quality and risk manager</p>			
<p><b>Professional capabilities for podiatrists<sup>(39)</sup></b></p>		<p><b>Structure</b></p> <p>Each domain consists of key capabilities and enabling components that cover the high-level knowledge, skills and professional attributes needed to safely and competently practise</p> <p><b>Domains</b></p> <p>D1. Podiatrist</p> <p>D2. Professional and ethical practitioner</p> <p>D3. Communicator and collaborator</p> <p>D4. Lifelong learner</p> <p>D5. Quality and risk manager</p>	<p>The professional capabilities in this document identify the knowledge, skills and professional attributes needed to safely and competently practise as a podiatrist in Australia. They describe the threshold or minimum level of professional capability needed for registration as a podiatrist, and they include the capabilities needed to safely and effectively use a range of medicines to treat podiatric conditions.</p>	<p>Podiatry</p>	<p>Australia</p>
<p><b>Accreditation Standards for Psychology Programs<sup>(59)</sup></b></p>		<p><b>Structure</b></p> <p>Each domain comprises of the standard statements and the criteria.</p>	<p>Graduates of programs at this level have basic knowledge and skills in the professional practice of psychology and the independent conduct and</p>	<p>Psychology</p>	<p>Australia</p>

Title	Definition(s)	Structure & Domains	Purpose	Profession	Country
		<p><b>Domains</b></p> <ul style="list-style-type: none"> <li>D1. Public Safety</li> <li>D2. Academic governance and quality assurance</li> <li>D3. Program of study</li> <li>D4. The student experience</li> <li>D5. Assessment</li> </ul>	<p>evaluation of scientific research.</p> <p>Programs for pre-professional competencies are typically a Bachelor Honours Degree or Graduate Diploma (if the graduate competencies in research can be met)</p>		
<p><b>Registered Nurse Standards for Practice<sup>(49)</sup></b></p>	<p><b>Standards for practice</b> - in this document are the expectations of RN practice. They inform the education standards for RNs; the regulation of nurses and determination of the nurse's capability for practice; and guide consumers, employers and other stakeholders on what to reasonably expect from a RN regardless of the 7 Registered nurse standards for practice   Nursing and Midwifery Board of Australia   1 June 2016 REGISTERED NURSE STANDARDS FOR PRACTICE area of nursing practice or years of nursing experience. They replace the previous National competency standards for the registered nurse (2010)</p>	<p><b>Structure</b></p> <p>Each standard has criteria that specify how that standard is demonstrated. The criteria are to be interpreted in the context of each RN's practice</p> <p><b>Standards</b></p> <ul style="list-style-type: none"> <li>S1. Thinks critically and analyses nursing practice.</li> <li>S2. Engages in therapeutic and professional relationships.</li> <li>S3. Maintains the capability for practice.</li> <li>S4. Comprehensively conducts assessments.</li> <li>S5. Develops a plan for nursing practice.</li> <li>S6. Provides safe, appropriate and responsive quality</li> </ul>		<p>Nursing</p>	<p>Australia</p>

Title	Definition(s)	Structure & Domains	Purpose	Profession	Country
		nursing practice. S7. Evaluates outcomes to inform nursing practice			
CanMEDS 2015 Physician Competency Framework <sup>(55)</sup>	<p><b>Competence</b> - refers to the abilities needed to practice effectively within a defined scope and context.</p> <p><b>Role</b> - can be described as a meta-competency.</p> <p><b>Key competencies</b> - refer to the knowledge, skills, and attitudes of a physician and are described as global educational statements.</p> <p><b>Enabling competencies</b> - refers to the essential components of a key competency. Several enabling competencies in concert describe in greater detail the components of a key competency.</p>	<p><b>Structure</b></p> <p>The CanMEDS Framework is organized into seven thematic groups of competencies, which are expressed as physician Roles. The roles have been clarified and defined by Key competencies. Each key competency has been further outlined into multiple Enabling competencies. The enabling competencies specify the behaviours, skills and attitudes that must be displayed by the postgraduate learner.</p> <p><b>Roles</b></p> <ol style="list-style-type: none"> <li>1. Medical Expert</li> <li>2. Communicator</li> <li>3. Collaborator</li> <li>4. Manager</li> <li>5. Health Advocate</li> <li>6. Scholar</li> <li>7. Professional</li> </ol>	<p>The main purpose of the CanMEDS framework is to articulate a comprehensive definition of the abilities needed for all domains of medical practice and thus provide a strong foundation for medical education.</p> <p>The CanMEDS forms the basis for all medical training and standards for specialty education.</p>	Medicine	Canada

