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Ahpra



Pharmacist Capability Framework

Consultation paper – Public Consultation

29 October 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 and present 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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1. Public consultation on developing the Pharmacist Capability Framework

1.1. Introduction

The Australian Pharmacy Council (APC) on behalf of the Pharmacy Board of Australia (the Board) is undertaking this public consultation to seek feedback on the proposed Draft Pharmacist Capability Framework (the Framework).

The APC has been engaged by the Board to develop the Framework on their behalf. The Framework, [announced by the Board in late 2024](#), will describe the entry-to-practice 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 Board's regulatory functions (including registering pharmacists)

This is in line with increasing consensus among National Boards within the National Registration and Accreditation Scheme to own their own profession-specific capability frameworks (further described in section 1.2).

1.2. Objectives of this consultation

The APC is releasing this public consultation paper to seek feedback on the draft Framework (Appendix A). The Framework will describe the entry-to-practice capabilities of a newly registered pharmacist who is adaptable to future practice change.

APC is seeking input on the draft Framework from health professionals, consumers, and any interested parties to ensure the Framework is clear, contemporary, and fit for purpose. The current draft framework is the result of several iterations incorporating key recommendations and changes identified through internal review processes, reviews by the Board and the feedback received during the Preliminary consultation period undertaken from June to August 2025.

In addition to this, several key stakeholder meetings were undertaken as part of the preliminary consultation phase to help inform and guide the development of the Framework.

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

- the general structure of the draft Framework
- general feedback on the Domains
- impact on practitioners and consumers

We invite specific feedback on the questions detailed on page 6 of this document. Additionally, stakeholders are encouraged to provide general comments or feedback as well.

1.3. Providing feedback

Feedback can be provided either by attending and participating in one of the invitation-only face-to-face or virtual forums or by submitting feedback via our Online Form.

We welcome written feedback via an online submission. We invite health professionals, consumers, and interested parties unable to join us at one of our forums, to submit their feedback. The online submission will be open from Monday November 3 until Monday 15 December 2025 and can be accessed via the link below.

Please note that all feedback received through these channels is important to the development of the Framework and will be carefully considered.

More details regarding how you can contribute to this important consultation can be found in Part 4 of this paper.

Consultation closes on 15 December 2025.

How your feedback will be treated

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 indicated as 'CONFIDENTIAL' on the online submission form. Information we receive that is marked confidential or given in confidence will be treated as such.

Next steps

Your feedback from this consultation will be considered and may be used to refine the current version of the draft Framework. The revised version of the draft Framework will then be presented to the Pharmacy Board of Australia for approval.

1.4. Questions for Public Consultation

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

1. The Framework describes the future focused capabilities of an entry-to-practice pharmacist. Is the content and structure of the draft Framework clear and relevant?
2. The Framework is structured around five domains that reflect all areas of entry-to-practice for a pharmacist. The content of the five domains has significant overlap in practice and some of the capabilities described could be included in more than one Domain. This reflects pharmacist practice integrating multiple capabilities.

Do you have any general feedback on the five Domains in the draft Framework?
3. Are there any capabilities in the draft Framework that do not appropriately describe a future focused entry-to-practice pharmacist?
4. Would the draft Framework result in any potential negative or unintended consequences for Aboriginal and/or Torres Strait Islander Peoples?
5. Are there any other regulatory impacts of the Framework that we should be aware of?
6. Are there any implementation issues the Board should be aware of for the final Framework?

2. About the Project

2.1. Who we are

The project is being undertaken by the APC, the independent accreditation authority for pharmacy education and training for pharmacists 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).¹ The APC operates under assignment from 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.

2.2. 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.² In their joint response to the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions,³ 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).

2.3. What we have done so far

There are six stages to the development of the Framework:

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

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

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

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

³ 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].

During these three stages we have:

- 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
- Conducted the preliminary consultation in August
- Reviewed the version of the draft for Public Consultation

Moving into Stage 4, we have developed this paper to facilitate the public consultation to gather valuable feedback on the draft Framework. Contributions will play a vital role in refining and strengthening the draft Framework to ensure it meets the needs of the profession and the public.

3. About the Framework

3.1. Project Overview

APC has been commissioned by the Board 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 was [first announced in late 2024](#).

3.2. Integrated Development Approach

In parallel with the Framework, APC is also 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 the Pharmacist Capability Framework.

The following diagram shows the alignment of key professional documents with the Pharmacist Capability Framework.

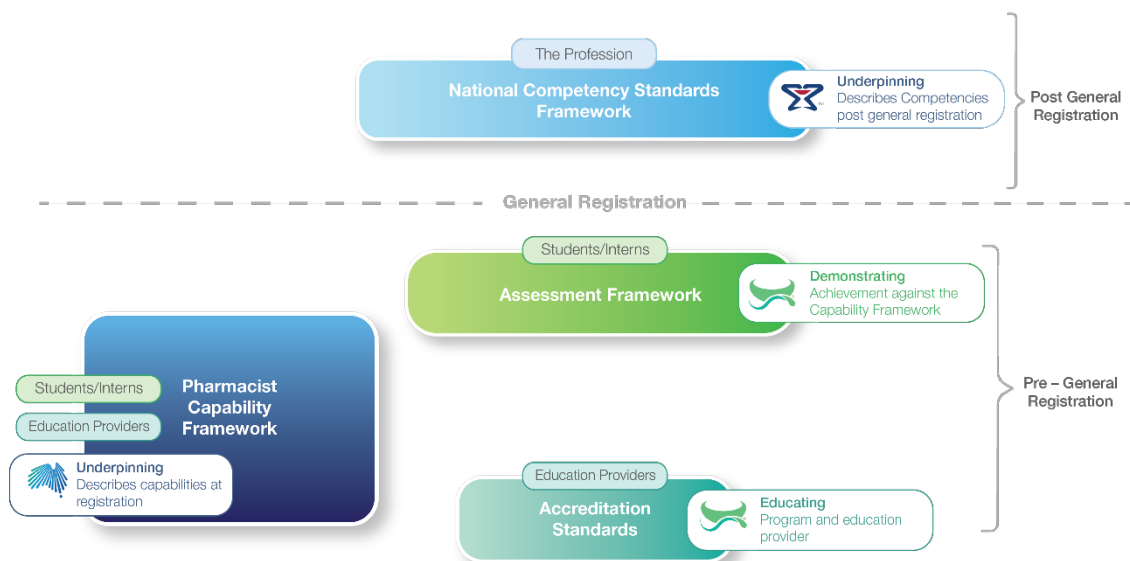


Figure 1 Future alignment of the Framework with key profession documents

3.3. 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. Furthermore, to maintain annual registration, pharmacists must engage in a minimum period of practice and partake in ongoing professional development. These requirements are outlined in [Board registration standards](#).

The new Framework will articulate the knowledge, skills, attitudes and behaviours expected of pharmacy graduates as they enter professional practice. It provides a structured foundation for assessing readiness for general registration, supporting pre-registration supervised practice, and guiding professional development during this critical initial stage. 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.

In addition to shaping the curricula developed by education providers, the Framework will be used by APC for accreditation purposes, and by the Pharmacy Board for its regulatory functions including registering pharmacists.

Once the Framework is implemented, it will replace the APC Accreditation Standards for Pharmacy Programs Performance Outcomes Framework (Updated September 2023). This aligns with the broader strategic direction of the National Scheme to promote consistency and assure public safety across all regulated health professions, by requiring each National Board to develop and own such a document.

The National Competency Standards Framework for Pharmacists in Australia (the ‘National Competency Standards Framework’) and professional practice standards will continue to serve as the key reference point for pharmacists beyond gaining initial registration and throughout their careers. The National Competency Standards Framework will support pharmacists in identifying and completing the continuing professional development that is required for annual registration renewal, as well as supporting them to achieve the highest level of professional practice and to advance their scope of practice and 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 practice standards. The National Competency Standards Framework provides the essential framework for this, guiding pharmacists in self-assess their competencies, identifying areas for development, and demonstrating professional accountability across all areas of practice.

The future application of Pharmacist Capability Framework at the point of registration and the National Competency Standards Framework after registration is illustrated below (Figure 2).

