



HEALTH
PROFESSIONS
ACCREDITATION
COLLABORATIVE
FORUM

Australia's accreditation authorities
for regulated health professionals

Discussion Paper:

Framework for accreditation requirements for the safe and effective use of medicines

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1. Background

The National Registration and Accreditation Scheme for health practitioners (the National Scheme) commenced operation in July 2010. Fifteen health professions are regulated under the National Scheme. These professions are listed in [Attachment A](#). For each profession a National Board has been established under the Health Practitioner Regulation National Law as in force in each state and territory (the National Law), with extensive powers to protect the public.

The National Law defines accreditation functions for regulated health professions. **Accreditation standard**, (often abbreviated simply to standard) for a health profession, means a standard used to assess whether a program of study, and its education provider, gives program graduates the knowledge, skills and professional attributes necessary to practise the profession in Australia. (Section 5 of the National Law)

Accreditation authorities use the standards for their profession to assess whether education programs should be accredited, and subsequently to monitor accredited programs and providers to ensure they continue to meet the standards.

The various regulated health professions have differences in the format, content and structure of their accreditation standards related to the profession's specific education and training structures and needs.

Each profession also has a set of competency or graduate outcome statements that articulate the expectations of graduates of a program of study for the profession. For some professions, these statements are developed by the accreditation authority for the profession, for some by the profession's National Board and for some, by a professional association.

The Health Professions Accreditation Collaborative Forum ('the Forum') is a self-funded coalition of the accreditation entities of the regulated professions. Each of these entities is appointed under the National Law as the accreditation authority for the relevant profession-specific National Board. The Forum has a unique role in enhancing collaboration in accreditation. The Forum promotes principles of best practice in accreditation; facilitates shared learning and exchanges of methods and insights regarding delivery of health education programs; and where appropriate, promotes harmonisation in the interests of efficiency and transparency.

The accreditation standards and the accreditation of programs of study determines whether practitioners who complete programs of study have the knowledge, skills and professional attributes to practise their professions. This quality assurance process is critical to protecting the public. Forum member accreditation processes aim to ensure that students in health professions' programs of study receive education and training that is consistent with standards for entry to practice in the student's chosen health profession.

1.1 Prescribing and the safe use of medicines

Australia's National Medicines Policy recognises that medicines can significantly improve the length and quality of people's lives but also can result in serious adverse outcomes at both an individual and societal level.

However, evidence from contemporary settings indicates that medications management and communications between practitioners and patients become more complex and the potential for medication errors increases the more practitioners there are engaged,

particularly with regard to the management of patients with chronic health conditions, multimorbidity and complex polypharmacy^{1 2 3}.

While technological advances such as the Australian Government's *My Health Record* and other institution-based record systems offer the potential to better manage these risks, this is dependent on appropriate capacity building to capitalise on this progress and other forms of effective communication and collaboration in patient/client management.

All clinicians need a minimum level of knowledge in relation to the safe and effective use of medicines and, depending on the profession and area of practice, many clinicians will require additional knowledge and skills. Different practice settings may affect the medicines management and require extended skills. For instance, in a rural or remote setting there may be a limited number of health practitioners and limited access to specialists, as well limited access to some medicines or to advice on medicines. High quality care in these situations requires generalist practitioners, that is practitioners with core abilities characterised by broad-based practice.

In addition, consistent with the first principle of quality use of medicines, management options should be selected wisely by considering the place of medicines in treating illness and maintaining health, and recognising that there may be better ways than medicine to manage many conditions.⁴ Guidelines for management of health conditions increasingly assume practitioners and their clients/patients will consider other interventions and lifestyle modifications in making decisions about the use of medicines. For instance guidelines for the management of chronic health conditions, such as diabetes, and musculoskeletal pain, as well as mental health increasingly promote integrated patient-centred, collaborative care approaches.⁵ These care approaches require interprofessional practice, and understanding, valuing and respecting individual discipline roles in health care, including in the safe use of medicine.

