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# Pharmacist Capability Framework

## Consultation paper – Preliminary Consultation

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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# Preliminary consultation paper

06 August 2025

## Preliminary consultation on developing the Pharmacist Capability Framework

### Introduction

The Australian Pharmacy Council (APC) on behalf of the Pharmacy Board (the Board) is releasing this confidential preliminary consultation paper to seek feedback on the proposed Draft Pharmacist Capability Framework (the Framework). This is in line with increasing consensus among National Boards to own their own profession-specific capability frameworks (further described in section 1.2). The Pharmacist Capability Framework will describe the entry-to-practice capabilities of a newly registered pharmacist who is adaptable to future practice change.

Please do not distribute this confidential information.

### Purpose of preliminary consultation

The purpose of this preliminary consultation is to test the draft Framework with key stakeholders and refine them before public consultation. It also provides an opportunity for feedback about the consultation materials' form, expression and/or clarity.

### Providing feedback

Feedback can be provided by Reference Group members either in-person at the August forum or, if you are unable to attend the in-person forum, by addressing the consultation questions via email (see the questions on page 5 of this consultation paper). To align the collating of feedback, any written submission deadlines must be provided by close of business 06 August 2025 (the date of the face-to-face forum).

### How your feedback will be treated

Your feedback will be used to prepare a version of the draft Framework for the next round of consultation.

APC will not publish the comments or feedback we receive in full. In the interest of transparency, we will publish a summary of the major themes derived from the comments and feedback we receive from stakeholders, along with our response to the matters raised from this consultation.

Material supplied in confidence, should be clearly marked 'IN CONFIDENCE' and be provided as a separate attachment to any non-confidential material or feedback you give us. Information we receive that is marked confidential or given in confidence will be treated as such.

### Next steps

Feedback from this confidential preliminary consultation may be incorporated into the public consultation paper. Alternatively, the Board may decide to test some proposals more widely and incorporate feedback after the public consultation process.

## Questions for Preliminary Consultation

APC is seeking your feedback on the following questions in relation to the draft Framework:

1. Does the draft Framework describe the future focused capabilities of an entry-to-practice pharmacist adaptable to a changing practice?
2. Is the content and structure of the draft Framework clear and relevant?
3. Is there any overall content in the draft Framework that needs to be changed, removed or added?
4. Do you have any feedback on the six Domains in the draft Framework?
5. Do you have any other general comments or feedback about the draft Pharmacist Capability Framework?
6. Would the draft Framework result in any potential negative or unintended consequences to Aboriginal and Torres Strait Islander peoples?
7. Are there any other regulatory impacts that we should be aware of from this consultation?
8. Are there any implementation issues the Board should be aware of for the final Framework?

## 1.1 Who we are

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

The National Registration and Accreditation Scheme (the National Scheme) was created in 2010 under the Health Practitioner Regulation National Law Act (National Law).<sup>1</sup> The APC operates under assignment from the Pharmacy Board of Australia (the Board), who is responsible for the regulation of the pharmacy profession in Australia.

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

## 1.2 What we are doing

Every profession regulated by the National Scheme has a document outlining the knowledge, skills and professional attributes required to safely and competently practice as a registered health practitioner in Australia. Some professions call these professional capabilities, while others call them professional competencies, graduate outcomes or standards for practice.<sup>2</sup> In their joint response to the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions<sup>3</sup>, the National Boards acknowledged that there was increasing consensus to fund development and 'own' the profession specific capabilities, standards or related documents. While this approach is widely supported, there are currently two professions for which the respective National Board does not currently hold ownership of these documents (one being the Pharmacy Board).

## 1.3 What we have done so far

There are six phases to the development of the Framework:

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

The first two stages of the process have now been completed.

During these stages we have:

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<sup>1</sup> Queensland Government. Health Practitioner Regulation National Law Act 2009 [\[Internet\]](#). 2009 [cited 2025 Jun 12].

<sup>2</sup> Ahpra Accreditation Committee. Guidance on developing professional capabilities [\[Internet\]](#). 2025 [cited 2025 Jun 12].

<sup>3</sup> Australian Health Minister's Advisory Council. Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions [\[Internet\]](#). 2017 [cited 2025 Jun 12].

- Initiated the project,
- Formed our Governance and Reference groups,
- Conducted a review of both international and national literature of Pharmacist Capability Frameworks,
- Examined other frameworks within other health professions in Australia,
- Developed the first draft of the Pharmacist Capability Framework.

Moving into Stage 3, we have developed this paper to facilitate the preliminary consultation to 'road test' the proposed content before advancing to public consultation rounds later this year.

## 1.4 Objectives of this consultation

This paper should be read in conjunction with the Literature Review (Appendix A) and Pharmacist Capability Framework draft version (Appendix B) and Framework Mapping (Appendix C) to provide context.

The APC is releasing this confidential preliminary consultation to a select group of key stakeholders, inviting your feedback on the draft Pharmacist Capability Framework.

The primary objectives of this consultation are to seek feedback on:

- the general structure of the draft Framework
- specific feedback on the Domains/Capabilities
- potential positive or negative implementation impacts on practitioners and consumers

We invite specific feedback on the questions detailed on page 5 of this document.

Additionally, stakeholders are encouraged to provide general comments or feedback as well.

# Background information

## 2.1 Project Overview

The Australian Pharmacy Council (APC) has been commissioned by the Pharmacy Board of Australia to develop a comprehensive Pharmacist Capability Framework. This pivotal initiative aims to delineate the capabilities required for newly registered pharmacists, ensuring they are equipped to navigate and adapt to the evolving landscape of pharmacy practice, [first announced in late 2024](#).

## 2.2 Project Governance

This project is supported by a Governance Group to ensure transparency, consistency, inclusiveness, and effectiveness throughout the framework's development.

## 2.3 Integrated Development Approach

In parallel with the Framework, APC is reviewing the [Accreditation Standards for Pharmacy Programs 2020 \(updated in 2022\)](#). These Standards are required to be met by programs leading to registration as a pharmacist in Australia (including degree and Intern Training programs). Although this work is connected to the development of the Framework, the revision of the Standards will be managed as a separate project.

To support education providers and preceptors to train and assess pharmacy students and interns against the Capability Framework, APC will also be developing an Assessment Framework. The Assessment Framework will be informed by the Capability Framework and complement the Accreditation Standards. It will allow education providers to collect and present evidence that their graduates meet the requirements of the profession at a standard commensurate with the pathway to registration. The Assessment Framework will be managed as a separate project.

The delivery of the Capability Framework project is a critical first step in the broader program of work that will inform the development of APC's Assessment Framework and the revision of the Accreditation Standards. The delivery of all three projects will enable stronger alignment of accreditation, graduate outcomes and registration requirements, as well as greater clarity to stakeholders involved in the functions of the Board under National Law.

It is important to note that the scope of this consultation only includes the development of a Capability Framework.

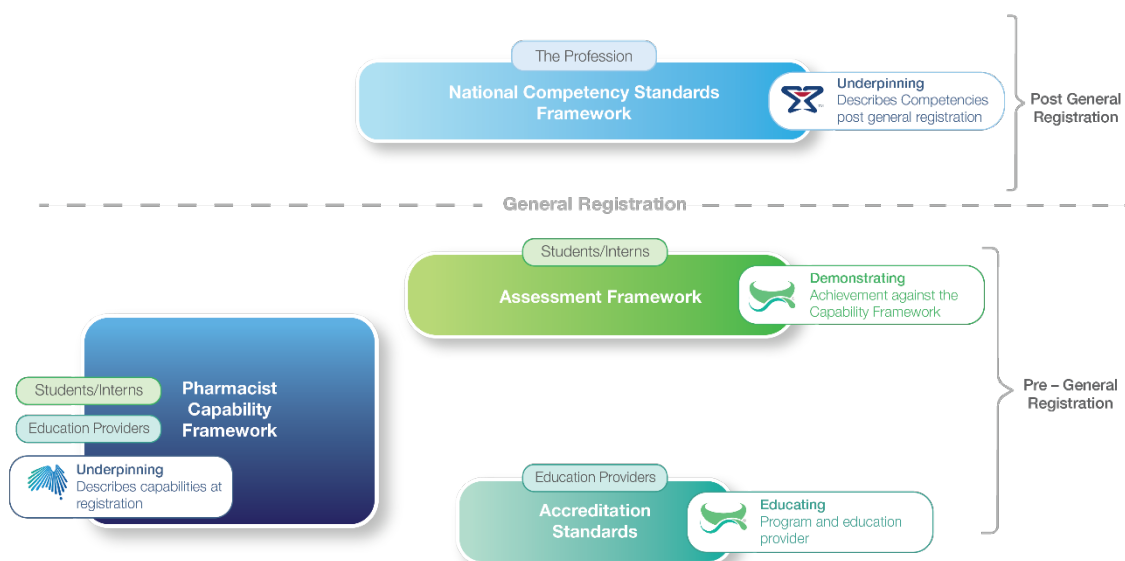


Figure 1 Integrated development approach

## How the Framework will fit in the Pharmacy Profession

Under the National Law, the Board mandates that applicants for pharmacist registration must fulfill supervised practice requirements and succeed in examinations for general registration, as outlined in the [Board's registration standards](#). Furthermore, to maintain annual registration, pharmacists must engage in a minimum period of practice and partake in ongoing professional development. These requirements are included in separate Board registration standards.

Following initial general registration, pharmacists need to describe their individual scope of practice and be able to identify and maintain the specific knowledge, skills and behaviours that are required to practice to the expected professional practice standards. Once the Framework is implemented, the reference point for this will continue to be the National Competency Standards Framework for Pharmacists in Australia ('the National Competency Standards Framework') published by the Pharmaceutical Society of Australia (PSA), as well as professional practice standards.

The National Competency Standards Framework will continue to support pharmacists to identify and complete the continuing professional development that is required to enable them to renew their registration annually, as well as supporting them to achieve the highest level of professional practice and to advance their scope of practice and careers.

The future application of the new Pharmacist Capability Framework at the point of registration and the National Competency Standards Framework after registration is

illustrated below (Figure 2).

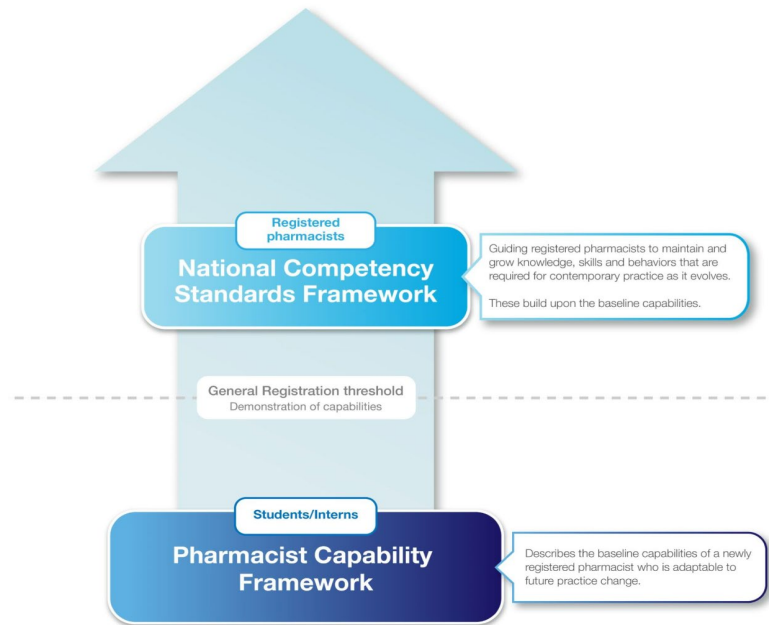


Figure 2 National Competency Standards Framework after registration

A suitable transition period for the implementation of the Framework will be agreed and shared prior to implementation. This means that the accreditation of pharmacy programs and the initial training, assessment and registration of pharmacists who qualify in Australia or overseas will continue to be supported by the existing standards until the new frameworks are implemented.

## Potential Impacts of the Framework

The Pharmacist Capability Framework will describe the entry-to-practice minimum requirements for safe professional practice in any pharmacy practice setting.

The implementation of the Framework is expected to have an impact on pharmacy education programs. Programs will need to align their curricula with the new capabilities outlined in the Framework to ensure that graduates are adequately prepared for registration and practice.

Although, the Framework is not intended to be prescriptive, educational institutions may need to adapt their teaching methods and assessment strategies to meet the requirements set forth by the Capability Framework and the Assessment Framework. This alignment will likely result in enhanced educational standards and a more robust preparation for students entering the pharmacy profession.

### Benefits

The benefits of developing the Framework, extend across the healthcare sector and the community.

The Framework will describe the entry-to-practice capabilities of a newly registered pharmacist ensuring they are equipped to meet the evolving needs of the healthcare system and the communities they serve.

In addition to this, the clearly defined Framework will aid in aligning training and practice, ultimately improving patient care and public health outcomes. This will also benefit pharmacy students, as education providers will deliver contemporary knowledge and skills required for entry-to-practice.

The Framework is designed to include common areas with other health professions, which supports alignment across disciplines. Adopting the proposed Framework will enable pharmacists, employers, health professionals and other stakeholders to understand what pharmacists can do, implement innovative models of care and encourage interprofessional collaborative practice. This could increase the impact of pharmacists in supporting the health workforce and delivering improved outcomes for patients.

### Cost

The Board has considered the potential costs associated with the proposal during the development of this consultation paper. The Board considers this proposal to develop the Pharmacist Capability Framework will have a minor impact on practitioners, employers, consumers and community members, including Aboriginal and Torres Strait Islander peoples.

Education providers may incur some cost in ensuring education and learning outcomes map to the new Framework.

The Board considers that the costs are outweighed by the benefits of developing the Framework and ensuring education and assessments reflect contemporary practice across a variety of settings. Pharmacists and employers are expected to familiarise themselves with the updated Framework which is likely to require a short period of time. Similarly, other

healthcare professionals, consumers and the community may choose to review the updated capabilities which is unlikely to attract a cost.

## Literature Review Summary

The literature review focused on the review of relevant capability frameworks and pharmacists' scope of practice. In addition, a summary of significant international findings was reviewed. The main findings of the review included:

- 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 frameworks, particularly the 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.

## Development of the draft

To support the first draft of the Capability Framework a literature review was undertaken. The literature review looked at 216 documents and articles and retrieved and analysed 138 of them. Thirteen were chosen to be closely compared for the development of the draft Framework for consultation.

- Aboriginal and Torres Strait Islander Health Practice Board – [Professional capabilities for registered Aboriginal and Torres Strait Islander Health Practitioners](#), 2020
- Australian Pharmacy Council – [Performance Outcomes Framework](#), 2023
- Australian Commission on Safety and Quality in Health Care – [Antimicrobial Stewardship Clinical Care Standard](#), 2020
- Australian Commission on Safety and Quality in Health Care – [National Safety and Quality Health Service Standards](#), 2021
- Australian Commission on Safety and Quality in Health Care – [National Safety and Quality Primary and Community Healthcare Standards](#), 2021
- Australasian Institute of Digital Health – [Australian Digital Health Capability Framework](#), 2024
- International Pharmaceutical Federation (FIP) – [FIP Global Competency Framework \(GbCFv2\) handbook](#), 2023
- National Association of Pharmacy Regulatory Authorities – [Professional Competencies for Pharmacists and Pharmacy Technicians at Entry to Practice in Canada](#), 2024
- NPS MedicineWise – [Prescribing Competencies Framework: embedding quality used of medicines into practice \(2<sup>nd</sup> Edition\)](#), 2025
- Optometry Australia – [Entry-Level Competency Standards for Optometry](#), 2022
- Physiotherapy Board – [Physiotherapy practice thresholds in Australia & Aotearoa New Zealand](#), 2023
- Pharmaceutical Society of Australia – [National Competency Standards Framework for Pharmacists in Australia](#), 2016
- Royal College of Physicians and Surgeons of Canada – [CanMEDS 2015 Physician Competency Framework](#), 2015

A comparative analysis was conducted to identify common indicators within the different frameworks, which resulted in a comprehensive table of elements (see *Appendix C Framework Mapping*) which were categorised into the following six capability domains:

- Medicines Expert
- Collaborator
- Health Advocate
- Professional
- Health Systems Enabler
- Leader and Communicator

These have been used as the basis for the development of the draft Framework. The next steps in the development will be the consultation phases which include preliminary consultation on the draft Framework, followed by a revision of the draft, a public consultation and finalisation for the Board approval.

## Scope of practice

Significant discussion has taken place in the pharmacy profession in the last few years in relation to pharmacists' scope of practice, these discussions have related to distinct areas of pharmacy scope and specific training requirements to 'credential' an individual pharmacist to undertake and/or be remunerate for them.

### Pharmacist Vaccination

Pharmacist-administered vaccination has become an established component of pharmacy practice. Initially driven by workforce efficiency goals and public health needs, especially in rural areas, the role of pharmacists in vaccination was supported by evidence from pilot programs and policy reforms.

One of the key milestones was the Queensland Pharmacist Immunisation Pilot (QPIP, 2014–2016),<sup>4</sup> which demonstrated that pharmacist-led vaccination was safe, effective, and feasible. This led to legislative changes across all Australian states and territories, authorising pharmacists to administer a range of vaccines in both community and hospital settings.

The confirmation of vaccination as an accepted component of pharmacist practice is the inclusion of vaccination training in Australian pharmacy curricula in nearly 70% of the pharmacy degrees and intern training programs. This integration reflects the profession's shift toward expanded clinical roles and supports the sustainability of pharmacist vaccination services nationwide.