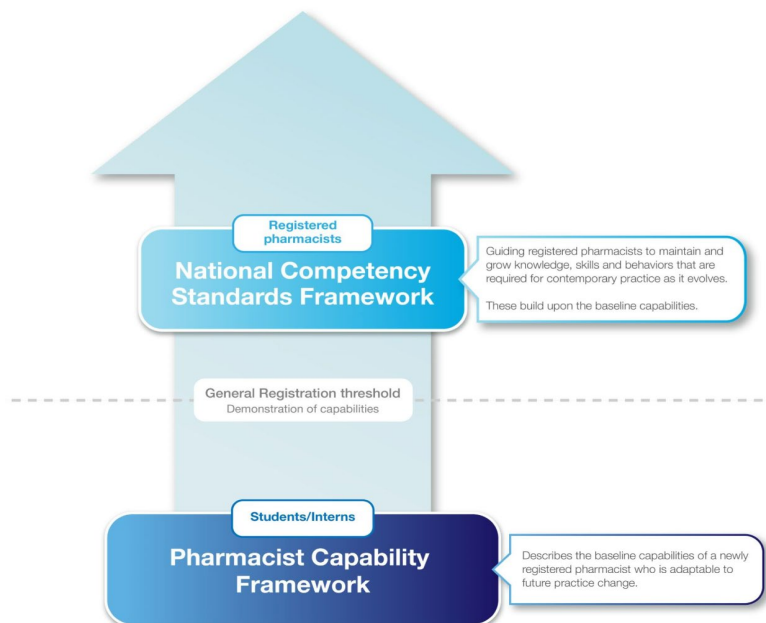


Figure 2 The role of the National Competency Standards Framework after registration

A transition period for the implementation of the Framework will be agreed and shared prior to implementation. Until this time, 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.

The draft Framework does not describe or mandate the educational design, program types or AQF levels that are required to train graduates to meet the Capability Framework. The APC Accreditation Standards for Pharmacy Programs (to be reviewed in 2025-26) describe and are used to assess and accredit programs by APC, that are then considered for approval by the Board. The Accreditation Standards are outcomes focused and allow flexibility in program design. Education providers are also required to meet TEQSA requirements when designing and delivering accredited programs.

3.4. Potential Impacts of the Framework

The Pharmacist Capability Framework will describe the entry-to-practice 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. The Framework will replace the current APC Accreditation Standards for Pharmacy Programs Performance Outcomes and its accompanying guidance document. As a result, programs will need to align their curricula and adapt their teaching methods and assessment strategies to the new capabilities outlined in the Framework to ensure that graduates are adequately prepared for registration and practice.

3.5. 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, patient safety 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, it implements 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.

3.6. Potential implementation costs

The Board has considered the potential costs associated with the proposal and considers that the 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.

3.7. Development of the draft

To support the first draft of the Capability Framework a literature review was undertaken (see Section 5 Further Reading). 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 – [Accreditation Standards for Pharmacy Programs 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 \(2nd Edition\)](#), 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 Section 5 Further Reading) which were categorised into the following five capability domains:

- Medicines Expert
- Collaborator
- Health Advocate
- Health Professional
- 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 public consultation and finalisation for Board approval.

3.7.1. Scope of practice

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

Scope of practice in this context refers to the range of professional activities that a pharmacist is trained and capable of performing. It is defined by education, professional standards and frameworks. An example can be – a pharmacist may be qualified to administer all vaccines, including paediatric ones. However, legislation and jurisdictional requirements determine what a pharmacist is legally permitted to do in a specific state or territory. In addition to legal requirements, funding models may also determine what a pharmacist does in practice. So, in some jurisdictions even if a pharmacist is trained and capable to administer paediatric vaccines, they may be legally unable to do so where legislation limits vaccination below a certain age.

The draft Framework therefore reflects contemporary and future focused pharmacy practice by outlining what pharmacists will be capable of doing. It describes scope of practice, training, emerging and evolving roles, but does not define what a pharmacist will legally be able to do in practice. This distinction highlights the gap that can occur between professional capability and legislation and underlines the need for ongoing regulatory reform to align legislation with expanding scope of practice.

The following sections describe the reasons for the inclusion of specific pharmacist scope of practice areas in the draft Framework.

Vaccines and other injectable medicines

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 in the implementation of pharmacist vaccination was the Queensland Pharmacist Immunisation Pilot (QPIP, 2014–2016),⁴ 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 accredited pharmacy degrees and intern training programs to date.

In addition to vaccination, pharmacist administration of medicines by injection is an increasingly recognised component of pharmacy practice. Building on the embedding of pharmacist-led vaccination in the Australian healthcare system, pharmacists are now authorised in several jurisdictions to administer a broader range of medicines, including long-acting injectable treatments such as buprenorphine for opioid dependence and antipsychotics. This expansion reflects evolving legislative frameworks and public health priorities, particularly in improving access to care in community settings.⁵

Embedding this capability into the draft Framework reflects the profession's shift toward expanded clinical roles, reinforces safe and effective medicine delivery, and enhances the role in multidisciplinary care teams, and supports the sustainability of pharmacist administration of medicines by injection services nationwide.

Medication Management Review and Residential Medication Management Review

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 2023⁶ 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 Review (HMR) and Residential Medication Management Review (RMMR) programs.

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 2023,⁶ 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,

⁴ 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].

⁵ Pharmaceutical Society of Australia. Summary of legal authority for pharmacist administration of medicines by injection [\[Internet\]](#). 2022 [cited 2025 Sept 24].

⁶ Australian Pharmacy Council. Accreditation Standards for Pharmacist Education Programs: Medication Management Review Pharmacist; Aged Care On-site Pharmacist 2023 [\[Internet\]](#). 2023.

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.⁷ 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.⁸ Queensland Health now allows pharmacist prescribing by suitably trained practitioners for acute conditions permanently from July 2025.⁹

The Board acknowledged these developments by confirming on 20 December 2023 that it had no regulatory barriers preventing pharmacists from participating in such initiatives legislated by state and territory governments. On 17 September 2025, the Board announced the commencement of work to develop a proposal for an endorsement for scheduled medicines for pharmacists. This initiative marks a significant step toward establishing a nationally consistent and safe approach to pharmacist prescribing. The proposed endorsement would formalise the qualifications and regulatory framework required for pharmacists to prescribe scheduled medicines, aligning with the broader goals of the National Scheme. It reflects the Board's commitment to supporting expanded pharmacist roles while ensuring public safety through robust clinical governance and competency standards.¹⁰

Since 2016 the [National Competency Standards Framework for Pharmacists in Australia](#) (the National Competency Standards Framework),⁹ and since 2020 the APC Accreditation Standards for Pharmacy Programs Performance Outcomes Framework¹⁰ include the skills required for undertaking prescribing. The National Competency Standards Framework includes key competencies that align with prescribing activities, including patient assessment, clinical decision-making, and therapeutic planning. The APC Accreditation Standards for Pharmacy Programs Performance Outcomes Framework 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, 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 relevant state and territory legislation and Board Guidelines.

⁷ Ahpra Pharmacy Board. Pharmacist prescribing - Position statement update - 20 December 2023 [\[Internet\]](#). 2023 [cited 2025 Jun 10].

⁸ The State of Queensland (Queensland Health). Clinical protocols and guidelines for the Scope of Practice Pilot [\[Internet\]](#). 2024 [cited 2025 Jun 10].

⁹ Media Statement: Delivering Easier Access to Health Services at the pharmacy [\[Internet\]](#). 2025 [cited 2025 Jun 10].

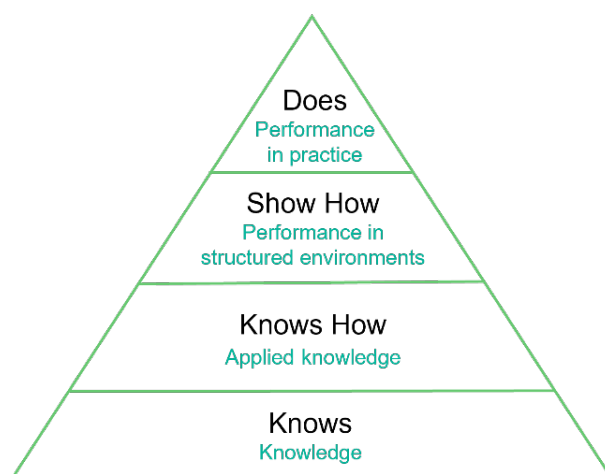
¹⁰ Pharmacy Board of Australia. Development of a proposal for an endorsement for scheduled medicines for pharmacists [\[Internet\]](#). 2025 [cited 2025 Sept 24].