As reflected in the Australian Commission on Safety and Quality in Health Care's National Safety and Quality Health Services (NSQHS) Standards on medication safety⁶, it is not just individual practitioner competence that matters. Safe use of medicines requires that each practitioner sees themselves as contributing to the system of care, recognises that there are other contributors, including the patient, that all decisions interact, and that at the heart of this system is the health and care of the patient/client. It also recognises that the consideration of options other than medicines, such as the patient's own management of their health and lifestyle interventions, is part of the quality use of medicines.

¹ Roughhead L, Semple S, Rosenfeld E, Literature Review: Medication Safety in Australia (2013). Australian Commission on Safety and Quality in Health Care, Sydney, <https://www.safetyandquality.gov.au/wp-content/uploads/2013/08/Literature-Review-Medication-Safety-in-Australia-2013.pdf>

² Hilmer. S, Medicine Today (2016). Strategies to Reduce Medication Errors, <https://respiratorymedicinetoday.com.au/sites/default/files/cpd/MT2016-07-044-HILMER.pdf>

³ World Health Organization, Medication Errors (2016), Technical series on safer primary care, <http://apps.who.int/iris/bitstream/handle/10665/252274/9789241511643-eng.pdf;jsessionid=4C14E60912588D4083B4E9E2AB499A52?sequence=1>

⁴ National Strategy for Quality Use of Medicines, [http://www.health.gov.au/internet/main/publishing.nsf/content/8ECD6705203E01BFCA257BF0001F5172/\\$File/natstrateng.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/8ECD6705203E01BFCA257BF0001F5172/$File/natstrateng.pdf)

⁵ Medication Safety in Mental Health <https://www.safetyandquality.gov.au/wp-content/uploads/2017/06/Medication-Safety-in-Mental-Health-final-report-2017.pdf>

⁶ Standard 4, Medication Safety, Safety and Quality Improvement Guide, https://www.safetyandquality.gov.au/wp-content/uploads/2012/10/Standard4_Oct_2012_WEB.pdf

Within this context, the education and training of all health practitioners to ensure the safe use of medicines alongside other interventions is key, making accreditation of programs of study an important contributor to this area of public policy.

This accreditation initiative reflects a national focus on improving the capacity and capability of health professionals to ensure safe and effective management of patients/clients using medicines. It recognises the capacity of accreditation authorities and education providers to work together to ensure that programs of study are responding to the needs of the Australian community.

Regardless of whether prescribing medicines is part of the scope of a particular profession, the accreditation authorities agree that all health practitioners need:

- a foundational knowledge of quality use of medicines in order to consider the patient/client's use of medicines in their own history taking and consultations, and
- the skills and competencies to collaborate safely and effectively with other health practitioners in providing care for that patient/client.

Health professions have different roles and responsibilities in relation to providing, administering and/or prescribing medicines, and in caring for patients/clients using medicines. As a consequence, health practitioners will require different knowledge and skills depending on that role. A practitioner may be an autonomous prescriber of Schedule 4 and above medicines, or may prescribe and advise on over the counter medicines, or may not make medicine recommendations themselves but regularly need to consider their clients' medicine usage for interactions with other therapies or therapeutic solutions and/or medication related problems. Irrespective of their role, a baseline understanding of medicines appropriate to their area of practice combined with the ability to collaborate and communicate effectively with other practitioners is vital.

This project aims to build on the existing knowledge and professional competencies of practitioners from different professions. It is designed to align with the additional requirements of National Boards for approval in those professions that prescribe Schedule 4 and above medicines, (as per the Guidance for National Boards: Applications to the Ministerial Council for approval of endorsements in relation to scheduled medicines under section 14 of the National Law).⁷ However, this project is not advocating for any particular professions to be endorsed to prescribe scheduled medicines.

Because of the different roles and responsibilities of the various health professionals, and the likelihood of multiple health professions prescribing, providing and/or monitoring a client/patient's medicine use, or making other therapeutic recommendations that may interact, good health care practice also requires *interprofessional (collaborative) practice*. The accreditation authorities regard interprofessional learning and practice as key to the safe use of medicine. There is such synergy between the two, because medicine is the most common therapeutic intervention, and most health practitioners have clients/patients who are taking medicine on the recommendation of other practitioners. Polypharmacy in the absence of collaboration increases risk to patients, so the importance of instilling a genuine interprofessional practice ethic in all health practitioners cannot be understated.