### Medication Management Reviews

In response to the evolving needs of Australia's healthcare system, the APC Accreditation Standards for Pharmacist Education Programs: Medication Management Review (MMR) Pharmacist, Aged Care On-site Pharmacist were introduced in 2023<sup>5</sup> to ensure the quality and consistency of pharmacist training for key Commonwealth-funded initiatives. These include the Aged Care On-site Pharmacist (ACOP) measure, and the Home Medicines

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<sup>4</sup> Nissen, Lisa, Glass, Beverley, Lau, Esther, Rosenthal, Michelle. Queensland Pharmacist Immunisation Pilot. Phase 1. Pharmacist Vaccination - Influenza. Final Report [\[Internet\]](#). 2015 [cited 2025 Apr 29].

<sup>5</sup> Australian Pharmacy Council. Accreditation Standards for Pharmacist Education Programs: Medication Management Review Pharmacist; Aged Care On-site Pharmacist 2023 [\[Internet\]](#). 2023.

Review (HMR) and Residential Medication Management Review (RMMR) programs, collectively referred to as Medication Management Reviews (MMRs).

Evidence consistently supports the effectiveness of pharmacists in delivering medication review services across various settings. Embedding these capabilities into the draft Framework supports the delivery of high-quality MMRs, promotes safer medication use, increases collaborative practice and enhances health outcomes for older Australians, consistent with national health priorities and funding requirements.

## Prescribing

Since the Pharmacy Board of Australia published its position statement on pharmacist prescribing in October 2019 and updated in 2023<sup>6</sup>, state and territory governments have authorised increased public access to health services delivered by pharmacists via pilots and trials. These services reflect a growing recognition of pharmacists' ability to contribute more directly to patient care including prescribing. 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>6</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>7</sup> Queensland Health intends to allow pharmacist prescribing for acute conditions permanently from July 2025.<sup>8</sup>

The Board has acknowledged these developments, confirming on 20 December 2023 that it had no regulatory barriers preventing pharmacists from participating in such initiatives legislated by state and territory governments. It emphasises that pharmacists must work within a clinical governance framework and maintain competence.<sup>6</sup>

Since 2016 the National Competency Standards Framework,<sup>9</sup> and since 2020 the APC Performance Outcomes Framework<sup>10</sup> include the skills required for undertaking prescribing. The National Competency Standards Framework<sup>9</sup> includes key competencies that align with prescribing activities, including, patient assessment, clinical decision-making, and therapeutic planning. The APC Performance Outcomes Framework<sup>10</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.

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<sup>6</sup> Ahpra Pharmacy Board. Pharmacist prescribing - Position statement update - 20 December 2023 [[Internet](#)]. 2023 [cited 2025 Jun 10].

<sup>7</sup> The State of Queensland (Queensland Health). Clinical protocols and guidelines for the Scope of Practice Pilot [[Internet](#)]. 2024 [cited 2025 Jun 10].

<sup>8</sup> Media Statement: Delivering Easier Access to Health Services at the pharmacy [[Internet](#)]. 2025 [cited 2025 Jun 10].

<sup>9</sup> Pharmaceutical Society of Australia. The National Competency Standards Framework [[Internet](#)]. 2016 [cited 2025 Feb 21].

<sup>10</sup> Australian Pharmacy Council (APC). Accreditation Standards for Pharmacy Programs 2020 (Updated September 2023) Performance Outcomes Framework [[Internet](#)]. 2023 Sep [cited 2025 Feb 27].

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, ensuring that future pharmacists at registration have the capabilities to meet evolving healthcare needs. It is noted that in addition to having the capabilities to undertake prescribing, pharmacists are also required to align with state and territory legislation and Board Guidelines in place.

## Format of the draft Framework

The draft Framework is structured into three key components: **Capability Domains**, **Capability Sub-domains**, and **Capability Indicators**.

Each domain represents a broad area of professional practice, which is further broken down into sub-domains that define more specific areas of capability. Within each sub-domain, Capability Indicators describe the observable behaviours and outcomes that reflect pharmacist's capability. The framework includes two levels of indicators:

- **Foundation Indicators**, which reflect the capabilities demonstrated by pharmacy graduates upon successful completion of an approved pharmacy degree program that leads to provisional registration — typically within educational, simulated, or work-integrated learning environments. These are aligned with the lower levels of Miller's Pyramid<sup>11</sup>- *'Knows to Shows'*.
- **Entry-to-practice Indicators** describe the capabilities expected at the point of general registration as a pharmacist (after the completion of an approved program that leads to general registration **or** the PharmBA internship requirements), aligned with the *'Does'* level of Miller's Pyramid, indicating readiness for independent professional practice.

The indicators describe the different knowledge and performance expectations for the two levels of 'foundation' and 'entry-to-practice'. This reflects the journey towards gaining general registration. For some indicators this progressive demonstration of performance is more significant during the internship period, for others this is a more subtle shift.

The capabilities and indicators do not have a hierarchy of importance, as they are all important aspects of the practice of a pharmacist. They are all connected and may at times be performed simultaneously. The draft Framework acknowledges the varied and different workplace settings, and roles within the pharmacy profession.

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<sup>11</sup> Miller GE. The assessment of clinical skills/competence/performance: Acad Med. 1990 Sep;65(9):S63-7.

# Consultation Process and Timeframes

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

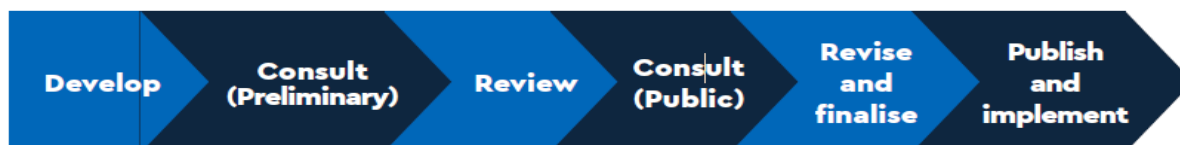


Figure 3 Image: Accreditation Committee 2025 - [Guidance on developing professional capabilities](#)

APC will provide a range of opportunities for stakeholders, the public and the profession to provide input into the development of the Framework. Feedback and input from stakeholders will be sought through:

- one-on-one interviews
- in person and virtual forums
- an online survey

APC will publish consultation material on its webpage as part of the public consultation process. As consultation rounds open, we will share further information on how you can provide input.

## Consultation timelines

APC will conduct a number of consultations to gather stakeholder input from across the sector. The consultations are as follows:

### Preliminary Consultation (June - August 2025)

- Preliminary consultation with key stakeholders will occur during this phase.

### Public Consultation (October - December 2025)

We will provide a range of feedback opportunities as part of the public consultation, with different formats. You can engage via our face-to-face or virtual forums, or you can submit your feedback through a written response. We will prepare Consultation Papers to accompany the draft Framework which will be released in early November.

### Option 1 | Public consultation

**Consultation format:** Public consultation will include a series of face-to-face forums and one virtual forum. We invite health professionals, consumers, and interested parties to express their interest in joining us in one of our forums to give feedback on the draft Framework.

Location	Month	Expressions of interest
Melbourne	05 November 2025	25 August to 26 September
Adelaide	12 November 2025	
Brisbane	17 November 2025	
Virtual	19 November 2025	

Table 1 Public consultation Locations and Dates

To ensure a wide range of groups and individuals are able to contribute via the forums, we will review all expressions of interest and issue invitations in early October.

## Option 2 | Public consultation

**Consultation Format:** Written feedback via online form. We invite health professionals, consumers, and interested parties unable to join us in one of our forums to provide written feedback.

Consultation	Format	Submission Period
Option 2   Public consultation	Online (further information will be provided)	3 November to 15 December 2025

Table 2 Public consultation - Online form dates

## Need more information

e: [pharmacistcapabilityframework@pharmacycouncil.org.au](mailto:pharmacistcapabilityframework@pharmacycouncil.org.au)

t: + 61(0) 2 6188 4288

p: PO Box 1227, Fyshwick ACT 2609

## Key contact person

Dr Andreia Bruno-Tomé, APC Director Research, Policy and Partnerships (0451 834 027 or [andreia.bruno-tome@pharmacycouncil.org.au](mailto:andreia.bruno-tome@pharmacycouncil.org.au))

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[Appendix B: Draft Pharmacist Capability Framework](#)

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Ahpra**

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# 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 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.* 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.

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.

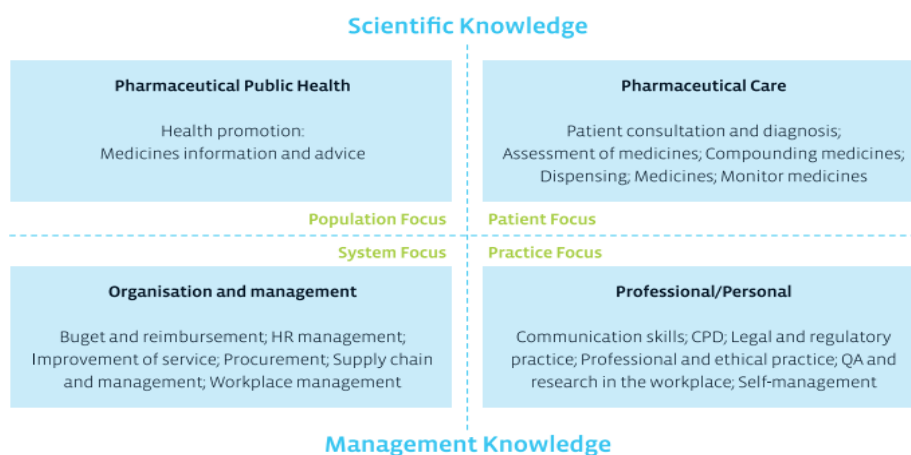


Figure 2 Domains and illustrative competencies from the GbCF v1 for pharmaceutical services <sup>(65)</sup>

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<sup>(86)</sup> 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.*

And defined **Capability framework**: *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

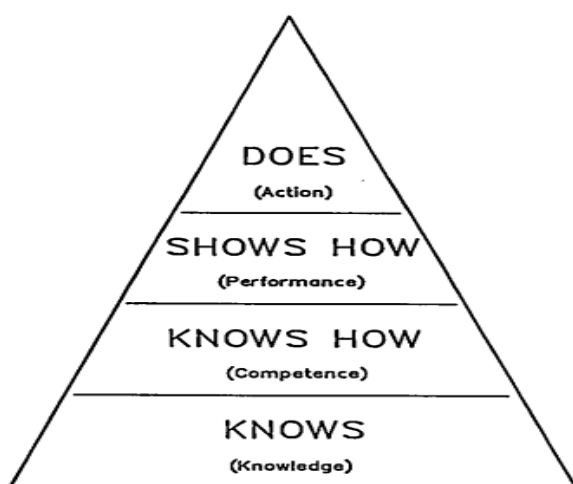


Figure 5 Miller's pyramid for assessing clinical competencies

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 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.* And defined **Capability framework**: *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>
<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
		<p>nursing practice.</p> <p>S7. Evaluates outcomes to inform nursing practice</p>			
<p><b>CanMEDS 2015 Physician Competency Framework<sup>(55)</sup></b></p>	<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>	<p>Medicine</p>	<p>Canada</p>

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>			



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# Pharmacist Capability Framework

The draft Framework

6 August 2025 | Draft Version 0.3

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Draft version 0.3

## DRAFT PHARMACIST CAPABILITY FRAMEWORK

### Introduction

The Australian Pharmacy Council (APC) has been engaged by the Pharmacy Board of Australia (the Board) to develop a Pharmacist Capability Framework (the Framework) on their behalf. The Framework, [announced by the Board in late 2024](#)<sup>1</sup>, will describe the capabilities of a newly registered pharmacist who is adaptable to future practice change. The Framework serves a dual purpose to support:

- APC's accreditation functions
- the Pharmacy Board's regulatory functions (including registering pharmacists)

### Purpose of the Pharmacist Capability Framework (the draft Framework)

In accordance with the Board's registration standards, all pharmacy graduates must successfully complete an approved and accredited pharmacy degree program in Australia before they are eligible to apply for general registration as a pharmacist. Overseas qualified pharmacists from countries other than New Zealand, seeking general registration in Australia are required to pass an examination conducted under the auspices of APC.

Under the [National Law](#), the Board mandates that applicants for pharmacist registration must fulfill supervised practice requirements and succeed in examinations for general registration, as outlined in the Board's Registration Standards. To maintain annual registration, pharmacists must engage in a minimum period of practice and undertake ongoing professional development.

The Framework will complement these regulatory requirements by articulating the knowledge, skills, attitudes and behaviours expected of pharmacy graduates as they transition into professional practice. It provides a structured foundation for assessing readiness for general registration, supporting supervised practice, and guiding professional development during this critical initial stage. By aligning with national standards and expectations, the Framework ensures that graduates are equipped to deliver safe, person-centred care and contribute effectively to Australia's healthcare system from the outset of their careers.

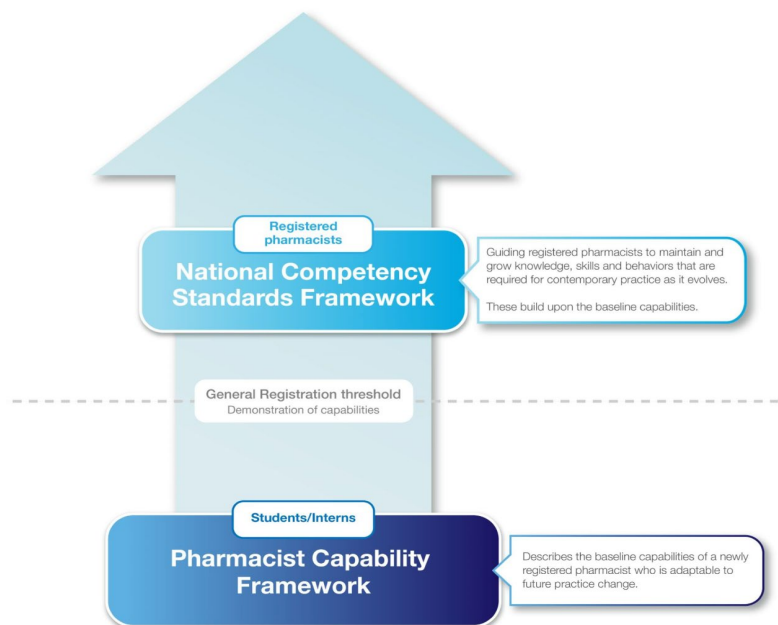
Following initial general registration, pharmacists need to describe their individual scope of practice and be able to identify and maintain the specific knowledge, skills and behaviours that are required to practice to the expected professional standards. The reference point for this will continue to be the [National Competency Standards Framework](#)

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<sup>1</sup> Pharmacy Board of Australia. 2024. Pharmacist Capability and Assessment Framework to be developed. Accessed on 24-Mar-2025 at <https://www.pharmacyboard.gov.au/News/2024-12-12-Pharmacist-capability-and-assessment-framework.aspx>

for Pharmacists in Australia (the National Competency Standards Framework) published by the Pharmaceutical Society of Australia (PSA), as well as professional practice standards. The National Competency Standards Framework will continue to support pharmacists to identify and complete the continuing professional development that is required to enable them to renew their registration annually, as well as supporting them to achieve the highest level of professional practice and to advance their scope of practice and careers.

The future application of the new Pharmacist Capability Framework at the point of registration and the National Competency Standards Framework after registration is illustrated below. The Pharmacist Capability Framework will describe the entry-level capabilities of a newly registered pharmacist who is adaptable to future practice change. An Assessment Framework will be developed that will set out how future pharmacists will demonstrate their achievement against the Capability Framework.



A suitable transition period will be determined and shared by the Board and APC for the implementation of the new Framework. Until this time, the accreditation of pharmacy programs and the initial training, assessment and registration of pharmacists who qualified in Australia or overseas will continue to be supported by the existing standards and Frameworks.

## Development of the draft Framework

To support the first draft of the Capability Framework a Literature review was undertaken. The literature review looked at 216 documents and articles and retrieved and analysed 138 of them. Thirteen were chosen to be closely compared for the development of the draft Framework for consultation.

- Aboriginal and Torres Strait Islander Health Practice Board – [Professional capabilities for registered Aboriginal and Torres Strait Islander Health Practitioners](#), 2020
- Australian Pharmacy Council – [Performance Outcomes Framework](#), 2023
- Australian Commission on Safety and Quality in Health Care – [Antimicrobial Stewardship Clinical Care Standard](#), 2020
- Australian Commission on Safety and Quality in Health Care – [National Safety and Quality Health Service Standards](#), 2021
- Australian Commission on Safety and Quality in Health Care – [National Safety and Quality Primary and Community Healthcare Standards](#), 2021
- Australasian Institute of Digital Health – [Australian Digital Health Capability Framework](#), 2024
- International Pharmaceutical Federation (FIP) – [FIP Global Competency Framework \(GbCFv2\) handbook](#), 2023
- National Association of Pharmacy Regulatory Authorities – [Professional Competencies for Pharmacists and Pharmacy Technicians at Entry to Practice in Canada](#), 2024
- NPS MedicineWise – [Prescribing Competencies Framework: embedding quality used of medicines into practice \(2<sup>nd</sup> Edition\)](#), 2025
- Optometry Australia – [Entry-Level Competency Standards for Optometry](#), 2022
- Physiotherapy Board – [Physiotherapy practice thresholds in Australia & Aotearoa New Zealand](#), 2023
- Pharmaceutical Society of Australia – [National Competency Standards Framework for Pharmacists in Australia](#), 2016
- Royal College of Physicians and Surgeons of Canada – [CanMEDS 2015 Physician Competency Framework](#), 2015

A comparative analysis was conducted to identify common indicators within the different frameworks, which resulted in a comprehensive table of elements (see Appendix C – Framework Mapping) which were categorised into the following six capability domains:

- Medicines Expert
- Collaborator
- Health Advocate
- Professional
- Health Systems Enabler
- Leader and Communicator

These have been used as the basis for the development of the draft Framework. The next steps in the development will be the consultation phases which include preliminary consultation on the draft Framework, followed by a revision of the draft, a public consultation and finalisation for the Board approval.