3.7.2. Format of the draft Framework

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

Each Capability Domain represents a broad area of professional practice, which is further broken down into Capability 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 Pyramid²² - ‘*Knows to Shows How*’.
- **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.



Miller, G E. The assessment of clinical skills/competence/performance. *Academic Medicine* 65(9);p S63-7, September 1990.

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.

4. 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](#)

A range of opportunities for stakeholders, the public and the profession to provide input into the development of the Framework is available. Feedback and input from stakeholders is being gathered through:

- one-on-one interviews
- in person and virtual forums
- written submissions via an online form

APC is also publishing the [consultation material](#) on its webpage as part of the public consultation process.

Consultation timelines

APC is undertaking a number of consultations to gather stakeholder input from across the sector. Preliminary consultation has concluded and the public consultation phase is now underway. The phases of consultations are as follows:

Preliminary Consultation (June - August 2025)

- Preliminary consultation with key stakeholders has now been completed.

Public Consultation (October - December 2025)

A range of feedback opportunities are provided as part of the public consultation.

You can engage via our face-to-face or virtual forums, or you can submit your feedback through a written response.

Option 1 | Public consultation

Includes a series of face-to-face forums and one virtual forum. Health professionals, consumers, and interested parties were invited to express their interest in joining a face-to-face forum and were selected to participate via an expression of interest process. This process helped to ensure that a wide range of groups and individuals would be able to contribute via the forums. Application to attend the forums has now closed.

Option 2 | Public consultation

Includes written feedback via online form. We invite health professionals, consumers, and interested parties unable to join us in one of our face-to-face forums to provide their written feedback via our online form.

| Consultation | Format | Submission Period |
|--------------------------------|--|--------------------------------|
| Option 2 Public consultation | Online Form Click Here | 3 November to 15 December 2025 |

Table 1 Public consultation - Online form dates

Need more information

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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)

5. Further Reading

As described in Section 3.7, to support the first draft of the Capability Framework an extensive Literature Review was undertaken. The literature review looked at 216 documents and articles and retrieved and analysed 138 of them (available on our consultation [webpage](#)).

Thirteen were chosen to be closely compared for the development of the draft Framework. A comparative analysis was conducted to identify common indicators within the different frameworks, which resulted in a comprehensive table of elements (available on our consultation [webpage](#)).

The following documents supporting the development of the draft Framework are available for further reading:

- Literature Review | [Read the Literature Review](#)
- Framework Mapping | [See Framework Mapping](#)

6. Appendices

Appendix A: Draft Pharmacist Capability Framework



Pharmacist Capability Framework

The draft Framework

7 October 2025 | Draft Version 0.5

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DRAFT PHARMACIST CAPABILITY FRAMEWORK

Introduction

The Australian Pharmacy Council (APC) has been engaged by the Pharmacy Board (the Board) to develop a Pharmacist Capability Framework (the Framework) on their behalf. The Framework, [announced by the Board in late 2024](#),¹ will describe the entry-to-practice 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 Board's regulatory functions (including registering pharmacists)

What is a Capability Framework?

A capability framework comprises a structured assembly of behavioural capabilities that are increasingly essential in professional healthcare education, driven by the need for transparency in the training and development of practitioners.

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 professional challenges.

Capability frameworks also promote alignment across pharmacy education, regulation and employment sectors by offering a shared language for expectations. Importantly, a capability framework provides a mechanism to define expectations that are contemporary.

For the purpose of the development of the draft Pharmacist Capability 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.*²

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

Purpose of the Pharmacist Capability Framework (the draft Framework)

In accordance with the [Board's registration standards](#),³ 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](#),⁴ 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 new Framework articulates the knowledge, skills, attitudes and behaviours expected of pharmacy graduates as they enter professional practice. It provides a structured foundation for assessing readiness for general registration,

supporting pre-registration supervised practice, and guiding professional development during this critical initial stage. 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.

Scope of practice and assumptions

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

Scope of practice in this context refers to the range of professional activities that a pharmacist is trained and capable of performing. It is defined by education, professional standards and frameworks. An example can be – a pharmacist may be qualified to administer all vaccines, including paediatric ones. However, legislation and jurisdictional requirements determine what a pharmacist is legally permitted to do in a specific state or territory. In addition to legal requirements, funding models may also determine what a pharmacist does in practice. So, in some jurisdictions even if a pharmacist is trained and capable to administer paediatric vaccines, they may be legally unable to do so where legislation limits vaccination below a certain age.

The draft Framework therefore reflects contemporary and future focused pharmacy practice by outlining what pharmacists will be capable of doing. It describes scope of practice, training, emerging and evolving roles, but does not define what a pharmacist will legally be able to do in practice. This distinction highlights the gap that can occur between professional capability and legislation and underlines the need for ongoing regulatory reform to align legislation with expanding scope of practice.

The following sections describe the reasons for the inclusion of specific pharmacist scope of practice areas in the draft Framework.

Vaccines and other injectable medicines

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 in the implementation of pharmacist vaccination was the Queensland Pharmacist Immunisation Pilot (QPIP, 2014–2016),⁵ 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 accredited pharmacy degrees and intern training programs to date.

In addition to vaccination, pharmacist administration of medicines by injection is an increasingly recognised component of pharmacy practice. Building on the embedding of pharmacist-led vaccination in the Australian healthcare system, pharmacists are now authorised in several jurisdictions to administer a broader range of medicines, including long-acting injectable treatments such as buprenorphine for opioid dependence and

antipsychotics. This expansion reflects evolving legislative frameworks and public health priorities, particularly in improving access to care in community settings.⁶

Embedding this capability into the draft Framework reflects the profession's shift toward expanded clinical roles, reinforces safe and effective medicine delivery, and enhances the role in multidisciplinary care teams, and supports the sustainability of pharmacist administration of medicines by injection services nationwide.

Medication Management Review and Home Medicines Review

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 2023⁷ 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 Review (HMR) and Residential Medication Management Review (RMMR) programs.

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 2023,⁸ 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.⁸ 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.⁹ Queensland Health now allows pharmacist prescribing by suitably trained practitioners for acute conditions permanently from July 2025.¹⁰

The Board acknowledged these developments by confirming on 20 December 2023 that it had no regulatory barriers preventing pharmacists from participating in such initiatives legislated by state and territory governments.⁸ On 17 September 2025, the Board announced the commencement of work to develop a proposal for an endorsement for scheduled medicines for pharmacists. This initiative marks a significant step toward establishing a nationally consistent and safe approach to pharmacist prescribing. The proposed endorsement would formalise the qualifications and regulatory framework required for pharmacists to prescribe scheduled medicines, aligning with the broader goals of the National Scheme. It reflects the Board's commitment to supporting expanded pharmacist roles while ensuring public safety through robust clinical governance and competency standards.¹¹

Since 2016 the [National Competency Standards Framework for Pharmacists in Australia](#) (the National Competency Standards Framework),¹² and since 2020 the APC Accreditation Standards for Pharmacy Programs Performance Outcomes Framework,¹³ include the skills required for undertaking prescribing. The National Competency Standards

Framework includes key competencies that align with prescribing activities, including patient assessment, clinical decision-making, and therapeutic planning. The APC Accreditation Standards for Pharmacy Programs Performance Outcomes Framework 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.