⁷ Guidance for National Boards: Applications to the Ministerial Council for approval of endorsements in relation to scheduled medicines under section 14 of the National Law, <http://www.ahpra.gov.au/About-AHPRA/Ministerial-Directives-and-Communiqués.aspx>

1.2 Project path

This project has been developed by a working group of the Health Professions Accreditation Collaborative Forum (the Forum), which comprises 14 accreditation authorities for the health professions regulated under the National Regulation and Accreditation Scheme (the National Scheme). Since this project was initiated, paramedicine has become the 15th profession regulated under the National Scheme. This project will be of equal relevance to paramedicine as it is to the other health professions and will need consideration as their National Scheme accreditation processes are established.

The project included a consultancy to review relevant literature, regulatory and policy documents (see full list at [Attachment B](#)) as well to identify how the 14 regulated professions' accreditation processes already incorporate prescribing and interprofessional practice (O'Keefe, unpublished paper to the Forum 2016).

The project confirmed that not all professions use the same format and structure in their standards, and those professions that currently explicitly consider prescribing use different means to do this. For instance, some may have an individual accreditation standard, whilst others might have graduate outcomes or competency statements.

Given this variable setting, the challenge for this project became the development of clearly articulated fundamental principles, criteria and competencies for the safe and effective use of medicines that are aligned with community and National Board expectations, and can be easily incorporated into the various professions' accreditation standards as appropriate. This will allow some professions to incorporate the principles and competencies under a stand-alone standard, whilst others might incorporate them as graduate outcomes or similar. [Attachment C](#) provides examples of how professions' accreditation authorities intend to operationalise this work to align with their extant processes.

Definitions of key terms used in this project are provided as an appendix.

2. Overview of the proposed framework for the safe use of medicines in accredited health profession programs of study

Through the initial consultancy undertaken for this project, the Forum has developed a set of [principles](#). The principles are intended to articulate key considerations and guide the introduction of specific accreditation requirements for education and training related to the safe use of medicines and optimal management of a patient/client using medicines. These principles are consistent with the National Medicines Policy⁸ and the Quality Use of Medicines⁹ (Summary at [Attachment D](#)). They are cognisant of the accepted Health

⁸ National Medicines Policy (2000), <http://www.health.gov.au/internet/main/publishing.nsf/Content/national-medicines-policy>

⁹ Quality Use of Medicines Strategy (2002), <http://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-pdf-natstrateng-cnt.htm>

Professions Prescribing Pathway (HPPP)¹⁰ (Summary at [Attachment E](#)), NPS prescribing competency framework¹¹ definitions (Summary at [Attachment F](#)).

Accompanying the principles are four [criteria](#) that can be included in any profession's program accreditation standards, and a set of high-level learning outcome statements that are applicable for all regulated health professions. The existing accreditation standards for the regulated health professions vary in structure and scope depending on the structure, complexity and scope of the health profession. Rather than a single accreditation standard, the Forum has proposed a series of criteria and learning outcomes that can be included in each profession's accreditation standards statements, graduate outcomes or elsewhere as appropriate.

Depending on the profession, the criteria could be applied from programs preparing graduates for beginning professional practice to specialist practice as the level and nature of professional competence is set out in referenced competence standards (though this project is focused at entry level).

The high-level [learning outcome statements](#) are designed to be applicable across all health disciplines. These statements reinforce the important role of interprofessional practice in safe and effective prescribing. They complement the National Prescribing Competencies Framework.

Section 3 presents the framework developed under this project, which is comprised of the principles, criteria, competencies, and associated appendix of terms, and is proposed for adoption by the various accreditation authorities across the regulated health professions.

3. Framework proposed for adoption across the regulated health professions

3.1 Principles for prescribing and the safe and effective use of medicines

1. Prescribing is an iterative process involving the steps of information gathering, clinical decision making, communication, and evaluation. The process results in the initiation, continuation, adjustment, or cessation of a medicine.