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.*

## Format of the draft Framework

The draft Framework is structured into three key components: **Capability Domains**, **Capability Sub-domains**, and **Capability Indicators**.

Each domain represents a broad area of professional practice, which is further broken down into sub-domains that define more specific areas of capability. Within each sub-domain, Capability Indicators describe the observable behaviours and outcomes that reflect pharmacist's capability. The framework includes two levels of indicators:

- **Foundation Indicators**, which reflect the capabilities demonstrated by pharmacy graduates upon successful completion of an approved pharmacy degree program that leads to provisional registration—typically within educational, simulated, or work-integrated learning environments. These are aligned with the lower levels of Miller's Pyramid<sup>2</sup>- 'Knows to Shows'.
- **Entry-to-practice Indicators** describe the capabilities expected at the point of general registration as a pharmacist (after the completion of an approved program that leads to general registration **or** the PharmBA internship requirements), aligned with the 'Does' level of Miller's Pyramid, indicating readiness for independent professional practice.

The indicators describe the different knowledge and performance expectations for the two levels of 'foundation' and 'entry-to-practice'. This reflects the journey towards gaining general registration. For some indicators this progressive demonstration of performance is more significant during the internship period, for others this is a more subtle shift.

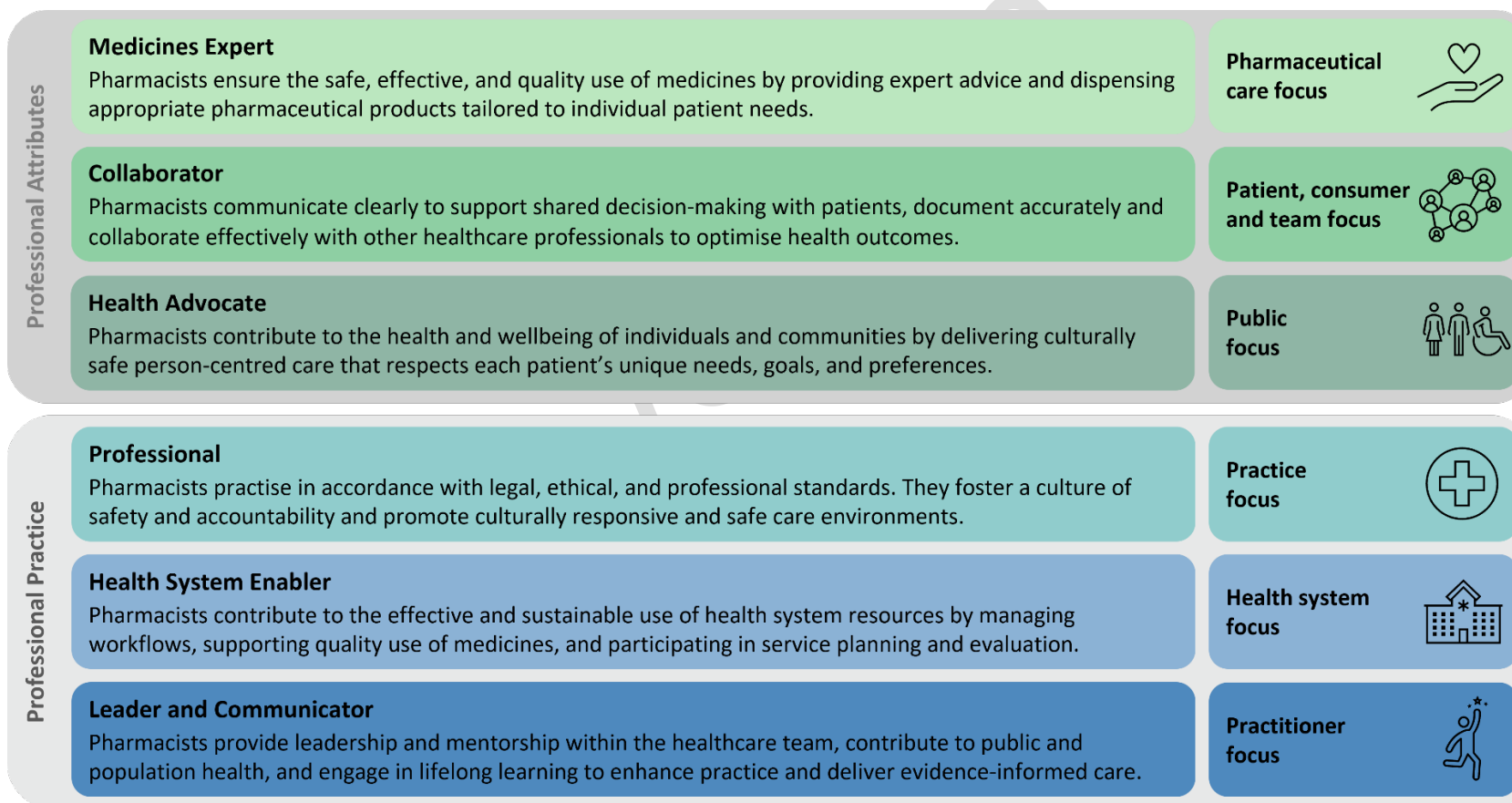
The capabilities and indicators do not have a hierarchy of importance, as they are all important aspects of the practice of a pharmacist. They are all connected and may at times be performed simultaneously. The draft Framework acknowledges the varied and different workplace settings, and roles within the pharmacy profession.

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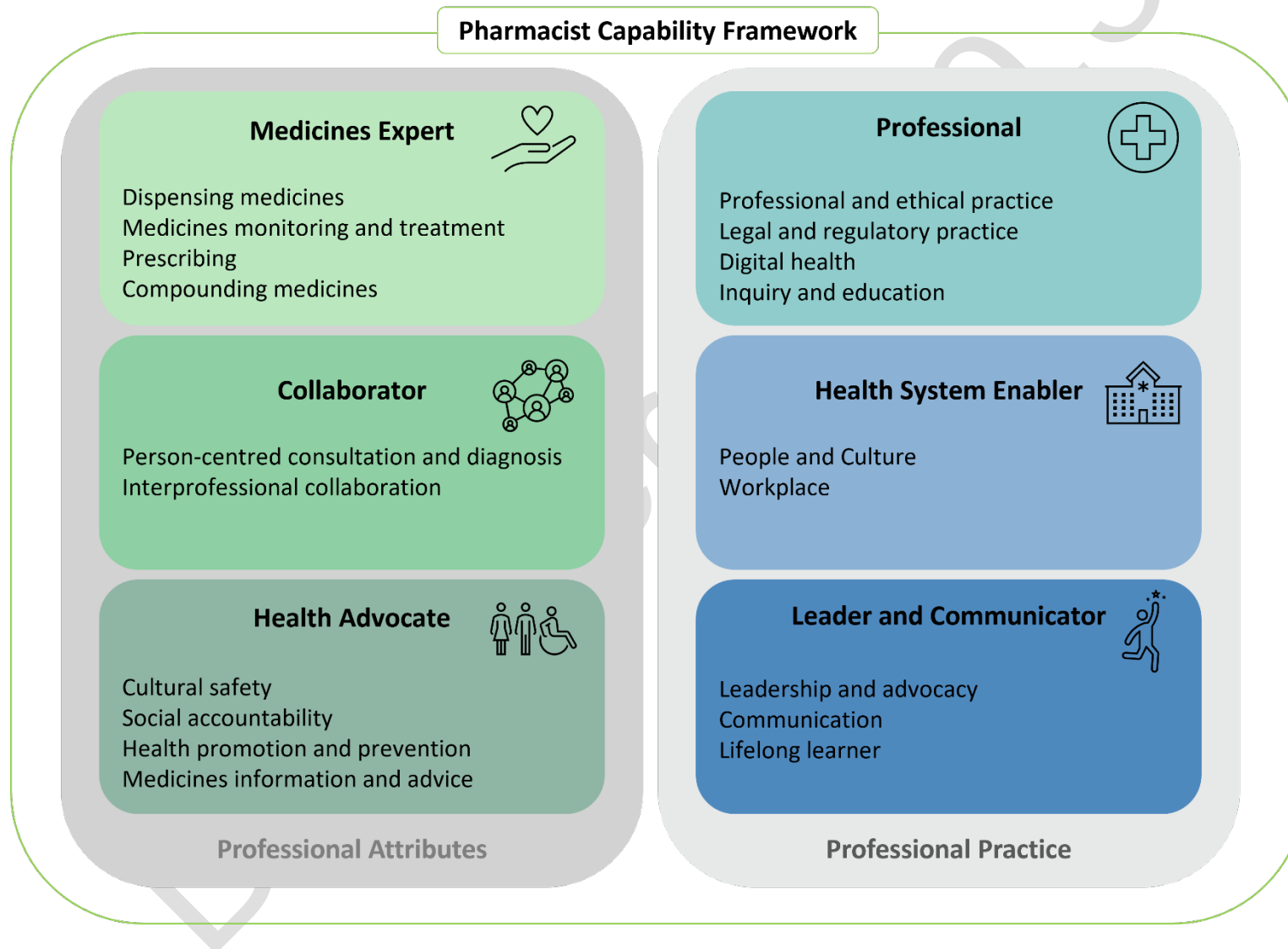
<sup>2</sup> Miller GE. The assessment of clinical skills/competence/performance: Acad Med. 1990 Sep;65(9):S63-7.

## Draft Framework | Concept

The draft Framework contains six key domains, five of which – **Collaborator, Health Advocate, Professional, Health System Enabler, Leader and Communicator** – are universally relevant and transferable across healthcare professions. These domains reflect core capabilities essential to delivering high-quality, patient-centred care, fostering interprofessional collaboration, and ensuring effective healthcare system functioning. However, the domain of **Medicines Expert** is uniquely specific to the pharmacy profession. It encompasses the specialised knowledge, skills, and responsibilities related to the safe, effective, and evidence-based use of medicines, which are central to the pharmacist’s role.



## Draft Framework | Graphical Representation



## Draft Framework | dv0.3

### Medicines Expert

#### Medicines Expert | *Pharmaceutical care focus*

Pharmacists ensure the safe, effective, and quality use of medicines by providing expert advice and dispensing appropriate pharmaceutical products tailored to individual patient needs.

Capability sub-domains	Foundation Indicators	Entry-to-practice indicators
Dispensing medicines	<p><b>Demonstrate how</b> to dispense medicines and devices, including an embedded checking process in accordance with current legislation and guidelines and to optimise patient outcomes</p> <p><b>Demonstrate how to</b> administer medicines, including injectable formulations, in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines</p> <p>Identify and document dispensing errors in accordance with local (e.g. pharmacy or hospital/health network), national (e.g. TGA) incident reporting systems</p> <p><b>Understand</b> when it is clinically inappropriate to dispense or supply medicines (this may include S2 or S3 medicines)</p> <p><b>Understand and promote</b> the appropriate, safe and secure storage of medicines in accordance with the available evidence to ensure stability and efficacy</p> <p><b>Gather</b> and analyse information about the patient and patient's health, medication history and medicines-related needs (e.g. indication, effectiveness, safety, adherence and treatment plan)</p> <p><b>Retrieve</b> relevant health, medical and medication information <b>about</b> the patient and/or consumer (including medication history and</p>	<p><b>Accurately</b> dispense medicines (including compounded medicines) and devices, including an embedded checking process in accordance with current legislation and guidelines to optimise patient outcomes</p> <p><b>Administer</b> medicines, including injectable formulations, in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines</p> <p>Identify, document <b>and respond</b> to dispensing errors in accordance with local (e.g. pharmacy or hospital/health network), national (e.g. TGA) incident reporting systems <b>and workplace procedures, ensure appropriate follow-up, communication, and continuous quality improvement</b></p> <p><b>Recognise</b> when it is clinically inappropriate to dispense or supply medicines (this may include S2 or S3 medicines)</p> <p><b>Ensure</b> the appropriate, safe and secure storage of medicines in accordance with the available evidence to ensure stability and efficacy</p> <p>Gather, analyse, <b>research</b>, and <b>interpret</b> information about the patient and patient's health, medication history, medicines-related needs (e.g. indication, effectiveness, safety, adherence and treatment plan)</p> <p><b>Obtain</b> relevant health, medical and medication information <b>from</b> the patient and/or consumer (including medication history and</p>

### Medicines Expert | *Pharmaceutical care focus*

Pharmacists ensure the safe, effective, and quality use of medicines by providing expert advice and dispensing appropriate pharmaceutical products tailored to individual patient needs.

Capability sub-domains	Foundation Indicators	Entry-to-practice indicators
	<p>immunisation status) and from the medication record (record of allergies to medicines and Adverse Drug Reactions (ADR))</p> <p><b>Identify</b>, document and follow up on medicine-medicine interactions; medicine-disease interactions; medicine-patient interactions; medicines-food interactions</p> <p><b>Confirm</b> appropriate medicines, route, time, dose, documentation, action, form and response for individual patients</p>	<p>immunisation status) and from the medication record (record of allergies to medicines and Adverse Drug Reactions (ADR))</p> <p>Identify, <b>prioritise</b>, document, <b>resolve</b> and follow up on medicine-medicine interactions; medicine-disease interactions; medicine-patient interactions; medicines-food interactions</p> <p><b>Ensure</b> appropriate medicines, route, time, dose, documentation, action, form and response for individual patients when dispensing and/or prescribing</p>
<b>Medicines monitoring and treatment</b>	<p><b>Understand</b> guidelines (e.g. Antimicrobial stewardship), medicines formulary system, protocols, and treatment pathways <b>used</b> in practice</p> <p><b>Formulate</b> medication monitoring and management plans, assess impact and outcomes (including objective and subjective measures) in collaboration with other healthcare team members</p> <p><b>Identify</b> measures to enhance adherence with dosage regimens and support safe and effective administration of medications</p>	<p><b>Apply</b> guidelines (e.g. Antimicrobial stewardship), medicines formulary system, protocols, and treatment pathways in practice</p> <p><b>Implement</b> medication monitoring and management plans, assess impact and outcomes (including objective and subjective measures) in collaboration with patients, consumers, carers and other healthcare team members</p> <p><b>Prioritise, develop</b> and <b>implement</b> measures to enhance adherence with dosage regimens and support safe and effective administration of medications</p>
<b>Prescribing</b>	<p>Appropriately select medicines and consider the implications to the wider community of prescribing a particular medicine</p> <p><b>Demonstrate</b> how to prescribe medicines in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines</p>	<p>Appropriately select medicines and consider the implications to the wider community of prescribing a particular medicine</p> <p><b>Prescribe</b> medicines in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines</p>

**Medicines Expert | Pharmaceutical care focus**

Pharmacists ensure the safe, effective, and quality use of medicines by providing expert advice and dispensing appropriate pharmaceutical products tailored to individual patient needs.

Capability sub-domains	Foundation Indicators	Entry-to-practice indicators
<b>Compounding medicines</b>	<p><b>Demonstrate</b> how to assess and analyse clinical and medication-related information, <b>formulate</b> diagnosis, and <b>document</b> findings and decisions clearly, accurately, and in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines and <b>how to</b> communicate with patients' usual prescribers as appropriate</p> <p><b>Understand</b> when it is clinically inappropriate to prescribe medicines</p> <p>Prepare extemporaneously compounded medicines and determine the requirements for preparation, such as, the appropriate formulation, required calculations, procedures and use of equipment</p> <p><b>Prepare</b> extemporaneously compounded medications safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines and other relevant jurisdictional requirements</p>	<p><b>Assess and analyse</b> clinical and medication-related information, <b>formulate</b> diagnosis, and <b>document</b> findings and decisions clearly, accurately, and in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines and communicate with patients' usual prescribers as appropriate</p> <p><b>Recognise</b> when it is clinically inappropriate to prescribe medicines</p> <p>Prepare extemporaneously compounded medicines and determine the requirements for preparation, such as, the appropriate formulation, required calculations, procedures and use of equipment</p> <p>Prepare and <b>supply</b> extemporaneously compounded medications safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines and other relevant jurisdictional requirements</p>

## Collaborator

### Collaborator | Patient and consumer focus

Pharmacists communicate clearly and document accurately to support shared decision-making with patients and collaborate effectively with other healthcare professionals to optimise health outcomes.