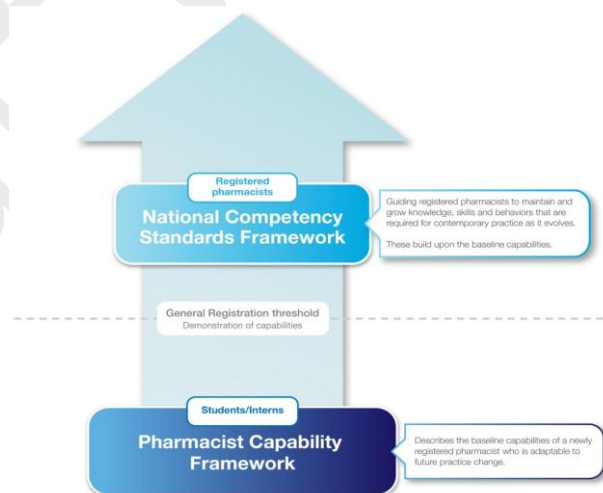
The growing evidence reflects the recognition of pharmacists' clinical capabilities and expertise, as well as highlighting their growing contribution to timely and accessible healthcare delivery.

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, 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 relevant state and territory legislation and Board Guidelines.

How will the Framework be used

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 published by the Pharmaceutical Society of Australia (PSA), as well as professional practice standards. The 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-to-practice 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 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.

The draft Framework does not describe or mandate the educational design, program types or AQF levels that are required to train graduates to meet the Capability Framework. The APC Accreditation Standards for Pharmacy Programs (to be reviewed in 2025-26) describe and are used to assess and accredit programs by APC, that are then considered for approval by the Board. The Accreditation Standards are outcomes focused and allow flexibility in program design. Education providers are also required to meet TEQSA requirements when designing and delivering accredited programs.

The audience for the draft Framework

The draft Framework will be used across the pharmacy profession, and in regulatory and accreditation areas.

Universities and Intern Program Providers

The draft Framework provides important information for those responsible for curriculum design and will inform decisions about program content, assessment and expected outcomes for programs that lead to registration. Once the Framework is implemented, it will replace the APC Accreditation Standards for Pharmacy Programs Performance Outcomes Framework (Updated September 2023). This aligns with the broader strategic direction of the National Scheme to promote consistency and assure public safety across all regulated health professions by requiring each National Board to develop and own such a document.

Students and Interns

The draft Framework outlines what students and interns need to be capable of in their journey to becoming a registered pharmacist. It will provide clarity on the knowledge, skills, attitudes and professional behaviours they are expected to develop through their education and supervised practice prior to registration.

Pharmacy Profession

The draft Framework offers a shared language and reference for entry-to-practice pharmacists across all settings. It supports foundational development by articulating the capabilities expected of a pharmacist at registration. The Framework reflects contemporary practice, clarifies public expectation and supports the integration of pharmacists into interprofessional teams.

Other Healthcare Professionals

The draft Framework supports interprofessional collaboration by clearly articulating the capabilities of entry-to-practice pharmacists. It enables other healthcare professionals to better understand the role, scope, and contributions of pharmacists within healthcare teams. This shared understanding fosters mutual respect, enhances communication, and promotes coordinated, interprofessional, patient-centred care across the health system.

Public

The draft Framework contributes to public assurance by clearly articulating the capabilities expected of entry-to-practice pharmacists. It promotes transparency and accountability in the education and regulation of pharmacists, aligning with the National Scheme's commitment to protecting the public and fostering trust in regulated health professions.

Acknowledging professional standards, workplace settings, and different roles

The draft Framework acknowledges the complexity of the pharmacy workforce and the variety of working environments and roles across health and care settings. This includes:

Professional standards and policies – the draft Framework will be used by APC in place of the APC Accreditation Standards for Pharmacy Programs Performance Outcomes Framework. It will also be used by the Board in place of the Pharmacist Competency Standards Framework for the registration of entry-to-practice pharmacists. The National Competency Standards will be revised and used by the profession as the key reference point for pharmacists beyond gaining initial registration and throughout their careers. The National Competency Standards Framework supports pharmacists in identifying and completing the continuing professional development that is required for annual registration renewal, as well as supporting them to achieve the highest level of professional practice and to advance their scope of practice and careers. The draft Framework aligns with other relevant and contemporary documents for the pharmacists' scope of practice, such as the Quality Use of Medicines Framework, the National Medicines Policy, and the Ahpra and National Boards Code of Conduct. These documents support and complement each other. The Pharmacist Capability Framework does not replace them.

Requirements within workplace settings – In addition to the capabilities for professional practice, pharmacists are required to align with state and territory legislation and Board Guidelines, which the draft Framework acknowledges.

Roles – pharmacists have different roles, responsibilities, and levels of influence. The draft Framework describes the capabilities required for general registration, without specifying the practice setting.

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 (see Literature review). 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, 2020¹⁴
- Australian Pharmacy Council – Accreditation Standards for Pharmacy Programs Performance Outcomes Framework, 2023¹³
- Australian Commission on Safety and Quality in Health Care – Antimicrobial Stewardship Clinical Care Standard, 2020¹⁵
- Australian Commission on Safety and Quality in Health Care – National Safety and Quality Health Service Standards, 2021¹⁶
- Australian Commission on Safety and Quality in Health Care – National Safety and Quality Primary and Community Healthcare Standards, 2021¹⁷
- Australasian Institute of Digital Health – Australian Digital Health Capability Framework, 2024¹⁸
- International Pharmaceutical Federation (FIP) – FIP Global Competency Framework (GbCFv2) handbook, 2023¹⁹
- National Association of Pharmacy Regulatory Authorities – Professional Competencies for Pharmacists and Pharmacy Technicians at Entry to Practice in Canada, 2024²⁰
- NPS MedicineWise – Prescribing Competencies Framework: embedding quality used of medicines into practice (2nd Edition), 2025²¹
- Optometry Australia – Entry-Level Competency Standards for Optometry, 2022²⁰
- Physiotherapy Board – Physiotherapy practice thresholds in Australia & Aotearoa New Zealand, 2023²¹
- Pharmaceutical Society of Australia – National Competency Standards Framework for Pharmacists in Australia, 2016¹²
- Royal College of Physicians and Surgeons of Canada – CanMEDS 2015 Physician Competency Framework, 2015²⁴

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

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

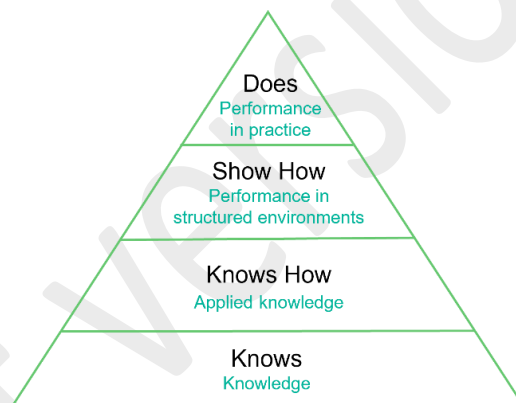
These have been used as the basis for the development of the draft Framework. The next steps in the development will be the public consultation and finalisation for Board approval.

Format of the draft Framework

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

Each Capability Domain represents a broad area of professional practice, which is further broken down into Capability 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 Pyramid²⁵ - ‘*Knows to Shows How*’.
- **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.



Miller, G E. The assessment of clinical skills/competence/performance. Academic Medicine 65(9):p 563-7, September 1990.

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.