Title	Definition(s)	Structure & Domains	Purpose	Profession	Country
<p><b>The Intellectual Disability Health Capabilities and Learning Outcomes<sup>(64)</sup></b></p>	<p><b>Learning outcomes</b> – The expression of the set of knowledge, skills and the application of the knowledge and skills a person has acquired and is able to demonstrate as a result of learning.</p>	<p><b>Structure</b></p> <p>The Capabilities are organised into six areas. Each capability has been assigned learning outcomes at three different levels of learning.</p> <p>The learning levels are:</p> <ol style="list-style-type: none"> <li>1. Know about (define, identify, outline, discuss, describe key concepts, summarise)</li> <li>2. Know how (sort, compare, contrast, interpret, organise)</li> <li>3. Shows how/does (perform, apply, diagnose, demonstrate, analyse, critique, create, design, debate)</li> </ol> <p><b>Capabilities</b></p> <ol style="list-style-type: none"> <li>1. Intellectual Disability Awareness</li> <li>2. Communication</li> <li>3. Quality Evidence-Informed Health Care</li> <li>4. Coordination and Collaboration</li> <li>5. Decision-Making and Consent</li> <li>6. Responsible, Safe and Ethical practice</li> </ol>	<p>The Framework aims to equip future health professionals with the required core capabilities to provide quality health care to people with intellectual disability. Associated learning outcomes support the progressive development of the intellectual disability health core capabilities (the Capabilities). The Framework has tailored guidance to support accreditation authorities and higher education providers to integrate intellectual disability health care principles into accreditation standards and pre-registration education and training programs.</p>	<p>All health professions</p>	<p>Australia</p>

Title	Definition(s)	Structure & Domains	Purpose	Profession	Country
<p><b>Professional Competencies for Pharmacists and Pharmacy Technicians at Entry to Practice in Canada<sup>(80)</sup></b></p>	<p>-</p>	<p>The updated competencies for pharmacy professionals are divided into six domains. There are two levels of competencies in each domain: 1) key competencies and 2) enabling competencies</p> <p><b>Domains</b></p> <p>1A. Providing Care: Clinical Care</p> <p>1B. Providing Care: Distribution</p> <p>2. Knowledge and Expertise</p> <p>3. Communication and Collaboration</p> <p>4. Leadership and Stewardship</p> <p>5. Professionalism</p>	<p>In the credentialing industry, competencies are defined as a combination of professional knowledge, skills, abilities, attitudes, and judgments required for safe and competent performance by members of a profession. They convey what competent professionals at entry to practice are expected to be able to do at work.</p>	<p>Pharmacy</p>	<p>Canada</p>