Capability sub-domains	Foundation Indicators	Entry-to-practice indicators
Person-centred consultation and diagnosis	<b>Understand</b> the patient capacity to receive care and health literacy, educate accordingly on medicines and healthcare needs	<b>Assess</b> and evaluate the patient capacity to receive care and health literacy, and educate accordingly on medicines and healthcare needs
	<b>Identify</b> urgent care needs (physical and/or mental) of patients, manage potential risk of adverse events and <b>suggest</b> follow-up care	<b>Support</b> urgent care needs (physical and/or mental) of patients, manage potential risk of adverse events and <b>act upon</b> arranging follow-up care
	Obtain and document an accurate Best Possible Medication History (BPMH) for a patient/consumer using relevant sources of health information	Obtain and document an accurate Best Possible Medication History (BPMH) for a patient/consumer using relevant records and health information
	<b>Identify</b> and prioritise recommendations to manage health, medical and medication needs of patients, including both pharmacological and non-pharmacological strategies, based on the Quality Use of Medicines Framework and the best available evidence	<b>Assess, diagnose, develop</b> and prioritise recommendations to manage health, medical and medication needs of patients, including both pharmacological and non-pharmacological strategies, based on the Quality Use of Medicines Framework and the best available evidence
	<b>Identify</b> when to refer the patient or consumer for further assessment and/or treatment when the suitable treatment options are outside scope of individual practice	<b>Appropriately refer</b> the patient or consumer for further assessment and/or treatment when the suitable treatment options are outside scope of individual practice
	<b>Collaborate</b> with the patient and consumer in shared decision making on the appropriate use of medicines by supporting and advocating for the rights of patients and consumers to access relevant information, allow them time and respect their choices	<b>Discuss</b> , collaborate and <b>agree</b> with the patient and consumer in shared decision making on the appropriate use of medicines by supporting and advocating for the rights of patients and consumers to access relevant information, allow them time and respect their choices
	<b>Understand</b> the patient's and consumer's concerns and expectations about their health and their use of medicines	<b>Explore</b> and <b>respond</b> appropriately to the patient and consumer concerns and expectations about their health and their use of medicines

**Collaborator | Patient and consumer focus**

Pharmacists communicate clearly and document accurately to support shared decision-making with patients and collaborate effectively with other healthcare professionals to optimise health outcomes.

Capability sub-domains	Foundation Indicators	Entry-to-practice indicators
	<b>Demonstrate</b> how to carry out systematic medication management reviews, informed by the Quality Use of Medicines Framework, to identify and resolve potential medication-related issues and optimise the impact of medications on health outcomes in collaboration with patients, consumers and interprofessional team	<b>Carry out</b> systematic medication management reviews, informed by the Quality Use of Medicines Framework, to identify and resolve potential medication-related issues and optimise the impact of medications on health outcomes in collaboration with patients, consumers and interprofessional team
	<b>Document</b> any intervention and treatment plan of the patient and ensure understanding on the safe use of medication and the plan, facilitating continuity of care during transitions of care	<b>Discuss</b> and document any intervention and treatment plan with the patient and ensure understanding on the safe use of medication and the plan, facilitating continuity of care during transitions of care
	<b>Inform</b> patients and consumers on proper storage conditions of their medicines	<b>Advise</b> patients and consumers on proper storage conditions of their medicines
	<b>Recommend appropriate monitoring</b> of the outcomes of health and medication management plans and recommend adjusting them where appropriate in collaboration with patients, consumers and interprofessional team	<b>Develop, review and implement appropriate monitoring</b> of the outcomes of health and medication management plans and adjust them where appropriate in collaboration with patients, consumers and interprofessional team
<b>Interprofessional collaboration</b>	Respect, understand and acknowledge the expertise, roles and responsibilities of other members of the interprofessional collaborative healthcare team to optimise patient outcomes	Respect, understand and acknowledge the expertise, roles and responsibilities of other members of the interprofessional collaborative healthcare team to optimise patient outcomes
	<b>Engage</b> and collaborate in therapeutic decision-making, and use appropriate referral methods when working inter-professionally	Engage, collaborate, <b>consult</b> and <b>advise</b> in therapeutic decision-making, and use appropriate referral methods when working inter-professionally
	<b>Demonstrate collaborative practice</b> , research and service provision to optimise continuum of care	<b>Engage in collaborative practice</b> , research and service provision to optimise continuum of care

**Collaborator | Patient and consumer focus**

Pharmacists communicate clearly and document accurately to support shared decision-making with patients and collaborate effectively with other healthcare professionals to optimise health outcomes.

Capability sub-domains	Foundation Indicators	Entry-to-practice indicators
	<b>Demonstrate engagement</b> in effective intra- and interprofessional relationship-building, and working in partnership to ensure teamwork, communication, consultation, conflict resolution and effective transfer of care	<b>Engage</b> in effective intra- and interprofessional relationship-building, and working in partnership to ensure teamwork, communication, consultation, conflict resolution and effective transfer of care
	<b>Provide</b> accurate and complete information to other health professionals in a timely manner when a <b>review</b> of medication, new medicines, <b>modification of</b> existing medicines or treatment plans have <b>occurred</b>	<b>Produce</b> and provide accurate and complete information to other health professionals in a timely manner when <b>reviewing</b> medication, <b>implementing</b> new medicines, <b>modifying</b> existing medicines or treatment plans
	<b>Provide</b> medication management review reports to other health professionals using standardised tools and according to best practice guidelines relevant for the practice setting	<b>Creates clear and concise</b> medication management review reports to other health professionals using standardised tools and according to best practice guidelines relevant for the practice setting
	Demonstrate mutual respect and adopt shared values of the workplace to ensure safe and effective continuity of patient care	Demonstrate mutual respect and adopt shared values of the workplace to ensure safe and effective continuity of patient care

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## Health Advocate

### Health Advocate | *Public focus*

Pharmacists contribute to the health and wellbeing of individuals and communities by delivering culturally safe person-centred care that respects each patient's unique needs, goals, and preferences.

Capability sub-domains	Foundation Indicators	Entry-to-practice indicators
<b>Cultural safety</b>	<b>Demonstrate awareness</b> of and sensitivity to Aboriginal and Torres Strait Islander history, communication styles and community protocols	<b>Provide culturally responsive</b> and person-centred care to Aboriginal and Torres Strait Islander peoples respecting their history, culture and protocols, and by deep listening (dadirri) and embed in practice their ways of 'knowing, being, and doing'
	<b>Demonstrate awareness</b> of culturally safe, respectful, and person-centred care for Aboriginal and Torres Strait Islander peoples by actively addressing racism and systemic inequities, amplifying their voices, and understand how healthcare practices uphold their rights, preferences, and cultural identities	<b>Advocate and influence the delivery</b> of culturally safe, respectful, and person-centred care for Aboriginal and Torres Strait Islander peoples by actively addressing racism and systemic inequities, amplifying their voices, and <b>ensure</b> that healthcare practices uphold their rights, preferences, and cultural identities
	<b>Engage</b> in a safe environment and deliver care that is patient-centred, inclusive and free from discrimination such as racism, sexism, ageism, ableism, and bias toward people from linguistically diverse backgrounds and people with disability	<b>Create a safe environment</b> and deliver care that is patient-centred, inclusive and free from discrimination such as racism, sexism, ageism, ableism, and bias toward people from linguistically diverse backgrounds and people with disability
<b>Social accountability</b>	<b>Understand</b> the causes of health inequities and disparities, including the impact of social determinants of health	<b>Recognise the presence</b> and causes of health inequities and disparities, including the impact of social determinants of health, and be aware of initiatives to provide support
	<b>Understand</b> socially accountable practice (including cultural and social needs respect, and responsiveness; diversity, equity and inclusiveness)	<b>Demonstrate awareness of</b> socially accountable practice (including cultural and social needs, respect, and responsiveness; diversity, equity and inclusiveness)
	<b>Understand</b> and respect the lived experience and lives of – including but not limited to – people with intellectual disability, people living with a mental illness or mental disorder, individuals who identify with the LGBTIQ+ community, people who have experienced and/or are experiencing family, domestic and sexual	<b>Advocate, recognise, respect and include in practice</b> the lived experience and lives of – including but not limited to – people with intellectual disability, people living with a mental illness or mental disorder, individuals who identify with the LGBTIQ+ community, people who have experienced and/or are experiencing family,

## Health Advocate | *Public focus*

Pharmacists contribute to the health and wellbeing of individuals and communities by delivering culturally safe person-centred care that respects each patient's unique needs, goals, and preferences.

Capability sub-domains	Foundation Indicators	Entry-to-practice indicators
	violence (in accordance with the current state, territory and federal legislation, relevant frameworks and guidance)	domestic and sexual violence (in accordance with the current state, territory and federal legislation, relevant frameworks and guidance)
	<b>Demonstrate awareness of the importance</b> of upholding the safety, wellbeing, and dignity of older people by responding effectively to their healthcare needs, ensuring care is respectful, person-centred, and aligned with their rights, preferences, and cultural values	<b>Advocate for and uphold</b> the safety, wellbeing, and dignity of older people by responding effectively to their healthcare needs, ensuring care is respectful, person-centred, and aligned with their rights, preferences, and cultural values.
	<b>Understand</b> child safety and well-being principles and respond effectively to the healthcare needs of children and young people	<b>Advocate and recognise</b> child safety and well-being by responding effectively to the healthcare needs of children and young people
	<b>Demonstrate awareness of the importance of</b> collaborating with local community in the co-design, evaluation, and continuous improvement of health services to enhance climate resilience and ensure care is responsive to environmental and community health needs	<b>Develop and collaborate</b> with local community in the co-design, evaluation, and continuous improvement of health services to enhance climate resilience and ensure care is responsive to environmental and community health needs
<b>Health promotion and prevention</b>	<b>Analyse</b> the patient and community healthcare needs – considering the cultural and social setting of the community – by promoting health care and well-being activities that are adapted and responsive	<b>Assess</b> the patient and community healthcare needs – considering the cultural and social setting of the community – by promoting health care and well-being practices that are adapted and responsive
	<b>Identify and facilitate</b> patient and community self-management of health, disease prevention and control through education, monitoring and health promotion activities to optimise patient health outcomes and wellbeing	<b>Advise, promote and support</b> patient and community self-management of health, disease prevention and control through education, <b>intervention</b> , monitoring and health promotion <b>services</b> to optimise patient health outcomes and wellbeing
	<b>Recognise and participate</b> in national and local health priorities and initiatives, health promotion activities, health services intended	<b>Endorse and support</b> national and local health priorities and initiatives, health promotion activities, health services intended to maintain and

**Health Advocate | Public focus**

Pharmacists contribute to the health and wellbeing of individuals and communities by delivering culturally safe person-centred care that respects each patient's unique needs, goals, and preferences.

Capability sub-domains	Foundation Indicators	Entry-to-practice indicators
	to maintain and improve health, by responding to the needs of individuals and communities, advocating with and for them to optimise health and societal outcomes	improve health, by responding to the needs of individuals and communities, advocating with and for them to optimise health and societal outcomes
	<b>Appraise</b> the identification, assessment, monitoring, mitigation and management of risk to minimise harm and maximise patient and community safety	<b>Engage proactively</b> in the identification, assessment, monitoring, mitigation and management of risk to minimise harm and maximise patient and community safety
	<b>Provide guidance</b> on the safe, rational and cost-effective use of medicines, devices and other healthcare options – including the selection, use, contraindications, storage, and side effects of non-prescription and prescription medicines – taking a person-centred approach to care.	<b>Educate</b> the patient on the safe, rational and cost-effective use of medicines, devices and other healthcare options – including the selection, use, contraindications, storage, and side effects of non-prescription and prescription medicines – taking a person-centred approach to care.
<b>Medicines information and advice</b>	Critically evaluate medicines information and <b>provide</b> evidence-based advice, according to the needs of patients and the community	Critically evaluate medicines information and <b>make</b> evidence-based decisions, according to the needs of patients and the community
	<b>Demonstrate</b> effective critical thinking, reasoning and problem-solving strategies to conceptualise problems, formulate solutions, and support decision-making tailored to the individual circumstances, considering the potential benefits and harms (including the misuse of legal and illegal drugs)	<b>Apply</b> effective critical thinking, reasoning and problem-solving strategies to conceptualise problems, formulate solutions, and support decision-making tailored to the individual circumstances, considering the potential benefits and harms (including the misuse of legal and illegal drugs)
	<b>Support</b> patient and community use of health information technologies and digital communication (including digital driven health solutions and emerging technologies)	<b>Advocate and support</b> patient and community use of health information technologies and digital communication (including digital driven health solutions and emerging technologies)

## Professional

**Professional | Practice focus**

Pharmacists practise in accordance with legal, ethical, and professional standards. They foster a culture of safety and accountability and promote culturally responsive and emotionally safe care environments.

Capability sub-domains	Foundation Indicators	Entry-to-practice indicators
<b>Professional and ethical practice</b>	<b>Identify potential</b> ethical issues and dilemmas, including conflicts of interest, <b>in practice</b> and <b>demonstrate awareness</b> of <b>relevant</b> professional codes, guidelines and standards <b>and their content</b>	<b>Practice ethically and with integrity by recognising and appropriately managing</b> ethical issues and dilemmas, including conflicts of interest, <b>as they arise and maintain current familiarity and compliance</b> with professional codes, guidelines and standards
	<b>Understand</b> professional responsibility and accountability for all decisions made and actions taken, including in response to ethical issues and dilemmas	<b>Demonstrate</b> professional responsibility and accountability for all decisions made and actions taken, including in response to ethical issues and dilemmas
	<b>Promote</b> the best interests and safety of both patients and the community in the provision of care	<b>Advocate</b> for and ensure the best interests and safety of both patients and the community in the provision of care
	<b>Maintain</b> privacy and confidentiality in interactions with patients, consumers and other healthcare professionals	<b>Ensure</b> privacy and confidentiality in interactions with patients, consumers and other healthcare professionals
	Comply with patient and consumer privacy and confidentiality legislation including documentation of information	Comply with patient and consumer privacy and confidentiality legislation including documentation of information
	<b>Demonstrate awareness</b> that patients and consumers <b>should be</b> provided with sufficient information, advice and evidence to enable them to make informed choices about medicine use	<b>Ensure</b> that patients and consumers <b>are provided with</b> sufficient information, advice and evidence to enable them to make informed choices about medicine use
	<b>Demonstrate knowledge</b> on how to document and maintain accurate, timely, and comprehensive records of clinical interventions, professional advice, and decision-making processes, in accordance with legal, and ethical requirements to support continuity of care and professional	<b>Document</b> and maintain accurate, timely, and comprehensive records of clinical interventions, professional advice, and decision-making processes, in accordance with legal, and ethical requirements to support continuity of care and professional accountability, when working collaboratively

**Professional | Practice focus**

Pharmacists practise in accordance with legal, ethical, and professional standards. They foster a culture of safety and accountability and promote culturally responsive and emotionally safe care environments.

Capability sub-domains	Foundation Indicators	Entry-to-practice indicators
	accountability	
	<b>Obtain</b> , when required, informed consent from the patient, <b>respect</b> the patient decision and appropriately record	<b>Ensure that</b> when required, informed consent is <b>obtained</b> from the patient, <b>respected</b> and appropriately recorded
	<b>Recognise and formulate strategies</b> to respond appropriately to <b>situations outside the expected scope</b> of practice and/or capabilities	<b>Recognise professional limitations</b> of self and others in the team, and respond appropriately to <b>situations outside of current scope</b> of practice and/or capabilities
	<b>Demonstrate understanding</b> of risk management by identifying organisational risks, and using clinical and other data to support risk assessments	<b>Ensure</b> risk management by identifying and <b>documenting</b> organisational risks, using clinical and other data to support risk assessments, <b>act to reduce risk</b> , and <b>regularly review and improve the effectiveness of the risk management system</b>
<b>Legal and regulatory practice</b>	<b>Demonstrate contemporary knowledge and application of legal requirements relating to practice within their jurisdiction and demonstrate awareness of the processes for</b> maintaining contemporary familiarity with key legislative instruments	<b>Practice</b> in an ethical and legal manner by complying with all legal and maintaining contemporary familiarity with key legislative instruments
	<b>Demonstrate</b> awareness of the importance of compliance with appropriate workplace policies, processes and protocols	<b>Contribute</b> to, maintain, comply with and regularly review appropriate workplace policies, processes and protocols to ensure safe and socially accountable provision of health care
<b>Digital health</b>	Access, use, adapt and share information (when appropriate and in line with relevant legislation) and/or other technologies to meet the needs of current and emerging professional practice	Access, use, adapt and share information (when appropriate and in line with relevant legislation) and/or other technologies to meet the needs of current and emerging professional practice
	Critically appraise, analyse, evaluate, and/or interpret digital information and their sources	Critically appraise, analyse, evaluate, and/or interpret digital information and their sources

**Professional | Practice focus**

Pharmacists practise in accordance with legal, ethical, and professional standards. They foster a culture of safety and accountability and promote culturally responsive and emotionally safe care environments.