Draft Framework | Concept

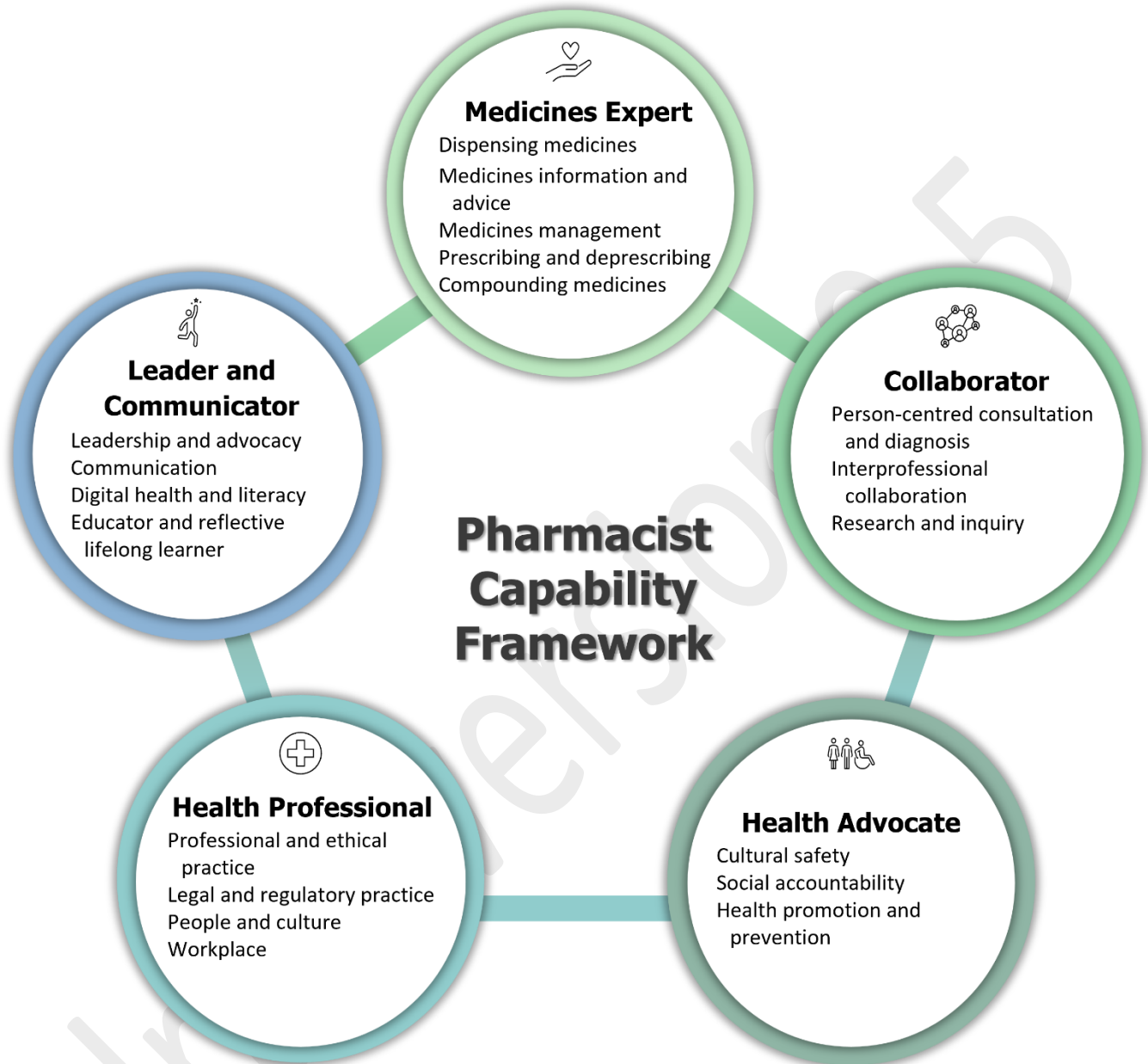
The draft Framework contains five key domains, four of which – **Collaborator, Health Advocate, Health Professional, Leader and Communicator** – are universally relevant and transferable across healthcare professions. These domains reflect core capabilities essential to delivering high-quality, patient-centred care, fostering interprofessional collaboration, and ensuring effective healthcare system functioning.

However, the domain of **Medicines Expert** is central 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 pivotal to the pharmacist’s role.

The draft Framework’s structure also includes a distinct focus for each capability domain, from the macro-level as health advocate considering the public and pharmaceutical care to the intermediate with interpersonal interactions with the patient, consumer, and healthcare team, and finally, to the micro-level individual capabilities of the practitioner and their practice. This layered approach not only provides a shared conceptual model for understanding but also promotes professional identity by integrating multiple perspectives to inform effective decision-making. Ultimately, this ensures the draft Framework comprehensively bridges professional expertise with patient needs and broader health system priorities.


| | |
|--|---|
| <p>Medicines Expert Pharmacists ensure the safe, effective, and quality use of medicines by providing contemporary evidence-based expert advice and dispensing appropriate pharmaceutical products tailored to individual patient needs.</p> | <p>Medicines Expert Pharmaceutical care focus</p>  |
| <p>Collaborator Pharmacists support shared decision-making with patients, document accurately and collaborate effectively with other healthcare professionals. They foster inquiry through collaboration, critical thinking and curiosity to improve practice and optimise health outcomes.</p> | <p>Collaborator Patient, consumer and team focus</p>  |
| <p>Health Advocate 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.</p> | <p>Health Advocate Public focus</p>  |
| <p>Health Professional Pharmacists practise in accordance with legal, ethical, and professional standards. They contribute to the effective and sustainable use of health system resources by managing workflows and participating in service planning and evaluation.</p> | <p>Health Professional Practice focus</p>  |
| <p>Leader and Communicator Pharmacists provide leadership, education and mentorship within the healthcare team, contribute to public and population health, and engage in lifelong learning to enhance practice and deliver evidence-informed care, including through digital health innovations.</p> | <p>Leader and Communicator Practitioner focus</p>  |

Draft Framework | Graphical Representation



Draft Framework | dv 0.5

Medicines Expert

|  Medicines Expert <i>Pharmaceutical care focus</i> Pharmacists ensure the safe, effective, and quality use of medicines by providing contemporary evidence-based expert advice and dispensing appropriate pharmaceutical products, tailored to individual patient needs. | | |
|---|--|---|
| Capability Sub-domains | Foundation Indicators | Entry-to-practice Indicators |
| Dispensing medicines (including non-prescription) | Demonstrate how to dispense medicines and devices, including an embedded checking process in accordance with current legislation and guidelines and to optimise patient outcomes | Accurately dispense medicines (including compounded medicines) and devices, including an embedded checking process in accordance with current legislation and guidelines to optimise patient outcomes |
| | Describe the appropriate, safe and secure storage of medicines in accordance with the available evidence to ensure stability and efficacy | Ensure the appropriate, safe and secure storage of medicines in accordance with the available evidence to ensure stability and efficacy |
| | Demonstrate how to administer medicines, including vaccines and other medicines by injection, in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines | Administer medicines, including vaccines and other medicines by injection, in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines |
| | Gather and analyse information about the patient and patient's health, medication history and medicines-related needs | Gather , analyse and interpret information about the patient and patient's health, medication history, medicines-related needs |
| | Retrieve relevant health, medical and medication information about the patient and/or consumer (including medication history and immunisation status) and from the medication record (record of allergies to medicines and Adverse Drug Reactions) to inform clinical reasoning | Obtain relevant health, medical and medication information from the patient and/or consumer (including medication history and immunisation status) and from the medication record (record of allergies to medicines and Adverse Drug Reactions) to inform clinical reasoning |
| | Identify , document and follow up on medicine-medicine interactions; medicine-disease interactions; medicine-patient interactions; medicines-food interactions | Identify , prioritise, document, resolve and follow up on medicine-medicine interactions; medicine-disease interactions; medicine-patient interactions; medicines-food interactions |
| | Identify when it is clinically inappropriate to dispense or supply medicines (this may include S2 or S3 medicines) | Recognise when it is clinically inappropriate to dispense or supply medicines (this may include S2 or S3 medicines) |



Medicines Expert | *Pharmaceutical care focus*

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

| Capability Sub-domains | Foundation Indicators | Entry-to-practice Indicators |
|--|---|--|
| Dispensing medicines (including non-prescription) <i>(cont.)</i> | Identify and document dispensing near misses in accordance with local (e.g. pharmacy or hospital/health network), national (e.g. TGA) incident reporting systems | Identify , document and respond to dispensing near misses in accordance with local (e.g. pharmacy or hospital/health network), national (e.g. TGA) incident reporting systems and workplace procedures, ensure appropriate follow-up, communication, and continuous quality improvement |
| Medicines information and advice | Critically evaluate medicines information and provide evidence-based advice, according to the needs of patients and the community | Critically evaluate medicines information and make evidence-based decisions, according to the needs of patients and the community |
| | Provide guidance 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, including their financial circumstances | Educate 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, including their financial circumstances |
| | Support patient and community use of health information technologies, digital literacy and digital communication (including digital driven health solutions and emerging technologies) | Advocate and support patient and community use of health information technologies, digital literacy and digital communication (including digital driven health solutions and emerging technologies) |
| Medicines management | Demonstrate 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) | Apply 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) |
| | Formulate medication monitoring and management plans, and assess impact and outcomes in collaboration with other healthcare team members | Implement medication monitoring and management plans, and assess impact and outcomes in collaboration with patients, consumers, carers and other healthcare team members |
| | Identify measures to enhance adherence with dosage regimens and support safe and effective administration of medications | Prioritise , develop and implement measures to enhance adherence with dosage regimens and support safe and effective administration of medications |