## Appendix 2 – Articles abridged version

Title	Author(s)	Definition(s)	Structure & Domains (if applicable)	Year & type of article	Profession	Country
<b>A paradigm shift from competence to Capability in neonatal nursing<sup>(85)</sup></b>	Bromley Patricia	<p><b>Capability</b> is a broader concept than that of competence ...Capability embraces competence but is also forward looking, concerned with the realization of potential ... Capability is an integration of knowledge, skills, personal qualities and understanding used appropriately and effectively – not just in familiar and highly focused specialist contexts but in response to new and changing circumstance ... to take actions in uncertainty and to see initial failure as a basis of learning how to do better.</p> <ul style="list-style-type: none"> <li>- Dependent Capability - This familiarity has shaped didactic teaching styles, which encourage dependent capability by providing a this is what you need to know approach to education.</li> <li>- Independent capability- declared contemporary graduates are required to function in less familiar contexts, devising unfamiliar solutions to unfamiliar problems.</li> </ul>	N/A	2019 Review	Nursing	Australia
<b>Advanced pharmacy practice in Australia and leadership: mapping the APPF against an evidence-based leadership framework</b>	Waddell JJ, Nissen LM, Hale AR			2017 Research Article	Pharmacy	Australia
<b>Advanced practice nurse capabilities: A mixed methods systematic review</b>	Hako L, Turunen H, Jokiniemi K	<b>Capability</b> is a holistic attribute that is determined as “the quality or state of being capable” and “the ability to do something”. Capability exceeds competencies and includes applying existing competencies in different	Domains (Dimensions) 1. patient-care	2022 Review Article	Advance Practice Nursing	International – no country was excluded

Title	Author(s)	Definition(s)	Structure & Domains (if applicable)	Year & type of article	Profession	Country
		situations. A capable person improves their performance, adapts to changes, produces new information, and learns continuously. They can explain their actions and possess good teamwork and problem-solving skills.	<ul style="list-style-type: none"> <li>2. nursing leadership</li> <li>3. system-level</li> <li>4. scholarship</li> <li>5. competencies in complex situations in different environment</li> <li>6. the ability to identify the factors affecting APNs' scope of practice.</li> </ul>			
<b>Advances in Pharmacy Practice: A Look towards the Future</b>	Atkinson J	The role of the pharmacist is now evolving in three directions with, firstly, the enlargement of the role of the pharmacist in the area of provision and dispensing of medicines. Secondly, the traditional role in healthcare is expanding as therapeutic tasks that were once the responsibility of the medical practitioner become increasingly shared with pharmacists (and others). Thirdly, changes occur as the pharmacist adapts to climate change.	N/A	2022 Review	Pharmacy	Europe
<b>An Advanced Pharmacy Practice Framework for Australia</b>	Jackson S, Martin G, Bergin J, Clark B, Stupans I, Yeates G, et al.		Competency Development and Evaluation Group CoDEG Framework: Cluster	2015 Article	Pharmacy	Australia
<b>An international core capability framework for physiotherapists</b>	Davies L, Hinman RS, Russell T, Lawford B, Bennell K.	<b>Capability frameworks</b> communicate the essential behaviours, skills, knowledge, abilities and attributes that contribute individually to successful performance in a given role. A framework outlining the capabilities that	Domains D1 Compliance	2022 Research	Physiotherapy	International

Title	Author(s)	Definition(s)	Structure & Domains (if applicable)	Year & type of article	Profession	Country
<b>delivering telephone-based care</b>		physiotherapists require to deliver telephone care would guide educators, physiotherapists and service providers as to what knowledge and skills are needed when using this modality and serve as a blueprint for developing telehealth curriculum, learning outcomes, assessment strategies and continuing education initiatives.	D2 Patient privacy and confidentiality D3 Patient Safety D4 Telehealth delivery D5 Assessment and diagnosis D6 Care Planning and Management			
<b>Beyond competencies: using a capability framework in developing practice standards for advanced practice nursing</b>	O'Connell J, Gardner G, Coyer F.	<b>Capability</b> – an innovative emphasis for advanced practice	Can take appropriate and effective action to formulate and solve problems. Can apply competencies in unfamiliar and familiar situations. Troubleshooting – problem solving. Mindfulness; awareness and openness to change. Being able to engage with the social values relevant to actions. Works well with others. (Cairns & Stephenson 2009)	2014 Discussion Paper	Advance Nursing Practice	