Capability sub-domains	Foundation Indicators	Entry-to-practice indicators
	<b>Understand how to</b> appropriately and securely maintain patient privacy and security of digital information related to the patient, aligned with procedural, policy, legal and ethical requirements	<b>Appropriately</b> and securely maintain patient privacy and security of digital information related to the patient and workplace, aligned with procedural, policy, legal and ethical requirements
	<b>Understand</b> digital health services that promote positive health outcomes and engage with digital technologies to facilitate discussions with the patient and consumer	<b>Participate</b> in digital health services that promote positive health outcomes and engage with digital technologies to facilitate discussions with the patient and consumer
	<b>Understand</b> emerging digital health technologies, including artificial intelligence, their applications, limitations and implementation strategies	<b>Proactively engage with</b> emerging digital health technologies, including artificial intelligence, by <b>understanding</b> professional obligations, applications and limitations, <b>contributing to</b> implementation strategies, <b>and participating in decision-making processes to ensure ethical, safe, and patient-centred outcomes</b>
<b>Inquiry and education</b>	Participate in evidence-based activities to advance practice	Participate in evidence-based practice <b>and apply</b> (where appropriate) <b>findings</b> to advance practice
	<b>Demonstrate knowledge and skills in</b> inquiry by <b>formulating questions</b> , critically appraising relevant source materials, synthesising the results, and reporting and disseminating the outcomes	<b>Contribute to the evidence-base through</b> inquiry by <b>identifying gaps and uncertainties in practice</b> , critically appraising relevant source materials, synthesising the results, <b>implementing practice change</b> , and reporting and disseminating the outcomes
	<b>Demonstrate awareness of effective processes to conduct</b> evidence-based activities <b>and for facilitating learning including aims, learning outcomes, learning activities, assessment and feedback</b>	<b>Initiate and implement</b> evidence-based activities, <b>supervise and support evidence-based activities at the workplace, educate others and evaluate the effectiveness of the education</b>
	<b>Promote</b> quality assurance and continuous quality improvement strategies through <b>utilising skills in</b> collaboration, critical thinking, curiosity and creativity	<b>Implement</b> quality assurance and continuous quality improvement strategies through collaboration, critical thinking, curiosity and creativity

## Health System Enabler

### Health System Enabler | *Health system focus*

Pharmacists contribute to the effective and sustainable use of health system resources by managing workflows, supporting quality use of medicines, and participating in service planning and evaluation.

Capability sub-domains	Foundation Indicators	Entry-to-practice indicators
<b>People and Culture</b>	<b>Understand organisational</b> and management skills to support workforce development, effective service delivery and medicines management	<b>Demonstrate</b> organisational and management skills to support workforce development, effective service delivery and medicines management
	<b>Understand</b> how to manage human resources capability and promote equity, diversity and inclusion in the practice environment.	<b>Plan</b> and <b>manage</b> human resources capability and promote equity, diversity and inclusion in the practice environment.
	<b>Recognise</b> the potential of each staff member, roles and responsibilities and systems for performance management	Recognise and <b>manage</b> the potential, capacity and development of each staff member, roles and responsibilities and utilise systems for performance management
	Evaluate personal health and wellbeing status, identifying situations where health or wellbeing may be challenged, and developing appropriate strategies and mechanisms to minimise the impact on their personal and professional life	Evaluate personal health and wellbeing status, identify situations where health or wellbeing may be challenged, and adopt appropriate strategies and mechanisms to minimise the impact on their personal and professional life
	<b>Identify</b> staff education, training and continuing professional development	Identify, <b>support, provide and facilitate</b> staff education, training and continuing professional development
<b>Workplace</b>	<b>Demonstrate</b> awareness of pharmacy inventory for appropriate conditions for secure and safe storage and distribution of medications to ensure stability and efficacy	<b>Manage</b> pharmacy inventory to ensure safe and efficient distribution, in accordance with the available evidence to ensure stability and efficacy
	Demonstrate the ability to prioritise, make accurate and timely decisions, make appropriate judgements and utilise time management skills	Demonstrate the ability to prioritise, make accurate and timely decisions, make appropriate judgements, and utilise time management skills

### Health System Enabler | *Health system focus*

Pharmacists contribute to the effective and sustainable use of health system resources by managing workflows, supporting quality use of medicines, and participating in service planning and evaluation.

Capability sub-domains	Foundation Indicators	Entry-to-practice indicators
	<b>Analyse</b> and improve the provision of pharmaceutical services, including the physical environment where it takes place	<b>Optimise</b> , improve and <b>manage</b> the provision of pharmaceutical services, including the physical environment where it takes place
	<b>Identify</b> and contribute to innovation, improvement and service development	Identify, <b>implement</b> , monitor and contribute to innovation in and improvement of service delivery
	<b>Identify</b> environmentally sustainable pharmacy <b>practices</b> including processes, services, and activities with high environmental impact, including promoting the safe disposal of unused, unwanted, or expired medicines to reduce harm to the environment	<b>Contribute</b> to environmentally sustainable pharmacy <b>practice</b> by identifying <b>and mitigating</b> processes, services, and activities with high environmental impact, including promoting the safe disposal of unused, unwanted, or expired medicines to reduce harm to the environment <b>and support responsible healthcare delivery</b>
	<b>Understand</b> the financial sources, systems and processes to access pharmaceutical products in the Australian health care system	<b>Recognise</b> and <b>work</b> within the financial sources, systems and processes to access pharmaceutical products in the Australian health care system, <b>and support patients and consumers to do the same</b>

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## Leader and Communicator

### Leader and Communicator | Practitioner focus

Pharmacists provide leadership and mentorship within the healthcare team, contribute to public and population health, and engage in lifelong learning to enhance practice and deliver evidence-based care.

Capability sub-domains	Foundation Indicators	Entry-to-practice indicators
<b>Leadership and advocacy</b>	Uphold and <b>maintain</b> the reputation and value of the profession	Uphold and <b>advance</b> the reputation and value of the profession
	<b>Provide</b> effective leadership by taking the initiative when appropriate, managing own roles and accepting responsibility and accountability to inspire confidence	<b>Demonstrate</b> effective leadership and practice management skills by taking the initiative when appropriate, managing own roles and accepting responsibility and accountability to inspire professional confidence
	Accept personal responsibility and accountability for decisions and actions	Accept personal responsibility and accountability for decisions and actions in professional practice
	<b>Demonstrate</b> self-awareness, self-regulation and motivation that may affect professional performance and/or personal development	<b>Recognise</b> and demonstrate self-awareness, self-regulation and motivation of about self and others and how it may affect professional performance and/or personal development, and take appropriate actions to minimise risk to public safety
	<b>Demonstrate awareness</b> of appropriate change management principles and strategies	<b>Demonstrate flexibility</b> and <b>adaptability</b> to a <b>variety of conditions</b> and circumstances
	Recognise situations likely to compromise performance and <b>develop effective</b> strategies to build resilience and minimise their impact	Recognise situations in professional practice likely to compromise performance and <b>implementing effective</b> strategies to build resilience and minimise their impact
<b>Communication</b>	Communicate appropriately and effectively with a socially and culturally diverse range of people in a manner which inspires confidence and trust	Communicate appropriately and effectively with a socially and culturally diverse range of people in a manner which inspires confidence and trust
	<b>Demonstrate</b> appropriate communication and interpersonal behaviours, using lay terms and checking understanding	<b>Communicate effectively</b> using appropriate communication and interpersonal behaviours <b>in professional practice interactions</b> , using lay terms and checking understanding

### Leader and Communicator | Practitioner focus

Pharmacists provide leadership and mentorship within the healthcare team, contribute to public and population health, and engage in lifelong learning to enhance practice and deliver evidence-based care.

Capability sub-domains	Foundation Indicators	Entry-to-practice indicators
	<p><b>Demonstrate</b> tailored communication that is appropriate to the patient and consumer needs, delivered in a culturally safe way and includes consideration of their health literacy, social needs, emotional status and any language barriers</p> <p><b>Demonstrate appropriate</b> verbal, written and non-verbal communication skills</p>	<p><b>Tailor</b> communication that is appropriate to the patient and consumer needs, delivered in a culturally safe way and includes consideration of their health literacy, social needs, emotional status and any language barriers</p> <p><b>Use</b> appropriate verbal, written and non-verbal communication skills <b>to establish and maintain rapport with a patient or consumer including when communicating through digital platforms</b></p>
<b>Lifelong learner</b>	<p><b>Demonstrate the skills</b> as coach and/or mentor to other students and colleagues, and others <b>which are appropriate to their context</b></p> <p><b>Demonstrate a</b> proactive and reflective approach to developing own professional capability and expertise</p> <p>Engage in ongoing professional development and education to improve expertise outside current scope of knowledge</p> <p><b>Demonstrate awareness</b> of professional limitations and adopt appropriate strategies when necessary, including additional professional education</p> <p><b>Undertake</b> structured reflection as a means of enhancing learning and practice and <b>adopt</b> lifelong learning as a structure for unknown scopes of practice and emerging areas</p>	<p>Coach and/or mentor students, <b>interns</b>, colleagues, other <b>pharmacy team members</b> and other <b>health care professionals</b></p> <p><b>Engage</b> in proactive and reflective approach to <b>maintaining</b> and developing own professional capability and expertise <b>to remain fit-to-practice</b></p> <p>Engage in ongoing professional development and education to improve expertise outside current scope of knowledge</p> <p><b>Identify and acknowledge</b> professional limitations and act upon them seeking support when necessary, including additional professional education</p> <p><b>Demonstrate commitment</b> to structured reflection, <b>ongoing professional learning, development, improvement</b> and lifelong learning activities for <b>current practice</b>, unknown scopes of practice and emerging areas</p>



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# Pharmacist Capability Framework

## Framework Mapping

6 August 2025

## FRAMEWORK MAPPING

### Development of the draft Framework

To support the first draft of the Capability Framework a Literature review was undertaken. The literature review looked at 216 documents and articles and retrieved and analysed 138 of them. Thirteen were chosen to be closely compared for the development of the draft Framework for consultation.

- Aboriginal and Torres Strait Islander Health Practice Board – [Professional capabilities for registered Aboriginal and Torres Strait Islander Health Practitioners](#), 2020
- Australian Pharmacy Council – [Performance Outcomes Framework](#), 2023
- Australian Commission on Safety and Quality in Health Care – [Antimicrobial Stewardship Clinical Care Standard](#), 2020
- Australian Commission on Safety and Quality in Health Care – [National Safety and Quality Health Service Standards](#), 2021
- Australian Commission on Safety and Quality in Health Care – [National Safety and Quality Primary and Community Healthcare Standards](#), 2021
- Australasian Institute of Digital Health – [Australian Digital Health Capability Framework](#), 2024
- International Pharmaceutical Federation (FIP) – [FIP Global Competency Framework \(GbCFv2\) handbook](#), 2023
- National Association of Pharmacy Regulatory Authorities – [Professional Competencies for Pharmacists and Pharmacy Technicians at Entry to Practice in Canada](#), 2024
- NPS MedicineWise – [Prescribing Competencies Framework: embedding quality used of medicines into practice \(2<sup>nd</sup> Edition\)](#), 2025
- Optometry Australia – [Entry-Level Competency Standards for Optometry](#), 2022
- Physiotherapy Board – [Physiotherapy practice thresholds in Australia & Aotearoa New Zealand](#), 2023
- Pharmaceutical Society of Australia – [National Competency Standards Framework for Pharmacists in Australia](#), 2016
- Royal College of Physicians and Surgeons of Canada – [CanMEDS 2015 Physician Competency Framework](#), 2015

A comparative analysis was conducted to identify common indicators within the different frameworks, which resulted in a comprehensive table of elements which were categorised into the following six capability domains:

- Medicines Expert
- Collaborator
- Health Advocate
- Professional
- Health Systems Enabler
- Leader and Communicator

These have been used as the basis for the development of the draft Framework. The next steps in the development will be the consultation phases which include preliminary consultation on the draft Framework, followed by a revision of the draft, a public consultation and finalisation for the Board approval.

## Analysis of the frameworks

**Orange** – Aboriginal and Torres Strait Islander Health Practice Board – Professional capabilities for registered Aboriginal and Torres Strait Islander Health Practitioners, 2020;

**Green** – Australian Pharmacy Council – Performance Outcomes Framework, 2023;

**Grey** – Australian Commission on Safety and Quality in Health Care – Antimicrobial Stewardship Clinical Care Standard, 2020, Australian Commission on Safety and Quality in Health Care – National Safety and Quality Health Service Standards, 2021, Australian Commission on Safety and Quality in Health Care – National Safety and Quality Primary and Community Healthcare Standards, 2021;

**Rusty red** – Australasian Institute of Digital Health – Australian Digital Health Capability Framework, 2024;

**Blue** – International Pharmaceutical Federation (FIP) – FIP Global Competency Framework (GbCFv2) handbook, 2023;

**Dark blue** – National Association of Pharmacy Regulatory Authorities – Professional Competencies for Pharmacists and Pharmacy Technicians at Entry to Practice in Canada, 2024;

**Teal** – NPS MedicineWise – Prescribing Competencies Framework: embedding quality used of medicines into practice (2<sup>nd</sup> Edition), 2025;

**Dark Yellow** – Optometry Australia – Entry-Level Competency Standards for Optometry, 2022;

**Purple** – Physiotherapy Board – Physiotherapy practice thresholds in Australia & Aotearoa New Zealand, 2023;

**Dark pink** – Pharmaceutical Society of Australia – National Competency Standards Framework for Pharmacists in Australia, 2016;

**Dark blue** – Royal College of Physicians and Surgeons of Canada – CanMEDS 2015 Physician Competency Framework, 2015

1. Pharmaceutical Public Health		
Competencies	Behaviours	On successful completion of an approved pharmacy (...)
1.1 Emergency response	1.1.1 Participate in the response to public health emergencies	
	1.1.2 Assist the multidisciplinary healthcare teams in emergency situations	

<p>1.2 Health promotion</p> <p>Sub-domain D: Health promotion and harm minimization</p> <p>Health Advocate</p> <p>Health promotion and prevention</p>	<p>1.2.1 Assess the patient's/population's primary healthcare needs (taking into account the cultural and social setting of the patient/populations)</p> <p>1.3 recognising the presence and causes of health inequities and disparities, including the impact of social determinants of health, and seeking to address them</p> <p>1.3 Assess the person according to the clinical context and the health professional's scope of practice</p> <p>1.4 Consider the person's cultural history and identity when gathering information to understand their needs</p> <p><b>3.6 Promote health and well-being</b></p> <p><b>3.6.2. Support health promotion activities and health services intended to maintain and improve health.</b></p> <p>4.2 Promote public and community health and wellness.</p> <p>Patient populations and social determinants of health</p> <p>Minimising patient harm</p>	<p>1.3 recognising the presence and causes of health inequities and disparities, including the impact of social determinants of health</p>
	<p>1.2.2 Advise and provide services related to health promotion; disease prevention and control (e.g. vaccination); and healthy lifestyle</p> <p>3.10 facilitating patient self-management of health through education, intervention, monitoring and health promotion services in order to optimise patient health outcomes and wellbeing, and reduce the risk of complications</p> <p>3.22 endorsing and participating in health promotion activities, health services and public health initiatives intended to maintain and improve health</p> <p><b>4.7.2. Support and assist implementation of healthcare priorities.</b></p> <p>Partnering with consumers</p> <p>Information for patients</p>	<p>3.10 facilitating patient self-management of health through education, intervention, monitoring and health promotion services in order to optimise patient health outcomes and wellbeing, and reduce the risk of complications</p> <p>3.22 participating in health promotion activities, health services and public health initiatives intended to maintain and improve health</p>
	<p>1.2.3 Identify and support national and local health priorities and initiatives</p> <p>3.11 responding to the needs of individuals and communities by advocating with and for them to optimise health and societal outcomes</p> <p><b>3.6.3. Support evidence-based public health programs</b></p>	<p>3.11 responding to the needs of individuals and communities by advocating with and for them to optimise health and societal outcomes</p>

	<p>4.11 engaging proactively in the identification, assessment, monitoring, mitigation and management of risk to minimise harm and maximise patient and public safety</p> <p><b>4.7.7. Contribute to the effective management of risk, including threats to service continuity</b></p> <p>Risk management</p>	<p>4.11 demonstrating skills in the identification, assessment, monitoring, mitigation and management of risk</p>
	<p>3.21 delivering harm minimisation approaches and strategies to reduce harm to patients and the community from misuse of legal and illegal drugs</p>	<p>3.21 demonstrating the delivery of harm minimisation approaches and strategies to reduce harm to patients and the community from misuse of legal and illegal drugs</p>
	<p>3.17 providing appropriate tailored counselling, information and education to enable safe and effective medication, disease state and lifestyle management</p>	<p>3.17 providing appropriate tailored counselling, information and education to enable safe and effective medication, disease state and lifestyle management</p>
<p>1.3 Medicines information and advice</p> <p>Domain 3 sub-domain A: Quality use of medicines</p> <p>Domain D – Information Enabled Care and Services</p>	<p>1.3.1 Counsel the patient/population on the safe and rational use of medicines and devices (including the selection, use, contraindications, storage, and side effects of non-prescription and prescription medicines)</p> <p><b>3.1</b> implementing appropriate and effective actions and recommendations which support safe, rational and cost-effective use of medicines and other healthcare options and optimise socially accountable person-centred care by</p> <p>a. applying relevant underpinning knowledge</p> <p>2.8 Consider the financial cost and affordability of the medicines to the person</p> <p><b>5.3.4. Provide advice and recommendations.</b></p>	<p><b>3.1</b> formulating appropriate and effective actions and recommendations which support safe, rational and cost-effective use of medicines and other healthcare options and optimise socially accountable person-centred care by</p> <p>a. applying relevant underpinning knowledge</p>
	<p>1.3.2 Identify sources, retrieve, evaluate, organise, assess and provide relevant and appropriate medicines information according to the needs of patients and clients</p>	<p>3.1 b. using a systematic approach to access, critically</p>