Medicines Expert | Pharmaceutical care focus

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

| Capability Sub-domains | Foundation Indicators | Entry-to-practice Indicators |
|---|---|---|
| Medicines management <i>(cont.)</i> | Identify guidelines (e.g. Antimicrobial stewardship), medicines formulary system, protocols, and treatment pathways used in practice | Apply guidelines (e.g. Antimicrobial stewardship), medicines formulary system, protocols, and treatment pathways in practice |
| Prescribing and deprescribing | Appropriately select medicines and consider the implications to the wider community of prescribing a particular medicine | Appropriately select medicines and consider the implications to the wider community of prescribing a particular medicine |
| | Demonstrate how to assess and analyse clinical and medication-related information, formulate diagnosis, and document findings and decisions clearly, accurately, and in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines and how to communicate with patients' usual prescribers as appropriate | Assess and analyse clinical and medication-related information, formulate diagnosis, and document 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 |
| | Demonstrate how to prescribe medicines in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines | Prescribe medicines in accordance with current jurisdiction-specific legislation, scope of practice and PharmBA Guidelines |
| | Identify clinical situations where deprescribing would optimise patient care | Recognise clinical situations where deprescribing would optimise patient care and work collaboratively with the prescriber to manage deprescribing where appropriate |
| | Identify when it is clinically inappropriate to prescribe medicines | Recognise and act upon when it is clinically inappropriate to prescribe medicines |
| Compounding medicines | Prepare extemporaneously compounded medicines and determine the requirements for preparation, such as, the appropriate formulation, required calculations, procedures and use of equipment | Prepare extemporaneously compounded medicines and determine the requirements for preparation, such as, the appropriate formulation, required calculations, procedures and use of equipment |
| | Prepare extemporaneously compounded medications safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines and other relevant jurisdictional requirements | Prepare and supply extemporaneously compounded medications safely and accurately in accordance with current legislation, scope of practice, PharmBA Guidelines and other relevant jurisdictional requirements |

Collaborator



Collaborator | Patient, consumer and team focus

Pharmacists support shared decision-making with patients and collaborate effectively with other healthcare professionals. They foster inquiry through collaboration, critical thinking and curiosity to improve practice and optimise health outcomes.

| Capability Sub-domains | Foundation Indicators | Entry-to-practice Indicators |
|---|--|---|
| Person-centred consultation and diagnosis | Identify the patient's capacity to receive care and health literacy, educate accordingly on medicines and healthcare needs | Assess and evaluate the patient's capacity to receive care and health literacy, and educate accordingly on medicines and healthcare needs |
| | 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 |
| | Identify 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 | Assess , diagnose, develop 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 |
| | Identify urgent care needs (physical and/or mental) of patients, manage potential risk of adverse events and suggest follow-up care | Support urgent care needs (physical and/or mental) of patients, manage potential risk of adverse events and act upon arranging follow-up care |
| | Collaborate 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 | Discuss , collaborate and agree 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 |
| | Identify the patients and consumers concerns and expectations about their health and their use of medicines | Explore and respond appropriately to the patients and consumers concerns and expectations about their health and their use of medicines |
| | Demonstrate 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 | 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 |



Collaborator | *Patient, consumer and team focus*

Pharmacists support shared decision-making with patients and collaborate effectively with other healthcare professionals. They foster inquiry through collaboration, critical thinking and curiosity to improve practice and optimise health outcomes.

| Capability Sub-domains | Foundation Indicators | Entry-to-practice Indicators |
|--|---|---|
| Person-centred consultation and diagnosis <i>(cont.)</i> | Document 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 | Discuss 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 |
| | Recommend appropriate monitoring of the outcomes of health and medication management plans and recommend adjusting them where appropriate in collaboration with patients, consumers and interprofessional team | Develop , review and implement appropriate monitoring of the outcomes of health and medication management plans and adjust them where appropriate in collaboration with patients, consumers and interprofessional team |
| | Identify when to refer the patient or consumer for further assessment and/or treatment when the suitable treatment options are outside scope of individual practice | Appropriately refer the patient or consumer for further assessment and/or treatment when the suitable treatment options are outside scope of individual practice |
| Interprofessional collaboration | 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 |
| | Demonstrate engagement in effective intra- and interprofessional relationship-building, and working in partnership to ensure teamwork, communication, consultation, conflict resolution and effective transfer of care | Engage in effective intra- and interprofessional relationship-building, and working in partnership to ensure teamwork, communication, consultation, conflict resolution and effective transfer of care |
| | 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 |
| | Engage and collaborate in therapeutic decision-making, and use appropriate referral methods when working inter-professionally | Engage , collaborate, consult and advise in therapeutic decision-making, and use appropriate referral methods when working inter-professionally |
| | Provide accurate and complete information to other health professionals in a timely manner when a review of medication, new medicines, modification of existing medicines or treatment plans have occurred | Produce and provide accurate and complete information to other health professionals in a timely manner when reviewing medication, implementing new medicines, modifying existing medicines or treatment plans |




Collaborator | *Patient, consumer and team focus*

Pharmacists support shared decision-making with patients and collaborate effectively with other healthcare professionals. They foster inquiry through collaboration, critical thinking and curiosity to improve practice and optimise health outcomes.

| Capability Sub-domains | Foundation Indicators | Entry-to-practice Indicators |
|--|---|--|
| Interprofessional collaboration <i>(cont.)</i> | Provide medication management review reports to other health professionals using standardised tools and according to best practice guidelines relevant for the practice setting | Creates clear and concise medication management review reports to other health professionals using standardised tools and according to best practice guidelines relevant for the practice setting |
| | Demonstrate collaborative practice, research and service provision to optimise continuum of care | Engage in collaborative practice, research and service provision to optimise continuum of care |
| Research and inquiry | Participate in research and evidence-based activities to advance practice | Participate in research and evidence-based practice and apply (where appropriate) findings to advance practice |
| | Demonstrate knowledge and skills in inquiry by formulating questions, critically appraising relevant source materials, synthesising the results, and reporting and disseminating the outcomes | Contribute to the evidence-base through inquiry and research by identifying gaps and uncertainties in practice, critically appraising relevant source materials, synthesising the results, implementing practice change, and reporting and disseminating the outcomes |
| | Demonstrate awareness of effective processes to conduct research and evidence-based activities and for facilitating learning including aims, learning outcomes, learning activities, assessment and feedback | Initiate and implement research and support evidence-based activities in the workplace |
| | Promote clinical governance, quality assurance and continuous quality improvement strategies through utilising skills in collaboration, critical thinking, curiosity and creativity | Implement clinical governance, quality assurance and continuous quality improvement strategies through collaboration, critical thinking, curiosity and creativity |

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 |
| Cultural safety | Demonstrate awareness of and sensitivity to Aboriginal and Torres Strait Islander Peoples health, history, communication styles and community protocols | Provide culturally responsive and person-centred care to Aboriginal and Torres Strait Islander Peoples respecting their health, history, culture and protocols by deep listening and embedding in practice their ways of ‘knowing, being, and doing’ |
| | Demonstrate awareness of culturally safe, respectful, and person-centred care for Aboriginal and Torres Strait Islander Peoples by actively addressing the impact of colonisation, racism and systemic inequities, amplifying their voices, and understand how healthcare practices uphold their rights, preferences, diversity and cultural identities | Advocate and influence the delivery of culturally safe, respectful, and person-centred care for Aboriginal and Torres Strait Islander Peoples by actively addressing the impact of colonisation, racism and systemic inequities, amplifying their voices, and ensure that healthcare practices uphold their rights, preferences, diversity and cultural identities |
| | Demonstrate awareness , humility and sensitivity to Aboriginal and Torres Strait Islander Peoples history, health communication styles, and health definitions, including self-definition and worldview differences | Ensure humility and sensitivity in practice to Aboriginal and Torres Strait Islander Peoples history, health communication styles, and health definitions, including self-definition and worldview differences |
| Social accountability | Identify the causes of health inequities and disparities, including the impact of social determinants of health and equitable access to the health system | Recognise the presence and causes of health inequities and disparities, including the impact of social determinants of health, and apply the knowledge of relevant initiatives designed to provide support and equitable access to the health system |
| | Demonstrate awareness of the importance 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 | Advocate for and uphold 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. |
| | Create 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 culturally and linguistically diverse backgrounds and people with disability | Engage 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 culturally and linguistically diverse backgrounds and people with disability |