Title	Author(s)	Definition(s)	Structure & Domains (if applicable)	Year & type of article	Profession	Country
<p><b>Capability ... what's in a word? Rural Doctors Network of New South Wales Australia is shifting to focus on the capability of rural health professionals.</b></p>	<p>Martiniuk A, Colbran R, Ramsden R, Edwards M, Barrett E, O'Callaghan E, et al.</p>	<p><b>Capacity</b> refers to sufficient quantities to meet demand.</p> <p><b>Competence</b> is what individuals know or are able to do in terms of knowledge, skills and attitude.</p> <p><b>Capability</b> refers to skills and experience and takes into account factors such as values, commitment, creativity, intuition, integrity and other personal qualities, as well as context/environment. It considers the extent to which individuals can adapt to change, generate new knowledge and continue to improve their performance .</p>	<ul style="list-style-type: none"> <li>-clinical competence and confidence</li> <li>-valued continuing professional development options</li> <li>-wellbeing – emotional, physical, 'spiritual' and cultural</li> <li>-family wellbeing and stability</li> <li>-social connectedness</li> <li>-financial stability and security</li> <li>-working on a purpose that matters to the individual</li> <li>-healthy and effective workplaces</li> <li>-a healthy environment (e.g. ability to adapt and reduce pressures from environmental impacts such as drought)</li> <li>-positive workplace</li> </ul>	<p>2020 Commentary</p>	<p>Rural health workforce</p>	<p>Australia</p>

Title	Author(s)	Definition(s)	Structure & Domains (if applicable)	Year & type of article	Profession	Country
			relationships (particularly with manager(s))			
<b>Capability-Informed Competency Approach to Lifelong Professional Development</b>	Kaslow NJ, Farber EW, Ammons CJ, Graves CC, Hampton-Anderson JN, Lewis DE, et al.					
<b>Developing a core competency and capability framework for advanced practice physiotherapy: A qualitative study</b>	Tawiah AK, Stokes E, Wieler M, Desmeules F, Finucane L, Lewis J, et al.	<p><b>Competency</b> is “an observable ability of a health professional related to a specific activity that integrates knowledge skills, values and attitudes” (Frank et al., 2010).</p> <p><b>Capability</b> is “the extent to which individuals can adapt to change, generate new knowledge and continually improve their performance” (Chance-Larsen et al., 2019; Fraser and Greenhalgh, 2001).</p>	Domains D1 Clinical Expert Practitioner D2 Communicator D3 Collaborator D4 Leader D5 Health Advocate D6 Scholar D7 Professional	2024 Qualitative Research Report	Physiotherapy	Australia, Canada, Ireland, New Zealand and UK
<b>Developing an international competency and capability framework for advanced practice physiotherapy: a scoping review with narrative synthesis</b>	Tawiah AK, Stokes E, Wieler M, Desmeules F, Finucane L, Lewis J, et al.		Domains D1 Clinical Expert Practitioner D2 Communicator D3 Collaborator D4 Leader D5 Health Advocate D6 Scholar	2023	Physiotherapy	Australia, Canada, Ireland, New Zealand and UK

Title	Author(s)	Definition(s)	Structure & Domains (if applicable)	Year & type of article	Profession	Country
			D7 Professional			
<b>Development of a core capability framework for qualified health professionals to optimise care for people with osteoarthritis: an OARSI initiative</b>	Hinman RS, Allen KD, Bennell KL, Berenbaum F, Betteridge N, Briggs AM, et al.	A “ <b>capability</b> ” may be defined as an integration of knowledge, skills, personal qualities and understanding used appropriately and effectively-not just in familiar and highly focused specialist contexts, but in response to new and changing circumstances	<p><b>Structure</b></p> <p>Framework “generic” to all health professionals. It consists of 105 specific capabilities (mapped to 14 broader capability areas) across four domains, two describing more ‘generic’ capabilities relevant for all clinical encounters irrespective of health condition.</p> <p><b>Domains</b></p> <p>DA Person-centred approaches</p> <p>DB Assessment, Investigation &amp; Diagnosis</p> <p>DC Management, Interventions &amp; Prevention</p> <p>DD: Service &amp; Professional Development</p>	2020 Clinical Trial	Osteoarthritis	International