	<p>3.1 b. using a systematic approach to access, critically evaluate and apply relevant evidence</p> <p>6.6 Critically evaluate information about medicines and make evidence-based decisions in the context of the person's needs</p> <p>5.3.1. Identify information needs and resource requirements.</p> <p>5.3.2. Retrieve relevant information/evidence in a timely manner</p> <p>D1 Information Sources - Understanding the principles and methods of data analysis, data linkage, and data visualisation and how it informs decision making in the healthcare setting</p>	<p>evaluate and apply relevant evidence</p>
	<p>1.3.3 Support the patient's use of health information technologies and digital communication (including IT driven health solutions)</p> <p>B1 Digital Health Advocacy - Working in partnership with patients/consumers to advocate for access to information and use of digital health technologies</p> <p>C2 Use of Information - Understanding and educating others, including patients/consumers, on how health information may be used and is protected including the importance of cyber security and applying this as relevant to own role</p> <p>D2 Reasoning and Evaluation - Evaluating data and use of critical reasoning to provide information to support decision making and informed use of digital health applications inclusive of emerging technologies</p>	
	<p>3.1 c. applying effective critical thinking, reasoning and problem-solving strategies to conceptualise problems, formulate a range of potential solutions, and support decision-making</p> <p>3.1 d. making decisions which are tailored to the person's individual circumstances, and reflect a balanced consideration of both the potential benefits and potential harms</p>	<p>3.1 c. applying effective critical thinking, reasoning and problem-solving strategies to conceptualise problems, formulate a range of potential solutions, and support decision-making</p> <p>3.1 d. making decisions which are tailored to the person's individual circumstances, and reflect a balanced consideration of both the potential benefits and potential harms</p>

<p>Cultural safety</p>	<p>2.1 c. engaging in culturally appropriate and sensitive communication with Aboriginal and Torres Strait Islander peoples in professional practice which respects their history, culture and protocols</p> <p>5.1 Perform Aboriginal and Torres Strait Islander health practice safely</p> <p>5.2 Protect and enhance patient/client safety</p> <p>2.1.1. Respect the personal characteristics, rights, preferences, values, beliefs, needs and cultural and linguistic diversity of patients and other clients, including Aboriginal and Torres Strait Islander peoples</p>	<p>2.1 C. demonstrating awareness of and sensitivity to Aboriginal and Torres Strait Islander history, communication styles and community protocols</p>
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## 2. Pharmaceutical Care

### Domain 3 - Medicines management and patient care

#### 1A. Providing Care: Clinical Care

##### Domain 1: Clinical Care Provider

Competencies	Behaviours	On successful completion of an approved pharmacy (...)
2.1 Assessment of medicines	<p>At the point of general registration as a pharmacist, pharmacists are competent in and committed to</p> <p>2.1.1 Gather, analyse, research, and interpret information about the patient and patient's medicines-related needs (e.g. indication, effectiveness, safety and adherence)</p> <p><b>3.7 assessing</b> current health, medical and medication histories and profiles of patients</p> <p>1.6 Explore with the person their adherence to prescribed medicines and the treatment plan</p> <p>2.2 Review current medicines and consider the possibility of a contribution to current health issues</p> <p>5.1 Explore with the person their response to treatment including adherence to the medicines and treatment plan</p> <p>5.6 Work with the person and other health professionals to modify the treatment plan to optimise the safety and effectiveness of treatment, where appropriate</p> <p>1.1 Obtain relevant patient information.</p> <p>1.5 Monitor the patient and collaborate with the patient and their circle of care to revise the plan for the patient's care.</p>	<p><b>3.7 assessing</b> current health, medical and medication histories and profiles of patients</p>
	<p>2.1.2. Retrieve relevant patient information (including drug history, or immunisation status for example) and record of allergies to medicines and Adverse Drug Reactions (ADR) in medication record</p> <p><b>3.6 obtaining</b> relevant health, medical and medication information from patients, carers and other clients</p> <p>6.4 Detect and report errors, incidents and adverse events involving medicines</p> <p><b>3.1.1. Obtain relevant health and medicines information.</b></p> <p>Quality statement 3 – Adverse reactions to antimicrobials [When an adverse reaction (including an allergy) to an antimicrobial is reported by a patient or recorded in their healthcare record, the active ingredient(s), date, nature and severity of the reaction are assessed and documented. This enables the most appropriate antimicrobial to be used when required.]</p> <p>Surveillance</p>	<p><b>3.6 obtaining</b> relevant health, medical and medication information from patients, carers and other clients</p>

	<p>Incident management and open disclosure</p> <p>Provision of medicines list</p>	
	<p>2.1.3 Identify, prioritise, resolve and follow up on medicine-medicine interactions; medicine-disease interactions; medicine-patient interactions; medicines-food interactions</p>	
	<p>2.1.4 Appropriately select medicines (e.g. according to the patient, hospital, government policy, etc)</p> <p>2.5 Obtain, interpret, and apply current reliable evidence and information about medicines to inform decision making</p>	
<p>2.2 Compounding medicines</p>	<p>2.2.1 Prepare pharmaceutical medicines (e.g. extemporaneous, cytotoxic medicines), determine the requirements for preparation (calculations, appropriate formulation, procedures, raw materials, equipment etc.)</p> <p><b>3.12 consistently</b> making accurate arithmetic calculations relating to health care</p> <p><b>3.4 Compound medicines</b></p> <p><b>3.4.1. Determine the required formulation.</b></p> <p><b>3.4.2. Confirm the availability of suitable resources.</b></p> <p><b>3.4.3. Apply risk management strategies.</b></p>	<p><b>3.12 consistently</b> making accurate arithmetic calculations relating to health care</p>
	<p>2.2.2 Compound under the good manufacturing practice for pharmaceutical (GMP) medicines</p> <p><b>3.15 preparing and supplying</b> extemporaneously compounded medications safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines and other relevant jurisdictional requirements</p> <p><b>3.4.4. Prepare products non-aseptically</b></p> <p><b>3.4.5. Prepare products aseptically.</b></p> <p><b>3.4.6. Prepare cytotoxic or other hazardous drug products.</b></p> <p><b>3.4.7. Complete appropriate documentation.</b></p> <p><b>3.4.8. Optimise packaging and supplementary labelling.</b></p>	<p><b>3.15 preparing and supplying</b> extemporaneously compounded medications safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines and other relevant jurisdictional requirements</p>
<p>2.2 Dispensing</p> <p>Sub-domain C: Provision of medications and</p>	<p>2.3.1 Accurately dispense medicines for prescribed and/or minor ailments, including an embedded checking process</p> <p><b>3.14 dispensing</b> medicines safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines and other relevant jurisdictional requirements to optimise patient outcomes</p> <p><b>3.2.3. Dispense medicines (including compounded medicines) in consultation with the patient and/or</b></p>	<p><b>3.14 dispensing</b> medicines safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines and other relevant jurisdictional requirements to optimise patient outcomes</p>

<p>other management options</p>	<p><b>prescriber.</b></p> <p>1.7 Prepare products and preparations for dispensing. 1.8 Verify the accuracy and quality of dispensed products and preparations. 1.9 Release verified products and preparations.</p>	
<p>Competency Area 4: Prescribe medicines and communicate the agreed treatment decision</p>	<p>2.3.2 Accurately report defective or substandard medicines to the appropriate authorities</p> <p><b>1.6.2. Monitor and respond to sources of risk</b></p>	
<p>1B.Providing Care: Distribution</p>	<p>2.3.3 Appropriately validate prescriptions, ensuring that prescriptions are correctly interpreted and legal</p> <p>1.6 Review and process prescriptions.</p> <p>2.3.4 Dispense devices (e.g. Inhaler or a blood glucose meter)</p> <p><b>3.13 administering</b> injectable formulations in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines</p> <p><b>3.2.1. Administer medicines.</b></p>	<p><b>3.13 administering</b> injectable formulations in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines</p>
	<p><b>3.2.2. Provide primary care and promote judicious use of medicines</b></p>	
	<p>2.3.5 Document and act upon dispensing errors</p> <p>6.3 Understand common causes of incidents and error associated with prescribing and medicines use and implement strategies to reduce the risk of these occurring</p>	
	<p>2.3.6 Implement and maintain a dispensing error reporting system and a ‘near misses’ reporting system</p>	
	<p>2.3.7 Label the medicines (with the required and appropriate information)</p>	
	<p>2.3.8 Learn from and act upon previous ‘near misses’ and ‘dispensing errors’</p>	
<p>2.4 Medicines</p>	<p>2.4.1 Advise patients on proper storage conditions of the medicines and ensure that medicines are stored appropriately (e.g. humidity, temperature, expiry date, etc.)</p>	
<p><b>Competency Area 2:</b> Understand the management options</p>	<p><b>3.16 storing and distributing</b> medications appropriately, securely, safely and in accordance with the available evidence to ensure stability and efficacy</p>	
<p><b>Competency Area 3:</b></p>	<p>2.4.2 Appropriately select medicines formulation and concentration for minor ailments (e.g. diarrhoea, constipation, cough, hay fever, insect bites, etc.)</p>	
	<p>2.4 Identify suitable medicine options</p>	

<p>Agree on a plan for medicines</p>	<p>2.4.3 Ensure appropriate medicines, route, time, dose, documentation, action, form and response for individual patients</p> <p>1.5 Apply knowledge of safe and effective use of medicines</p> <p>3.1.2. Assess medication management practices and needs</p> <p>Quality statement 2 – use of guidelines (When a patient is prescribed an antimicrobial, this is done in accordance with the current Therapeutic Guidelines or evidence-based, locally endorsed guidelines and the antimicrobial formulary.)</p> <p>Antimicrobial stewardship</p> <p>Processes for effective communication (The healthcare service has processes that use at least three patient identifiers to ensure patients are correctly identified)</p>	
	<p>2.4.4 Package medicines to optimise safety (ensuring appropriate re-packaging and labelling of the medicines)</p>	
<p>2.5 Monitor medicines therapy</p> <p>Competency Area 5: Review the outcomes of treatment</p>	<p>2.5.1 Apply guidelines, medicines formulary system, protocols, and treatment pathways</p> <p>Quality statement 2 – Use of guidelines (When a patient is prescribed an antimicrobial, this is done in accordance with the current Therapeutic Guidelines or evidence-based, locally endorsed guidelines and the antimicrobial formulary.)</p> <p>2.5.2 Apply therapeutic medicines monitoring and assess impact, and outcomes (including objective and subjective measures)</p> <p>3.8 formulating and implementing health, medical and medication management plans in collaboration with patients, carers and other health team members</p> <p>5.2 Gather objective information, using appropriate indicators, to assess the response to medicines, where appropriate</p> <p>3.1 Develop a patient-centred, culturally responsive approach to medication management</p> <p>3.2 Implement the medication management strategy or plan</p> <p>3.3 Monitor and evaluate medication management</p> <p>1.4 Implement a plan for the patient’s care in collaboration with the patient and their circle of care.</p> <p>Quality statement 7 – Review of therapy (A patient prescribed an antimicrobial has regular clinical review of their therapy, with the frequency of review dependent on patient acuity and risk factors. The need for ongoing antimicrobial use, appropriate microbial spectrum of activity, dose, frequency and route of administration are assessed and adjusted accordingly. Investigation results are reviewed</p>	<p>3.8 formulating health, medical and medication management plans in collaboration with patients, carers and other health team members</p>

	promptly when they are reported.)	
	<p>2.5.3 Identify, prioritise, and resolve medicines management problems (including errors)</p> <p><b>3.19 delivering</b> measures designed to enhance adherence with dosage regimens and support safe and effective administration of medications</p> <p>1.6.2. Monitor and respond to sources of risk</p> <p>1.6.3. Follow up incidents or lapses in care.</p>	<b>3.19 demonstrating</b> the delivery of measures designed to enhance adherence with dosage regimens and support safe and effective administration of medications
<p>2.6 Patient consultation and diagnosis</p> <p>Sub-domain B: Person-centred care</p> <p>Competency Area 1: Understand the person and their needs</p>	<p>2.6.1 Support urgent care needs (physical and mental) of patients and others and act upon arranging follow-up care</p> <p><b>3.20 providing</b> evidence-based screening, assessment, prevention and referral services to detect and manage potential risk of adverse medical conditions and outcomes</p> <p><b>7.6</b> Ensure the person's needs take precedence over all considerations in all prescribing decisions</p> <p>2.1.3. Promote patient/client engagement with feedback and follow-up systems</p> <p>3.3.1. Undertake a clinical review.</p> <p>Evidence-based care</p> <p>Medication review</p>	<b>3.20 providing</b> evidence-based screening, assessment, prevention and referral services to detect and manage potential risk of adverse medical conditions and outcomes
	<p>2.6.2 Appropriately refer the patient or carer</p> <p>2.10 Refer the person for further assessment or treatment when the suitable treatment options are outside the health professional's scope of practice</p> <p>6.2 Practise within the limits of the health professional's education, training and scope of practice as applied to prescribing</p>	
	<p>1.1 Assess the patient's/ client's capacity to receive care</p>	
	<p>2.6.3 Assess and diagnose based on objective and subjective measures (where applicable)</p> <p><b>3.18 assessing</b> ambulatory conditions and <b>providing</b> appropriate management approaches, including pharmacological, non-pharmacological and referral options where appropriate</p> <p>1.7 Make or review and understand the diagnosis and key clinical issues including those that are, or may be, medicine-related</p> <p>2.3 Where treatment is indicated, consider both non-pharmacological and pharmacological options</p> <p>3.3.2. Apply clinical review findings to improve health outcomes.</p>	<b>3.18 assessing</b> ambulatory conditions and <b>recommending</b> appropriate management approaches, including pharmacological, non-pharmacological and referral options where appropriate

	<p>2.6.4 Evaluate, assess, and develop health literacy education and counselling on medicines and healthcare needs</p> <p><b>3.2 making and prioritising</b> recommendations to manage health, medical and medication needs of patients, including both pharmacological and non-pharmacological strategies, based on the Quality Use of Medicines Framework and the best available evidence</p> <p>1.2 Plan and perform a comprehensive, efficient, effective, culturally appropriate and patient/client-centred assessment and/or treatment</p> <p>1.1 Ensure competence to assess the person's needs</p> <p>3.2.5. Provide counselling and information for safe and effective medication management.</p> <p>3.5.1. Review trends in medicine use</p> <p>3.5.2. Promote evidence-based medicine use.</p> <p>3.6.1. Assist development of health literacy.</p> <p>Quality statement 5 – Patient information and shared decision making (A patient with an infection, or at risk of an infection, is provided with information about their condition and treatment options in a way that they can understand. If antimicrobials are prescribed, information on how to use them, when to stop, potential side effects and a review plan is discussed with the patient.)</p> <p>Communication of critical information</p>	<p><b>3.2 making and prioritising</b> recommendations to manage health, medical and medication needs of patients, including both pharmacological and non-pharmacological strategies, based on the Quality Use of Medicines Framework and the best available evidence</p>
	<p>2.6.5 Discuss and agree with the patient on the appropriate use of medicines, taking into account patients' preferences</p> <p><b>2.4 collaborating</b> with patients, carers and other clients in shared decision-making by</p> <ul style="list-style-type: none"> <li>a. supporting and advocating for the rights of patients, carers and other clients to access relevant information and participate in decisions relating to their care</li> <li>b. respecting their choices</li> </ul> <p><b>3.5 implementing and delivering</b> person-centred care by</p> <ul style="list-style-type: none"> <li>a. respecting the personal characteristics, rights, preferences, values, beliefs, needs and diversity of patients, carers and other persons</li> </ul> <p>1.3 Apply a patient/ client-centred and family-centred practice approach to practice</p>	<p><b>2.4 collaborating</b> with patients, carers and other clients in shared decision-making by</p> <ul style="list-style-type: none"> <li>a. supporting the rights of patients, carers and other clients to access relevant information and participate in decisions relating to their care</li> <li>b. respecting their choices</li> </ul> <p><b>3.5 demonstrating</b> the delivery of</p>

	<p>1.8 Discuss with the person the clinical issues and implications for treatment</p> <p>2.7 Tailor medicines for the person, considering relevant potential benefits, harms, medicine and person- specific factors</p> <p>3.1 Explore the person’s opinions and preferences concerning medicines and the treatment plan</p> <p>3.2 Negotiate therapeutic goals that enhance self-management</p> <p>3.3 Discuss the possible medicines options with the person and allow them time to make an informed decision</p> <p>2.1.2. Support and respect the rights of patients and other clients to contribute to decision-making.</p> <p>3.1.3. Collaborate to develop a medication management strategy or plan.</p> <p>1.2 Assess the patient’s health status and unique needs, goals, and preferences, in partnership with the patient.</p> <p>2.2 Use professional judgment to make evidence-informed decisions in the best interests of the patient.</p> <p>Shared decisions and planning care</p> <p>Planning and delivering comprehensive care</p> <p>Developing the comprehensive care plan</p> <p>Delivering comprehensive care</p>	<p>person-centred care including</p> <p>a. respecting the personal characteristics, rights, preferences, values, beliefs, needs and diversity of patients, carers and other persons</p>
	<p>3.4 Explore and respond appropriately to the person’s concerns and expectations about their health and the use of medicines to maintain their health</p>	
	<p>2.6.6 Document any intervention (e.g. document allergies, such as from medicines and nutrition in the patient’s medicines history)</p> <p>4.5 Discuss and document the treatment plan with the person and ensure they understand both the plan and how to use the medicine/s safely and effectively</p> <p>7.3 Maintain accurate and complete records of the interaction</p> <p>3.2.6. Facilitate continuity of care including during transitions of care</p> <p>3.3.3. Document clinical review findings and changes in medication management.</p> <p>3.4 Document pharmacy care and services and maintain pharmacy records.</p> <p>Quality statement 6 – Documentation (When a patient is prescribed an antimicrobial, the indication, active ingredient, dose, frequency and route of administration, and the intended duration or review plan are documented in the patient’s healthcare record.)</p> <p>Healthcare records</p>	