Prescribing requires deciding whether a medicine is the most appropriate intervention or necessary at all, as well as starting, monitoring and ceasing medicines. Each of these actions can be of equal importance to patient/client health outcomes. Prescribing principles apply beyond the prescription of scheduled medicines.

2. The interests of patients/clients are central to the act of prescribing, administering, providing and/or monitoring medicine use, as well as making recommendations for medicine cessation. All prescribing activities represent a partnership between the health professional(s) and the patient/client. These partnerships are based on shared understanding and negotiated decisions and should support patients/clients to improve their health literacy and to take greater control of their own health. The patient

¹⁰Health Professions Prescribing Pathway (2013), <https://www.aims.org.au/documents/item/400>

¹¹NPS MedicineWise, National Prescribing Competency Framework (2012), https://www.nps.org.au/_scrivito/prescribing-competencies-framework-ab0cc7f2a28cc4a1

should be at the centre of care, which must take into account cultural and social influences and determinants.

3. Quality use of medicines and best practice prescribing encompass understanding, valuing and respecting individual discipline roles in healthcare, together with the recognition and use of skills of other health practitioners.
4. Clarity and consistency in terminology is essential for both patients/clients and health practitioners, with an agreed understanding of relevant terms across health professions. National strategies, policies and standards on quality use of medicines and interprofessional practice, including the national prescribing competencies framework, apply equally to all health professions.

3.2 Criteria for prescribing and the safe and effective use of medicines for inclusion in health program accreditation standards or similar

1. Principles of the quality use of medicines are integrated within the program of study and are clearly articulated as required disciplinary learning outcomes.
2. Program learning outcomes address the competencies required for prescribing, providing and monitoring the use of medicines for the relevant professional registration and scope of practice.
3. Interprofessional practices for safe and effective use of medicines are clearly addressed in the curriculum.
4. The students' achievement of the learning outcomes is assessed. Consistent with general accreditation requirements, assessment in this topic area should promote student learning in order to achieve the curriculum objectives, provide a fair assessment of learner achievement, and ensure patient safety by only allowing competent individuals to progress and graduate.

3.3 Learning outcomes for the safe and effective use of medicines

On graduation from their program of study, any professional entry-level health practitioner will be able to:

1. Explain the role of medicines in health care to patients, clients, families and other professionals (e.g. consider the place of medicines in treating illness and maintaining health, recognise that there may be better ways to manage health).
2. Demonstrate an understanding of the medicines commonly used in their healthcare profession and area of practice.
3. Critically evaluate evidence for effective use of medicines used in their area of practice.
4. Communicate clearly, sensitively and effectively about the initiation, monitoring and cessation of medicines with patients, clients, families and other health practitioners to enable collaborative decision making and support patient/client centred care.
5. Demonstrate an understanding of the need for coordination of the care as it applies to prescribing and/or management of the patient's/client's medicines.

All clinicians need a minimum level of knowledge in relation to the safe and effective use of medicines, and this is what has been captured in the learning outcomes above. Additional knowledge will be required for many clinicians depending on their area of

practice. This includes the knowledge of regulation of drugs and poisons legislation that underpins safe and effective use of medicines in their professional area of practice. For those professions prescribing there are likely to be common additional elements.

While the learning outcomes listed above are directed specifically at the safe and effective use of medicines, there are other relevant foundation competencies, such as professionalism, communication, keeping up-to-date with contemporary best practice, and the wise use of resources. One way of viewing these related foundational competencies, is the NPS 'horizontal competencies', which include 'practices professionally', and 'communicates and collaborates effectively with the person and other health professionals'.

3.4 Framework appendix of terms

Interprofessional education occurs when two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

- Professional is an all-encompassing term that includes individuals with the knowledge and/or skills to contribute to the physical, mental and social well-being of a community.

Collaborative practice in healthcare occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings.