Title	Author(s)	Definition(s)	Structure & Domains (if applicable)	Year & type of article	Profession	Country
<b>From competence to capability</b>	Woods P.	<b>Capability</b> is understood holistically, 'an all-round human quality, an integration of knowledge, skills and personal qualities used effectively and appropriately in response to varied, familiar and unfamiliar circumstances'	N/A	2013	Pharmacy	Australia
<b>From Flexner to Competencies: Reflections on a Decade and the Journey Ahead</b>	Carraccio CL, Englander R.	<b>Competence</b> is composed of "knowledge, skills and other components,"	<b>Domains</b> D1 Patient care D2 Medical knowledge D3 Practice-based learning and improvement D4 Interpersonal and communication skills D5 Professionalism D6 Systems-based practice D7 Personal and professional development	2013	Medicine	US
<b>Interprofessional capability: A developing framework for interprofessional education</b>	Walsh CL, Gordon MF, Marshall M, Wilson F, Hunt T.		<b>Domains</b> D1 Ethical Practice D2 Knowledge in Practice D3 Interprofessional working	2004 Article	Mental Health workforce	UK

Title	Author(s)	Definition(s)	Structure & Domains (if applicable)	Year & type of article	Profession	Country
			D4 Reflection			
<b>Introducing a professional capabilities framework for social work in Aotearoa New Zealand</b>	Ballantyne N, Beddoe L, Hay K, Maidment J, Walker S, Merriman C.	<p>A <b>competency framework</b> sets the minimum standards of competence.</p> <p>A <b>capability framework</b> sets out how individuals and organisations need to adapt, grow, and continuously improve to achieve the highest standards of practice.</p>		2022 Qualitative Research	Social Work	New Zealand
<b>Seven-star pharmacist concept by World Health Organization</b>	Thamby S, Parasuraman S.			2014 Editorial	Pharmacy	Global
<p><b>Ensuring health graduates' employability in a changing world:</b></p> <p><b>Developing interprofessional practice capabilities using a framework to inform curricula</b></p>	Brewer M, Flavell H, Harris C, Davis M, Bathgate K	<p><b>Graduate attributes</b> - as the skills, understandings and personal attributes that make an individual more likely to secure employment and be successful in their chosen occupations to the benefit of themselves, the workforce, the community and the economy (Yorke, 2006, p. 8)</p> <p><b>Capability</b> – is a necessary part of specialist expertise, not separate from it. Capable people not only know about their specialisms, they also have confidence to apply their knowledge and skills within varied and changing situations and to continue to develop their specialist knowledge and skills... (cited in Knight &amp; Yorke, 2002, p. 264).</p>		2014 Qualitative Study	Interprofessional	Australia
<b>An Interprofessional Practice Capability Framework Focusing on Safe, High Quality, Client</b>	Brewer M and Jones S		<p><b>Structure</b></p> <p>A brief description of the element or capability is provided with a set of descriptors</p>	2013 Article	Interprofessional	Australia

Title	Author(s)	Definition(s)	Structure & Domains (if applicable)	Year & type of article	Profession	Country
<p><b>Centred Health Service</b></p>			<p>which clarify what is expected of an effective collaborative worker. This is followed by a brief description of the desired levels of achievement for students at the three levels: novice, intermediate and entry level.</p> <p><b>Capabilities</b></p> <ol style="list-style-type: none"> <li>1. Reflection</li> <li>2. Communication</li> <li>3. Team function</li> <li>4. Conflict resolution</li> <li>5. Role clarification.</li> </ol>			