	Documentation, provision and access to medicines-related information	
	<p>2.6.7 Obtain, reconcile, review, maintain and update relevant patient medication and disease history</p> <p><b>3.4 carrying out</b> systematic medication reviews, informed by the Quality Use of Medicines Framework, in order to identify and resolve potential medication-related issues and optimise the impact of medications on health outcomes in collaboration with patients, carers and other members of the health care team</p> <p>1.2 Discuss with the person their medical and treatment history</p> <p>1.5 Review and interpret information in the person’s health records to contribute to an understanding of their needs and current treatment</p> <p>5.3 Synthesise information provided by the person, other health professionals and from the assessment, to determine the response to medicines</p> <p>5.5 Discuss with the person the benefits of a medication management review, where appropriate</p> <p><b>3.5 Support Quality Use of Medicines</b></p> <p>Medication reconciliation</p>	<p><b>3.4 carrying out</b> systematic medication reviews, informed by the Quality Use of Medicines Framework, in order to identify and resolve potential medication-related issues and optimise the impact of medications on health outcomes in collaboration with patients, carers and other members of the health care team</p>
	<p>3.5 c. optimising as far as is practicable the physical environment in which care takes place</p> <p><b>5.4 Maintain safety of the health service and associated environments</b></p> <p>Safe environment</p>	<p>3.5 c. optimising as far as is practicable the physical environment in which care takes place</p>
	<p><b>3.9 formulating and implementing</b> appropriate monitoring of the outcomes of health, medical and medication management plans and <b>adjusting</b> them where appropriate in collaboration with patients, carers and other health team members</p> <p>3.5 Develop the medicines plan in partnership with the person</p> <p>3.6 Identify the need for, and develop with the person, a plan to review treatment</p> <p>5.4 Discontinue or modify existing medicines and other treatments, where appropriate</p> <p>1.3 Develop a plan for the patient’s care in collaboration with the patient and their circle of care.</p>	<p><b>3.9 recommending</b> appropriate monitoring of the outcomes of health, medical and medication management plans and <b>recommending</b> adjustments to them where appropriate in collaboration with patients, carers and other health team members</p>
<p><b>Prescribing Competency</b> Area 4: Prescribe medicines and</p>	<p><b>3.3 prescribing</b> medications in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines</p> <p><b>3.2.4. Prescribe medicines</b></p>	<p><b>3.3 prescribing</b> medications in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines</p>

<p>communicate the agreed treatment decision</p> <p>Competency Area 6: Prescribe safely and effectively</p> <p>Competency Area 7: Prescribe professionally</p>	2.1 Recognise when it is clinically appropriate not to prescribe medicines	
	2.9 Consider the implications to the wider community of prescribing a particular medicine	
	4.1 Ensure adequate and current knowledge of medicines prior to prescribing	
	4.2 Prescribe medicines compliant with relevant legislation, regulatory frameworks, guidelines, codes of practice, scope of practice and organisational policies and procedures	
	4.3 Where prescribing relies on electronic (eg, telehealth) or telephone services (eg, verbal prescription or medication order), ensure compliance with relevant legislation, guidelines and policies	
	6.1 Understand and prescribe medicines according to relevant legislation, regulatory frameworks and organisational requirements	
	6.5 Apply quality use of medicines principles when prescribing medicines	
	7.2 Demonstrate appropriate professional judgement when interpreting and applying prescribing guidelines and protocols to the person's situation	

### 3. Organisation and Management

Domain 4 Leadership and management

Domain 4 - Leadership and management

Role 7: Manager/leader

Competencies	Behaviours	On successful completion of an approved pharmacy (...)
	At the point of general registration as a pharmacist, pharmacists are competent in and committed to	
3.1 Budget and reimbursement	3.1.1 Acknowledge the workplace organisational structure	
	3.1.2 Effectively set and apply budget	
	3.1.3 Manage appropriate claims for reimbursements	
	3.1.4 Ensure financial transparency	

	4.5.1. Plan and manage finances.	
	3.1.5 Ensure proper reference sources for service reimbursement	
3.2 Human resources management	<p>3.2.1 Demonstrate organisational and management skills (e.g. plan, organise and lead on medicines management; risk management; self-management; time management; people management; project management; policy management.)</p> <p>4.7 Participate in organisational management</p> <p>4.4.1. Undertake strategic and/ or operational planning.</p> <p>4.4.2. Develop a business plan and monitor performance</p> <p>4.4.5. Develop and maintain supporting systems and strategies</p> <p>4.7.1. Understand and contribute to organisational/ corporate and clinical governance.</p> <p>4.7.3. Undertake project management.</p> <p>Integrating clinical governance</p> <p>Clinical governance and quality improvement to support comprehensive care</p>	
	<p>3.2.2 Identify and manage human resources and staffing issues</p> <p>4.6 Plan, manage and build human resource capability</p> <p>4.4.4. Undertake workforce planning</p> <p>5.4 Promote equity, diversity, and inclusion in the practice environment.</p> <p>Safety and quality roles and responsibilities</p>	
	<p>3.2.3 Recognise and manage the potential of each staff member and utilise systems for performance management (e.g. conduct staff appraisals)</p> <p>4.6 evaluating personal health and wellbeing status, identifying situations where health or wellbeing may be challenged, and adopting appropriate strategies and mechanisms to minimise their impact on personal and professional life</p> <p>4.6.1. Recruit and retain personnel.</p>	<p>4.6 evaluating personal health and wellbeing status, identifying situations where health or wellbeing may be challenged, and developing appropriate strategies and mechanisms to minimise their</p>

	<p>4.6.2. Establish role clarity and performance standards.</p> <p>4.6.3 Supervise personnel.</p> <p>4.6.5. Manage interpersonal relationships with supervised personnel.</p> <p>Evaluating performance</p>	<p>impact on personal and professional life</p>
	<p>3.2.4 Recognise the value of pharmacy team and of a multidisciplinary team</p>	
	<p>3.2.5 Support and facilitate staff training and continuing professional development</p> <p>5.1 Deliver education and training</p> <p>4.6.4. Develop personnel and promote improved performance.</p> <p>5.1.1. Plan education and training.</p> <p>5.1.2. Conduct education and training consistent with educational practice.</p> <p>5.1.3. Contribute to continuing professional development of others.</p>	
<p>3.3 Improvement of service</p>	<p>3.3.1 Identify, implement, and monitor new services (according to local needs)</p> <p>4.3.2. Foster initiative and contribute to innovation, improvement and service development.</p> <p>4.7.4. Contribute to professional activities planning with consideration of strategic context</p> <p>Partnerships in the planning, design, monitoring and evaluation of services</p>	
	<p>3.3.2 Resolve, follow up and prevent medicines related problems</p>	
<p>3.4 Procurement</p>	<p>3.4.1 Access reliable information and ensure the most cost-effective medicines in the right quantities with the appropriate quality</p>	
	<p>3.4.2 Develop and implement contingency plans for shortages</p>	
	<p>3.4.3 Efficiently link procurement to formulary, to push/pull system (supply chain management) and payment mechanisms</p>	
	<p>3.4.4 Ensure there is no conflict of interest</p>	

	3.4.5 Identify and select reliable supplier(s)	
	3.4.6 Select reliable supply of high-quality products (including appropriate selection and procurement processes, cost effectiveness, timely delivery)	
	3.4.7 Supervise procurement activities	
	3.4.8 Understand the tendering methods and evaluation of tender bids	
3.5 Supply chain management	3.5.1 Demonstrate knowledge in store medicines to minimise errors and maximise accuracy High-risk medicines (a. Identify high-risk medicines within the service; b. Safely store, prescribe, supply, administer and dispose of high-risk medicines)	
	3.5.2 Verify the accuracy of rolling stocks	
	3.5.3 Ensure effective stock management and running of service with the dispensary <b>3.16 storing and distributing</b> medications appropriately, securely, safely and in accordance with the available evidence to ensure stability and efficacy 1.10 Manage pharmacy inventory to ensure safe and efficient distribution. Safe and secure storage and supply of medicines	<b>3.16 demonstrating</b> awareness of the appropriate conditions for secure and safe storage and distribution of medications to ensure stability and efficacy
	3.5.4 Ensure logistics of delivery and storage	
	3.5.5 Implement a system for documentation and record keeping	
	3.5.6 Take responsibility for quantification and supply chain forecasting	
	3.5.7 Mitigate risk of medicines shortages and stock outs through liaison and appropriate communication with healthcare staff, healthcare stakeholders, clients/customers and patients <b>4.5.3 Contribute to the efficient and effective use of resources.</b>	
	3.6 Workplace	3.6.1 Address and manage day-to-day management issues <b>1.5.4. Use professional autonomy.</b>

<p>management</p> <p>Domain 5: Quality and Risk Manager</p>	<p>4.2.3 Maintain productivity.</p> <p>4.2.4. Monitor progress and priorities.</p>	
	<p>3.6.2 Demonstrate the ability to take accurate and timely decisions and make appropriate judgements</p> <p>4.2.2. Plan and prioritise work.</p>	
	<p>3.6.3 Ensure the production schedules are appropriately planned and managed</p>	
	<p>3.6.4 Ensure the work time is appropriately planned and managed</p> <p>4.2 Manage professional contribution</p> <p>4.2.2. Plan and prioritise work.</p>	
	<p>3.6.5 Improve and manage the provision of pharmaceutical services</p> <p>3.5 c. optimising as far as is practicable the physical environment in which care takes place</p> <p>5.4 Maintain safety of the health service and associated environments</p> <p>4.4 Participate in organisational planning and review</p> <p>2.1.4. Consider the impact of the physical environment</p>	<p>3.5 c. optimising as far as is practicable the physical environment in which care takes place</p>
	<p>3.6.6 Recognise and manage pharmacy resources (e.g. financial, infrastructure)</p> <p>4.5 Plan and manage physical and financial resources</p> <p>4.4.3. Establish suitable premises and infrastructure</p> <p>4.5.2. Maintain the physical environment and acquire required resources.</p>	

<p>4. Professional/Personal</p> <p>Domain 1 Professionalism in practice</p> <p>Domain 2: Professional and ethical practitioner</p>		
Competencies	Behaviours	On successful completion of an

	At the point of general registration as a pharmacist, pharmacists are competent in and committed to	approved pharmacy (...)
4.1 Communication skills	4.1.1 Communicate clearly, precisely, and appropriately while being a mentor or tutor <b>2.1 communicating</b> appropriately and effectively with a socially and culturally diverse range of people in a manner which inspires confidence and trust by <b>2.3.1. Use appropriate communication skills.</b> 3.1 Use effective communication skills.	
Domain 3: Communicator and collaborator		
Domain 2 - Communication and collaboration	4.1.2 Communicate effectively with health and social care staff, support staff, patients, carer, family relatives and clients/customers, using lay terms and checking understanding 2.1 d. using appropriate communication and interpersonal behaviours in professional practice interactions 3.1 Communicate clearly, effectively, empathetically and appropriately with the patient/ client and their family, carer(s) or guardian(s) 2.3 Communicate effectively <b>2.3.2. Confirm the effectiveness of communication.</b> Communication that supports effective partnerships	2.1 d. demonstrating appropriate communication and interpersonal behaviours
3. Communication and Collaboration		
Communicator		
Role 3: Communicator	4.1.3 Tailor communication that is appropriate to the patient's needs (including health literacy, cultural or language barriers, social needs, and emotional status) 2.1 b. engaging with all persons in a respectful, culturally appropriate, compassionate, responsive and empathetic manner in professional practice <b>2.4 Apply interpersonal communication skills to address problems</b>	
Domain 3: Communicator and Collaborator		
	4.1.4 Use appropriate communication skills (e.g. verbal and non-verbal) to establish and maintain rapport with the patient and others including when communicating through digital and electronic platforms 2.1 a. using verbal, written and non-verbal communication which is appropriately tailored to the professional practice context and the capabilities and health literacy of the other person(s)	2.1 a. demonstrating appropriately tailored verbal, written and non-verbal communication
4.2 Continuing Professional Development (CPD)	4.2.1 Document CPD activities	
	4.2.2 Engage with students/interns/residents <b>5.1 acting</b> as a role model, facilitator and/or mentor to students, colleagues, other pharmacy team members and other health care professionals <b>4.3.4. Serve as a role model, coach and mentor for others.</b>	<b>5.1 demonstrating</b> skills as a role model, facilitator and/or mentor which are appropriate to their context

Domain 4: Lifelong learner	5.1.4 Link practice and education.	
2. Knowledge and Expertise	4.2.3 Evaluate accuracy of knowledge and skills	
Role 4: Reflective practitioner and self-directed learner Role 6: Educator	4.2.4 Identify learning and development needs	
Domain 4: Scholar and Lifelong Learner	4.2.5 Evaluate learning and development progress	
	4.2.6 Identify if expertise is needed outside current scope of knowledge 4.2 Identify ongoing professional learning needs and opportunities 7.5 Engage in ongoing professional development and education to improve prescribing practice 1.4.2. Determine professional development needs with reference to the competency standards.	
	4.2.7 Recognise own limitations and act upon them 4.2 identifying and acknowledging professional limitations and seeking appropriate support where necessary, including additional professional education and/or referral of patients to other health care professionals	4.2 demonstrating awareness of professional limitations and adopting appropriate strategies where necessary, including additional professional education and/or referral of patients to other health care professionals
	4.2.8 Reflect on performance 1.6 adopting a proactive and reflective approach to maintaining and developing their own professional competence and expertise in order to remain fit-to-practise 4.1 Manage issues and challenges through the application of critical thinking and reflective practice 1.4 Maintain and extend professional competence	1.6 demonstrating a proactive and reflective approach to developing their own professional competence and expertise
4.3 Digital literacy	4.2.9 Demonstrate engagement/participation in professional development and lifelong learning activities 4.1 engaging in regular and systematic reflection to enhance professional learning and practice 2.5 Seek opportunities to progress the profession 1.4.3. Acquire and apply practice expertise 2.1 Demonstrate commitment to ongoing professional learning, development, and improvement.	4.1 undertaking structured reflection as a means of enhancing learning and practice
	4.3.1 Identify, manage, organise, store, and share digital information	5.5 accessing, using, adapting and

<p>Domain A - Digital Professionalism</p>	<p><b>5.5 accessing, using, adapting and sharing information and/or other technologies to meet the needs of current and emerging professional practice</b>  <b>A3 Online Identity - Using digital tools to develop and maintain appropriate online identity and reputation</b></p>	<p>sharing information and/or other technologies to meet the needs of current and emerging professional practice</p>
<p>Domain C, Data and Information Quality</p>	<p><b>4.3.2 Critically appraise, analyse, evaluate, and/or interpret digital information and their sources</b>  <b>A1 Learning and Development - Ongoing development of skills, knowledge and confidence in digital health</b></p>	
<p>Domain E – Technology</p>	<p><b>4.3.3 Where applicable, participate in digital health services that promote health outcomes and engage with digital technologies (e.g. social media platforms &amp; mobile applications) to facilitate discussions with the patient and others</b>  <b>B2 Workplace Leadership - Participating as an active and visible player in digital health decision making in the workplace</b>  <b>E1 Appropriate Technologies - Understanding the variety of digital health technologies available and identifying appropriate options</b>  <b>E2 Digital Health Controls - Understanding and demonstrating the use of effective controls to ensure safe and appropriate application and governance of digital health solutions</b>  <b>E3 Problem Solving and Feedback- Managing challenges that arise in the use of digital health technologies and providing feedback to inform future improvements</b></p>	
	<p><b>4.3.4 Maintain patient privacy and security of digital information related to the patient and workplace</b>  <b>A2 Procedural Knowledge - Using digital tools in healthcare in a way that aligns with procedural, policy, legal and ethical requirements</b></p>	
	<p><b>B3 Leadership through Digital Change - Embracing the future of digital health through engaging with emerging technologies, understanding the challenges with implementing change, and participating in decision making to ensure the impacts and outcomes are positive</b></p>	
	<p><b>C1 Quality in Data Capture - Understanding own role in data capture and ensuring the collection of quality information</b></p>	
	<p><b>C3 Data Integrity for Decision Making -Understanding the importance of data integrity and how data and information translate to real-world action and change</b></p>	
	<p><b>D3 Digital Services - Promoting the evaluation of current and emerging digital health approaches to better link and connect services and care and support consumer experience</b></p>	