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 |
|--|---|--|
| Social accountability <i>(cont.)</i> | Describe socially accountable practice (including cultural and social needs; respect and responsiveness; diversity, equity and inclusiveness) | Demonstrate socially accountable practice (including cultural and social needs; respect and responsiveness; diversity, equity and inclusiveness) |
| | Identify 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 violence | Advocate , recognise, 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 violence |
| | Identify child safety and well-being principles and respond effectively to the healthcare needs of children and young people | Advocate and recognise child safety and well-being by responding effectively to the healthcare needs of children and young people |
| | Demonstrate awareness of the importance of collaborating with the local community - including but not limited to - 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 | Develop and collaborate with the local community - including but not limited to - 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 |
| Health promotion and prevention | Analyse 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 | Assess 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 |
| | Identify and facilitate 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 | Advise, promote and support patient and community self-management of health, disease prevention and control through education, intervention, monitoring and health promotion services to optimise patient health outcomes and wellbeing |
| | Appraise the identification, assessment, monitoring, mitigation and management of risk to minimise harm and maximise patient and community safety | Engage proactively in the identification, assessment, monitoring, mitigation and management of risk to minimise harm and maximise patient and community safety |

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 |
|--|---|--|
| <p>Health promotion and prevention <i>(cont.)</i></p> | <p>Recognise and participate in national and local health priorities and initiatives, health promotion activities, and health services intended 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</p> | <p>Endorse and participate national and local health priorities and initiatives, health promotion activities, and health services intended 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</p> |

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Health Professional

|  Health Professional Practice focus Pharmacists practise in accordance with legal, ethical, and professional standards. They contribute to the effective and sustainable use of health system resources by managing workflows and participating in service planning and evaluation. | | |
|--|--|--|
| Capability Sub-domains | Foundation Indicators | Entry-to-practice Indicators |
| Professional and ethical practice | Identify potential ethical issues and dilemmas, including conflicts of interest, in practice and demonstrate awareness of relevant professional codes, guidelines and standards and their content | Practice ethically and with integrity by recognising and appropriately managing ethical issues and dilemmas, including conflicts of interest, as they arise and maintain current familiarity and compliance with professional codes, guidelines and standards |
| | Describe professional responsibility and accountability for all decisions made and actions taken, including in response to ethical issues and dilemmas | Demonstrate professional responsibility and accountability for all decisions made and actions taken, including in response to ethical issues and dilemmas |
| | Maintain privacy and confidentiality in interactions with patients, consumers and other healthcare professionals, including in the creation, dissemination and storage of documentation | Ensure privacy and confidentiality in interactions with patients, consumers and other healthcare professionals, including in the creation, dissemination and storage of documentation |
| | Obtain , when required, informed consent from the patient, which is respected and appropriately recorded | Ensure that when required, informed consent is obtained from the patient, respected and appropriately recorded |
| | Demonstrate knowledge 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 accountability | 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 accountability, when working collaboratively |
| | Demonstrate understanding of risk management by identifying organisational risks, and using clinical and other data to support risk assessments | Ensure risk management by identifying and documenting organisational risks, using clinical and other data to support risk assessments, act to reduce risk, and regularly review and improve the effectiveness of the risk management system |
| | Recognise and formulate strategies to respond appropriately to situations outside the expected scope of practice and/or capabilities | Recognise professional limitations of self and others in the team, and respond appropriately to situations outside of current scope of practice and/or capabilities |



Health Professional | Practice focus

Pharmacists practise in accordance with legal, ethical, and professional standards. They contribute to the effective and sustainable use of health system resources by managing workflows and participating in service planning and evaluation.

| Capability Sub-domains | Foundation Indicators | Entry-to-practice Indicators |
|-------------------------------|---|---|
| Legal and regulatory practice | Demonstrate contemporary knowledge and application of ethical and legal requirements relating to practice within their jurisdiction and demonstrate awareness of the processes for maintaining contemporary familiarity with key legislative instruments | Practice in an ethical and legal manner by complying with legal requirements and maintaining contemporary familiarity with key legislative instruments |
| | Demonstrate awareness of the importance of compliance with appropriate workplace policies, processes and protocols | Contribute to, maintain, comply with and regularly review appropriate workplace policies, processes and protocols to ensure safe and socially accountable provision of health care |
| People and culture | Identify organisational and management skills (e.g. management of risk, self, projects and policies) to support workforce development, effective service delivery and medicines management | Demonstrate organisational and management skills (e.g. management of risk, self, projects and policies) to support workforce development, effective service delivery and medicines management |
| | Identify how to manage human resources capability and promote equity, diversity and inclusion in the practice environment | Plan and manage human resources capability and promote equity, diversity and inclusion in the practice environment |
| | Recognise the potential of each staff member, roles and responsibilities and systems for performance management | Recognise and manage 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 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 personal and professional life |
| Workplace | Demonstrate awareness of pharmacy inventory for appropriate conditions for secure and safe storage and distribution of medications to ensure stability and efficacy | Manage pharmacy inventory to ensure safe and efficient storage and distribution of medications, 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 Professional | Practice focus



Pharmacists practise in accordance with legal, ethical, and professional standards. They contribute to the effective and sustainable use of health system resources by managing workflows and participating in service planning and evaluation.

| Capability Sub-domains | Foundation Indicators | Entry-to-practice Indicators |
|------------------------------------|--|--|
| Workplace <i>(cont.)</i> | Analyse and improve the provision of pharmaceutical services, including the physical environment where they take place | Optimise , improve and manage the provision of pharmaceutical services, including the physical environment where they take place |
| | Identify and contribute to innovation, improvement and service development | Identify, implement, monitor and contribute to innovation in, and improvement of, service delivery |
| | Identify environmentally sustainable pharmacy practices 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 | Contribute to environmentally sustainable pharmacy practice by identifying and mitigating 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 and support responsible healthcare delivery |
| | Identify the financial sources, systems and processes to access pharmaceutical products in the Australian health care system | Recognise and work within the financial sources, systems and processes to access pharmaceutical products in the Australian health care system, and support patients and consumers to do the same |

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Leader and Communicator



Leader and Communicator | Practitioner focus

Pharmacists provide leadership, education 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, including through digital health innovations.

| Capability Sub-domains | Foundation Indicators | Entry-to-practice Indicators |
|-------------------------|---|---|
| Leadership and advocacy | Uphold and maintain the reputation and value of the profession | Uphold and advance the reputation and value of the profession |
| | Provide effective leadership by taking the initiative when appropriate, managing own roles and accepting responsibility and accountability to inspire confidence | Demonstrate effective leadership and practice management skills by taking the initiative when appropriate, managing own roles and accepting responsibility and accountability to inspire professional confidence |
| | Demonstrate self-awareness, self-regulation, emotional intelligence, resilience and motivation that may affect professional performance and/or personal development | Recognise and demonstrate self-awareness, self-regulation, emotional intelligence, resilience and motivation of self and others and how it may affect professional performance and/or personal development, and take appropriate actions to minimise risk to public safety |
| | Demonstrate awareness of appropriate change management principles and strategies | Demonstrate flexibility and adaptability to a variety of conditions and circumstances |
| | Accept personal responsibility and accountability for decisions and actions | Accept personal responsibility and accountability for decisions and actions in professional practice |
| Communication | Recognise situations likely to compromise performance and develop effective strategies to build resilience and minimise their impact | Recognise situations in professional practice likely to compromise performance and implementing effective strategies to build resilience and minimise their impact |
| | Communicate appropriately and effectively with a socially, culturally and linguistically diverse range of people in a manner which inspires confidence and trust | Communicate appropriately and effectively with a socially, culturally and linguistically diverse range of people in a manner which inspires confidence and trust |
| | Demonstrate 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 | Tailor 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 |
| | Demonstrate appropriate verbal, written and non-verbal communication skills | Use appropriate verbal, written and non-verbal communication skills to establish and maintain rapport with a patient or consumer including when communicating through digital platforms |