<p>4.4 Interprofessional collaboration</p> <p>Domain 3: Communicator and collaborator</p> <p>Collaborator</p> <p>Domain 2 - Communication and collaboration</p> <p>3. Communication and Collaboration</p>	<p>4.4.1 Respect and acknowledge the expertise, roles and responsibilities of colleagues and other health Professionals</p> <p><b>2.3 contributing to, and taking prominent roles</b> where appropriate in the interprofessional collaborative health care team, in order to optimise patient outcomes, by</p> <p>a. respecting and appreciating the complementary roles of pharmacists and other members of the interprofessional collaborative care team</p> <p><b>7.7 Demonstrate respect for other health professionals and their contribution within a collaborative care model</b></p> <p><b>2.2.1. Show a commitment to interprofessional practice.</b></p> <p>Scope of clinical practice</p>	<p><b>2.3 contributing to the interprofessional collaborative health care team</b> in order to optimise patient outcomes by</p> <p>a. demonstrating an understanding and appreciation of the roles of pharmacists and other members of the interprofessional collaborative care team</p>
<p>Role 5: Collaborative practitioner</p> <p>Domain 3: Communicator and Collaborator</p>	<p>4.4.2 Participate, collaborate, advise in therapeutic decision-making, and use appropriate referral in a multi-disciplinary team</p> <p>2.3 c. consistently engaging in appropriate teamwork behaviours</p> <p>5.7 Discuss the findings of the review and recommendations with other health professionals, where appropriate</p> <p><b>2.2 Collaborate with professional colleagues</b></p> <p><b>2.2.2 Engage in teamwork and consultation</b></p> <p>3.3 Collaborate with pharmacy colleagues, other health professionals, and other involved parties.</p> <p>Multidisciplinary collaboration</p> <p>Communication to support patient referral and multidisciplinary collaboration</p>	<p>2.3 c. demonstrating appropriate teamwork behaviours</p>
	<p>4.4.3 Engage in collaborative practice, research and service provision to optimise patient health outcomes</p> <p>2.6 Consult other health professionals about potential medicines and the treatment plan, where appropriate</p> <p><b>2.1 Collaborate and work in partnership for the delivery of patient-centred culturally responsive care</b></p> <p><b>1.6.1. Collaborate to improve quality and safety across the continuum of care.</b></p>	

	<p>2.2.3 Promote effective interprofessional practice</p> <p>2.4.1. Analyse the problem or issue to be addressed and the possible solutions.</p> <p>3.2 Work in partnership with the patient.</p>	
	<p>4.4.4 Engage in relationship-building with health professionals allowing conflict resolution, teamwork, communication, and consultation</p> <p>2.3 b. creating and maintaining effective intra- and interprofessional relationships, and working in partnership to achieve negotiated, agreed-upon objectives</p> <p>3.2 Collaborate with other health practitioners</p> <p>4.4 Provide accurate and complete information to other health professionals in a timely manner when implementing new medicines or modifying existing medicines or treatment plans</p> <p>2.4.2. Engage with others as appropriate to resolve the identified problem or issue.</p>	<p>2.3 b. creating and maintaining effective intra- and interprofessional relationships, and working in partnership to achieve negotiated, agreed-upon objectives</p>
	<p>4.4.5 Demonstrate mutual respect and adopt shared values of the workplace and toward patient care</p> <p>2.3 d. using appropriate communication at transition points to reduce risks to patients and ensure safe and effective continuity of patient care</p> <p>2.4.3. Review outcomes achieved and assess follow-up requirements</p>	<p>2.3 d. demonstrating appropriate communication at transition points in patient care to reduce risks to patients and ensure safe and effective continuity of patient care</p>
<p>4.5. Leadership and self-regulation</p>	<p>1.9 upholding and advancing the reputation and value of the profession</p>	<p>1.9 upholding and maintaining the reputation and value of the profession</p>
<p>Domain 4 Leadership and management</p> <p>Domain B, Leadership and Advocacy</p> <p>4. Leadership and Stewardship Leader</p>	<p>4.5.1 Apply assertiveness skills (inspire confidence)</p> <p>4.7 providing effective leadership by taking the initiative when appropriate, managing own roles, and understanding and accepting appropriate responsibility and accountability for organising, planning, prioritising, influencing and negotiating within a professional team context</p> <p>1.5.1. Apply expert knowledge and skills.</p> <p>4.3.1. Inspire a strategic vision and common purpose</p>	<p>4.7 demonstrating effective leadership skills, including taking the initiative when appropriate, managing own roles, and understanding and accepting appropriate responsibility and accountability for organising, planning,</p>

Role 7: Manager/leader		prioritising, influencing and negotiating within a team context
	<p>4.5.2 Demonstrate leadership and practice management skills, initiative and efficiency</p> <p><b>1.8 accepting</b> personal responsibility and accountability for decisions and actions in professional practice</p> <p><b>7.4</b> Accept responsibility and accountability for prescribing decisions</p> <p><b>1.5</b> Apply expertise in professional practice</p> <p><b>4.1</b> Show leadership of self</p> <p><b>4.3</b> Show leadership in practice</p> <p><b>4.1</b> Provide pharmacy colleagues with leadership, support, and supervision.</p>	<b>1.8 accepting</b> personal responsibility and accountability for decisions and actions
	4.5.3 Document risk management (critical incidents)	
	4.5.4 Prioritise work, practice punctuality and time management	
	<p>4.5.5 Develop, implement and monitor innovative ideas</p> <p><b>4.8 contributing</b> to the responsible and socially accountable stewardship of resources to promote equitable, viable and sustainable access to health care</p> <p><b>4.1.3</b> Display self-motivation, an innovative mindset and motivate others.</p>	<b>4.8 demonstrating</b> awareness of the importance of, and strategies for, promoting responsible and socially accountable stewardship of health care resources
	<p>4.5.6 Recognise and describe emotional information about self and others (e.g. self- awareness, self-regulation, motivation, social skills and empathy)</p> <p><b>4.3 identifying</b> situations where <b>personal</b> attributes, strengths and weaknesses may affect professional performance and/or personal development and <b>taking</b> appropriate actions (including self-regulation and seeking support where necessary) to minimise risks to public safety</p> <p><b>4.1.1.</b> Display emotional awareness and effective self-regulation of emotions.</p> <p><b>4.1.2.</b> Apply reflective skills for self-assessment.</p>	<b>4.3 demonstrating</b> self-awareness and self- regulation of <b>personal</b> attributes, strengths and weaknesses which may affect professional performance and/or personal development
	<p>4.5.7 Demonstrate flexibility and adaptability to a variety of conditions and circumstances</p> <p><b>1.7 responding</b> to change in a flexible and adaptable manner</p> <p><b>1.5.2.</b> Use reasoning and judgement.</p> <p><b>4.3.3.</b> Encourage, influence and facilitate change</p>	<b>1.7 demonstrating</b> awareness of appropriate change management principles and strategies

	<p>4.5.8 Recognise when affected by setbacks or stress and manage with effective coping strategies (resilience)</p> <p><b>4.5 recognising</b> situations in professional practice likely to compromise performance and <b>implementing</b> effective strategies to minimise their impact</p>	<p><b>4.5 recognising</b> situations likely to compromise performance and <b>developing</b> effective strategies to minimise their impact</p>
4.6 Legal and regulatory practice	<p>4.6.1 Apply regulatory affairs and the key aspects of pharmaceutical registration and legislation</p> <p><b>1.4 practising</b> legally by</p> <ul style="list-style-type: none"> <li>a. complying with all legal obligations in their practice</li> <li>b. maintaining contemporary familiarity with key legislative instruments</li> </ul> <p>2.1 Practise in an ethical and professional manner, consistent with relevant legislative and regulatory requirements</p> <p>7.1 Understand and comply with applicable professional standards, codes of conduct and guidelines relevant to prescribing</p> <p><b>1.3 Practise within applicable legal framework</b></p> <p><b>1.3.2. Respond to common law requirements.</b></p> <p><b>4.7.5 Apply and monitor standards of practice.</b></p> <p>5.1 Adhere to relevant legislative and regulatory requirements.</p>	<p><b>1.4 practising</b> legally by</p> <ul style="list-style-type: none"> <li>a. demonstrating contemporary knowledge and application of legal requirements relating to community and hospital pharmacy practice within their jurisdiction</li> <li>b. demonstrating awareness of the processes for maintaining contemporary familiarity with key legislative instruments</li> </ul>
	4.6.2 Apply the principles of business economics and intellectual property rights including the basics of patent interpretation	
	4.6.3 Be aware of and identify the new medicines coming to the market	
	4.6.4 Comply with legislation for drugs with the potential for abuse	
	<b>1.3.1. Comply with statute law, guidelines, codes and standards.</b>	

	4.6.5 Apply the principles of marketing and sales	
	4.6.6 Engage with health and medicines policies <b>4.10 contributing to, maintaining, complying</b> with and regularly <b>reviewing</b> appropriate policies, processes and protocols to ensure safe and socially accountable provision of health care Policies and procedures	<b>4.10 demonstrating</b> awareness of, and <b>complying</b> with appropriate policies, processes and protocols
	4.6.7 Recognise the steps needed to bring a medical device or medicine to the market including the safety, quality, efficacy and pharmacoeconomic assessments of the product	
4.7. Professional and ethical practice  Domain 1 - Professionalism and ethics  5. Professionalism Professional  Role 2: Professional and ethical practitioner  Domain 2: Professional and Ethical Practitioner	4.7.1 Demonstrate awareness and employment of local/national codes of ethics <b>1.5 practising</b> ethically and with integrity by a. recognising ethical issues and dilemmas, including conflicts of interest, in practice as they arise c. maintaining current familiarity and compliance with professional codes, guidelines and standards <b>1.2 Observe and promote ethical standards</b> <b>1.2.1. Support ethical professional practice.</b> <b>1.2.2. Manage ethical issues arising in practice.</b>	<b>1.5 practising</b> ethically and with integrity by a. identifying potential ethical issues and dilemmas, including conflicts of interest, relating to practice c. demonstrating awareness of relevant professional codes, guidelines and standards and their content
	4.7.2 Fulfil duty of care to the patient and the public <b>1.1 promoting</b> and <b>ensuring</b> both the best interests and safety of patients and the public d. ensuring that the best interests of patients, carers and other persons are foremost in the provision of care	<b>1.1 promoting</b> both the best interests and safety of patients and the public 3.5 d. ensuring that the best interests of patients, carers and

	<p>2.2 Treat each patient/ client and their family with dignity and care</p> <p>1.1.5. Work with commitment, diligence and care.</p> <p>1.2.3. Promote ethical professional practice.</p> <p>5.2 Apply ethical principles to practice.</p>	<p>other persons are foremost in the provision of care</p>
	<p>4.7.3 Maintain privacy and confidentiality (with the patient and other healthcare professionals)</p> <p>3.5 b. maintaining privacy and confidentiality in interactions with patients, carers and other persons</p>	<p>3.5 b. maintaining privacy and confidentiality in interactions with patients, carers and other persons</p>
	<p>4.7.4 Comply with patient privacy legislation including documentation of information</p> <p>2.2 <b>documenting</b>, communicating and recording relevant information, findings, decisions, recommendations and other information accurately, concisely and in a timely manner, taking due account of privacy and confidentiality</p> <p>1.4 Collect and use clinical information appropriately</p> <p>1.3.3. Respect and protect the individual's rights to privacy and confidentiality.</p>	<p>2.2 <b>documenting</b>, communicating and recording relevant information, findings, decisions, recommendations and other information accurately and concisely, taking due account of privacy and confidentiality</p>
	<p>4.7.5 Consider available evidence and support the patient to make informed choices about medicine use</p> <p>3.5 e. ensuring that patients, carers and other persons are provided with sufficient information and advice to enable them to consider options and give informed consent where appropriate</p> <p>4.3 Apply evidence and strengths based best practice approaches in Aboriginal and Torres Strait Islander primary health care</p>	<p>3.5 e. ensuring that patients, carers and other persons are provided with sufficient information and advice to enable them to consider options and give informed consent where appropriate</p>
	<p>4.7.6 Obtain patient consent (it can be implicit on occasion)</p> <p>3.5 f. ensuring that informed consent is obtained, respected and appropriately recorded when appropriate</p> <p>1.3.4. Assist individuals to understand and grant informed consent.</p> <p>Healthcare rights and informed consent</p>	<p>3.5 f. ensuring that informed consent is obtained, respected and appropriately recorded when appropriate</p>

	<p>4.7.7 Recognise professional limitations of self and others in the team</p> <p>1.5 d. recognising and responding appropriately to situations which fall outside their current scope of practice or competence</p> <p>1.4.1. Adopt a scope of practice consistent with competence</p>	<p>1.5 d. recognising and formulating strategies to respond appropriately to situations which fall outside their expected scope of practice or competence</p>
	<p>4.7.8 Demonstrate professional responsibility for all decisions made and actions taken</p> <p>1.5 b. considering alternative strategies and adopting an appropriate course of action in response to ethical issues and dilemmas</p> <p>2.3 Assume responsibility and accept accountability for professional decisions</p> <p>1.1 Uphold professionalism in practice</p> <p>1.1.2. Uphold the professional role of a pharmacist.</p> <p>1.1.4. Accept professional responsibility and accountability.</p> <p>1.5.3. Demonstrate accountability and responsibility</p> <p>5.3 Contribute to wellness and resilience in the practice setting to mitigate impacts on patient care.</p>	<p>1.5 b. considering alternative strategies and choosing an appropriate course of action in response to ethical issues and dilemmas</p>
	<p>5.3 recognising and responding to the inherent complexity, ambiguity and uncertainty of contemporary and future professional practice</p>	<p>5.3 demonstrating awareness of the inherent complexity, ambiguity and uncertainty of contemporary and future professional practice</p>
	<p>4.7.9 Demonstrate awareness of socially accountable practice (including cultural and social needs; cultural safety, respect, and responsiveness; diversity, equity and inclusiveness).</p> <p>1.2 promoting, maintaining and advocating for cultural safety, respect and responsiveness, particularly in relation to Aboriginal and Torres Strait Islander peoples</p> <p>2.4 Advocate on behalf of the patient/client and their family when appropriate</p> <p>1.1.1. Promote a culture of professionalism.</p> <p>1.1.3. Apply understanding and knowledge of medicines management and use in society.</p>	<p>1.2 promoting and advocating for cultural safety, respect and responsiveness, particularly in relation to Aboriginal and Torres Strait Islander peoples</p>
<p>4.8. Quality assurance and research in the workplace</p>	<p>4.8.1 Apply research findings and understand risk-benefit analyses (e.g. pre-clinical, clinical trials, experimental clinical pharmacological research, and risk management)</p> <p>5.2 Participate in research</p> <p>5.2.1. Establish research partnerships.</p>	

<p>Domain 5 Research, inquiry and education</p> <p>Domain 5 - Education and research</p> <p>Scholar</p> <p>Domain 4: Scholar and Lifelong Learner</p> <p>Domain 5: Quality and Risk Manager</p>	<p>5.2.4. Design and deliver research projects to address gaps in the evidence-base and identify areas for innovation and advances in practice.</p>	
	<p>4.8.2 Audit quality of service (meet local and national standards and specifications)</p> <p>Feedback and complaints management</p>	
	<p>4.8.3 Develop and implement standing Operating Procedures (SOP's)</p>	
	<p>4.8.4 Ensure appropriate quality control tests are performed and managed appropriately</p>	
	<p>4.8.5 Ensure medicines are not counterfeit and adhere to quality standards</p>	
<p>Measurement and quality improvement</p>	<p>4.8.6 Identify and evaluate evidence-base to improve the use of medicines and services</p> <p><b>5.4 contributing</b> to the evidence base through <b>engaging</b> in research and inquiry, including</p> <ul style="list-style-type: none"> <li>a. formulating questions relating to gaps and uncertainties in practice</li> <li>b. identifying and critically appraising relevant source materials</li> <li>c. undertaking relevant investigations, where appropriate</li> <li>d. drawing conclusions by synthesizing the results of research and inquiry activities</li> <li>e. reporting and disseminating the outcomes appropriately</li> <li>f. implementing practice change in response to the outcomes</li> </ul> <p>4.7.6. Work across service delivery boundaries.</p> <p>5.2.3. Undertake critical evaluation activities.</p> <p>5.3.3. Apply research evidence into practice.</p>	<p><b>5.4 demonstrating</b> knowledge and skills in research and inquiry, including</p> <ul style="list-style-type: none"> <li>a. formulating questions</li> <li>b. identifying and critically appraising relevant source materials</li> <li>c. undertaking relevant investigations, where appropriate</li> <li>d. drawing conclusions by synthesizing the results of research and inquiry activities</li> <li>e. reporting</li> </ul>

		<p>and disseminating the outcomes appropriately</p> <p>f. identifying ways in which the outcomes can be applied to practice</p>
	<p>4.8.7 Identify, investigate, conduct, supervise and support research at the workplace (enquiry-driven practice)</p> <p><b>4.9 contributing</b> to assurance of quality and continuous quality improvement processes through collaboration, critical thinking, curiosity and creativity</p> <p>5.3 Implement quality assurance processes throughout the patient/client journey</p> <p>1.6 Contribute to continuous improvement in quality and safety</p> <p>5.3 Research, synthesise and integrate evidence into practice</p> <p>5.2.2. Identify gaps in the evidence-base.</p> <p>5.5.7 Contribute to the improvement of pharmacy practice, by sharing best practices and supporting research initiatives.</p>	<p><b>4.9 promoting</b> quality assurance and continuous quality improvement strategies through <b>utilising</b> skills in collaboration, critical thinking, curiosity and creativity</p>
	<p>4.8.8 Implement, conduct and maintain a reporting system of pharmacovigilance (e.g. report Adverse Drug Reactions)</p> <p>Adverse drug reactions</p>	
	<p>4.8.9 Initiate and implement audit research activities</p> <p><b>5.2 educating</b> others and evaluating the effectiveness of the education</p> <p>5.2.5. Supervise others undertaking research.</p>	<p><b>5.2 demonstrating</b> awareness of effective processes for facilitating learning, including aims, learning outcomes, learning activities,</p>

	<p>5.5 Promote a culture of patient safety and continuous quality improvement. (5.5.3 Report and share information on uncommon or serious adverse drug reactions and apply learnings to practice.)</p>	<p>assessment and feedback</p>
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