Leader and Communicator | Practitioner focus

Pharmacists provide leadership, education 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, including through digital health innovations.

| Capability Sub-domains | Foundation Indicators | Entry-to-practice Indicators |
|--|---|--|
| Communication <i>(cont.)</i> | Demonstrate appropriate communication and interpersonal behaviours, using plain language and checking understanding | Communicate effectively using appropriate communication and interpersonal behaviours in professional practice interactions, using plain language and checking understanding |
| Digital health and literacy | Identify how to appropriately and securely maintain patient privacy and security of digital information related to the patient, aligned with procedural, policy, legal and ethical requirements and respecting Indigenous data sovereignty | Appropriately and securely maintain patient privacy and security of digital information related to the patient and workplace, aligned with procedural, policy, legal and ethical requirements and respecting Indigenous data sovereignty |
| | Critically appraise, analyse, evaluate, and/or interpret digital information and their sources | Critically appraise, analyse, evaluate, and/or interpret digital information and their sources |
| | 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 |
| | Describe digital health services that promote positive health outcomes and engage with digital technologies to facilitate discussions with the patient and consumer | Participate in digital health services that promote positive health outcomes and engage with digital technologies to facilitate discussions with the patient and consumer |
| | Identify emerging digital health technologies, including artificial intelligence, their applications, limitations and implementation strategies | Proactively engage with emerging digital health technologies, including artificial intelligence, by understanding professional obligations, applications and limitations, contributing to implementation strategies, and participating in decision-making processes to ensure ethical, safe, and patient-centred outcomes |
| Educator and lifelong learner | Identify how to appropriately educate patients, consumers, and other healthcare professionals and evaluate the effectiveness of the education | Educate patients, consumers, and other healthcare professionals and evaluate the effectiveness of the education |
| | Identify education, training and continuing professional development | Identify, support and facilitate education, training and continuing professional development |
| | Engage in ongoing professional development and education to improve expertise outside current scope of knowledge | Engage in ongoing professional development and education to improve expertise outside current scope of knowledge |



Leader and Communicator | Practitioner focus

Pharmacists provide leadership, education 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, including through digital health innovations.

| Capability Sub-domains | Foundation Indicators | Entry-to-practice Indicators |
|--|---|--|
| Educator and lifelong learner <i>(cont.)</i> | Demonstrate a proactive and reflective approach to developing own professional capability and expertise | Engage in proactive and reflective approach to maintaining and developing own professional capability and expertise to remain fit-to-practice |
| | Undertake structured reflection as a means of enhancing learning and practice and adopt lifelong learning as a structure for unknown scopes of practice and emerging areas | Demonstrate commitment to structured reflection, ongoing professional learning, development, improvement and lifelong learning activities for current practice, unknown scopes of practice and emerging areas |
| | Demonstrate awareness of professional limitations and adopt appropriate strategies when necessary, including additional professional education | Identify and acknowledge professional limitations and act upon them seeking support when necessary, including additional professional education |
| | Demonstrate the skills as coach and/or mentor to other students and colleagues, and others which are appropriate to their context | Coach and/or mentor students, interns, colleagues, other pharmacy team members and other health care professionals |

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Glossary

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

| Term | Meaning |
|------------------------------------|--|
| Capability framework | A complete collection of capabilities that are thought to be essential to safely practise as a registered pharmacist in Australia. |
| 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. |
| Care | 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). |
| Child safety and well-being | Refers to the ten National Principles for Child Safe Organisations. All organisations that work with children need to know about the National Principles. The principles promote a culture of child safety and wellbeing within organisation ensuring that all policies and practices reflect the safety and wellbeing needs of children. ²⁶ |
| Climate resilience | 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. ²⁷ |
| Consumer | 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. ²⁸ |
| Cultural Safety | 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. ²⁹ |
| Deprescribing | Deprescribing is the thoughtful and planned process of stopping (or reducing the dose) of 'inappropriate medications'. Inappropriate medications are ones where the potential harms outweigh the benefits, for example ones that are high risk, unnecessary or ineffective. The aim of deprescribing is to maximise wellness and achieve goals of care while minimising risk of medication induced harm. |
| Diagnosis | The identification of a disease, condition or injury made by evaluating symptoms and signs presented by patient. ³⁰ |

| Term | Meaning |
|---|---|
| Digital health | A range of technologies that can be used to treat patients and collect and share a person's health information...and includes mobile health apps, electronic prescribing, electronic health records, telehealth, wearables and fitness trackers, robotics and artificial intelligence, among others. ¹⁸ |
| Digital literacy | Digital literacy is the ability to use technology to find, evaluate, organise, create, and communicate information safely and responsibly. |
| Dispensing | The review of a prescription and the preparation, packaging, labelling, record keeping and transfer of the prescribed medicine including counselling to a patient, their agent, or another person who is responsible for the administration of the medicine to that patient. ³¹ |
| Environmental sustainability | Mitigating processes, practices and services that have high environmental impact to ensure an environmentally sustainable way of providing appropriate care and reducing waste. ²⁷ |
| Health care | 'Health care' when referring to a noun (for example, 'the state of health care in Australia'). |
| Healthcare | 'Healthcare' when referring to an adjective (for example, the 'healthcare system' or 'healthcare services'). |
| Healthcare provider/ health practitioner/ clinician | 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 'pharmacist', 'dental practitioner' or 'physiotherapist'. ¹⁷ |
| Healthcare service | 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. ¹⁷ |
| Interprofessional collaborative practice (IPCP)/ Interprofessional collaboration/ collaborative practice | Refers to health care practice where multiple health workers from different professional backgrounds work together, with patients, families, carers and communities to deliver the highest quality of care that is free of racism and other forms of discrimination. ²⁸ |
| Near miss | Any situation where wrong or incomplete medicine, medicinal device or one which was incorrectly labelled which may or may not have caused harm to a patient, would have been given to the patient if an intervention had not been made. ³² |

| Term | Meaning |
|---------------------------------------|---|
| Medicines | <p>Therapeutic goods that are represented to achieve, or are likely to achieve, their principal intended action by pharmacological, chemical, immunological, or metabolic means in or on the body of a human.</p> <p>The term 'medicines' or 'medicine' includes all classes or types of medicines including:</p> <ul style="list-style-type: none"> • scheduled medicines (e.g. controlled drugs, prescription-only medicines, pharmacist only medicines, pharmacy-only medicines) • unscheduled medicines (such as medicines on open sale [e.g. small packets of analgesics], and complementary medicines, also called natural and alternative medicines) <p>In this document, biological agents commonly viewed as medicines are included in this definition. These may include hormones (e.g. insulin), proteins (e.g. interferons, interleukins), antibodies (e.g. monoclonal antibodies) and polypeptides.³³</p> |
| Quality use of medicines (QUM) | <p>A process that involves:</p> <ol style="list-style-type: none"> a. Selecting management options wisely (considering the place of medicines in treating illness and maintaining health, recognising that there may be better ways than medicines to manage many disorders); b. Choosing suitable medicines if a medicine is considered necessary (considering the individual, the clinical condition, risks and benefits, dosage and length of treatment, any co-existing conditions, other therapies, monitoring considerations, costs for the individual, the community and the health system as a whole) and c. Using medicines safely and effectively (monitoring outcomes, minimising misuse, over-use and under-use, improving people's ability to solve problems related to medication, such as negative effects or managing multiple medications). |
| Patient | <p>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'.¹⁴</p> <p>The term 'patient' is used when the source information (e.g. research study, standard) has employed this term.</p> |
| Prescribing | <p>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.</p> |
| Scope of practice | <p>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.</p> |

| Term | Meaning |
|--------------------------|--|
| Systems | 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. |
| Treatment Plans | Treatment plans involve the management of a person's health condition(s), this may include the use of medicines and non-pharmacological therapies. |
| Treatment history | Treatment history should include the details of both medicines and relevant non-pharmacological therapies and an indication of their effectiveness, ineffectiveness, any harm and the person's adherence. |

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