Practice includes both clinical and non-clinical health-related work, such as diagnosis, treatment, surveillance, health communications, management and sanitation engineering.¹²

Quality Use of Medicines means:

- Selecting management options wisely by:
 - considering the place of medicines in treating illness and maintaining health, and
 - recognising that there may be better ways than medicine to manage many disorders.
- Choosing suitable medicines if a medicine is considered necessary so that the best available option is selected by taking into account:
 - 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.
- Using medicines safely and effectively to get the best possible results by:
 - monitoring outcomes,
 - minimising misuse, over-use and under-use, and

¹² World Health Organisation: Health Professions Networks Nursing and Midwifery Human Resources for Health, Framework for Action on Interprofessional Education and Collaborative Practice, 2010, http://www.who.int/hrh/nursing_midwifery/en/

- improving people's ability to solve problems related to medication, such as negative effects or managing multiple medications.

Medicines means 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 or animal. It includes prescription, non-prescription and complementary medicines.

Prescriber means a health practitioner authorised to undertake prescribing within their scope of practice.

Prescribing means 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.

4. Implications of this project for education providers

Some 765 (Australian) professional programs leading to an entry-level qualification are accredited under the National Law. In this project, Forum members are indicating that a greater focus on safe use of medicine should be part of all accreditation approaches, in order to improve the health of the Australian community. Each accreditation authority has signalled its commitment to give a greater emphasis to this specific topic.

How each accreditation authority implements this intention and the impact on the providers will vary.

Based on the assessment of accreditation authorities, for the majority of professions there will be minimal implications for education providers in responding to what the accreditation authorities are proposing. However, for a small number significant alteration may be required.

For instance, for some professions, programs of study may already have strong curriculum coverage of medicine usage, and may need only minor modifications around the prescribing and the safety components. For other professions changed accreditation requirements may mean additional curriculum content or duration of curricula, and/or strengthening assessment requirements or interprofessional practice.

For a few professions, accreditation requirements may require more considerable alterations to programs of study. The Forum members whose accreditation standards will change significantly will consult directly with their stakeholders. The Forum is also seeking specific feedback through this consultation process directly from those potentially affected.

5. Scope of this project – what is not being addressed

This project is *not* advocating for, or a precursor to, processes for endorsement for practitioners in any specific health profession to prescribe scheduled (prescription only) medicines.

The project promotes a common approach to setting accreditation standards for education and training of health practitioners concerning the safe and effective use of medicines. Any decision concerning the scope of a specific profession is a regulatory decision outside the work of this project.

The project also does not attempt to address Continuing Professional Development (CPD), which may represent a focus for future work.

6. Related initiatives concerning regulatory policy for prescribing medicine

This accreditation project on safe and effective use of medicines complements actions by regulatory authorities, and particularly the Australian Health Practitioner Regulation Agency's Working Group focusing on consistency in the development and review of regulatory policy for the prescribing of medicines.

Under the National Law, there is provision for a National Board to 'endorse' the registration of suitably qualified practitioners to recognise that a person has additional qualifications and expertise in an approved area of practice.

7. Relevant external developments

There is a range of externally driven processes that could affect how this work is embedded within the accreditation process.

For instance, the Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions released its draft report in September 2017¹³. The review is still underway and any changes in this area may affect the scope of this project.

In addition to this, many and various changes within the health system will have implications in the future for prescribing. The Australian Government Department of Health roll-out of the My Health Record is one such example. That particular initiative offers potential to improve the monitoring and team management of client/patients' use of medicines. This can only be assisted by a more consistent foundational understanding of the safe and effective use of medicines and interprofessional practice in clinicians of all regulated professions.

¹³ Council of Australian Governments, Independent Review of Accreditation Systems within the National Registration and Accreditation Scheme for health professions (2017)
https://www.coaghealthcouncil.gov.au/Portals/0/Accreditation%20Review%20Draft%20Report_U.pdf

8. Consultation questions

1. Do you support the proposal for a common framework of key principles, criteria and learning outcomes for safe and effective use of medicines by beginning practitioners in a regulated health profession?
2. Referring to the principles set out in section 3.1, are there additional principles that should be included?
3. Do the proposed learning outcomes adequately connect Quality Use of Medicines framework and the NPS National Prescribing Competencies with extant individual professional competency statements?
4. How could these criteria and learning outcome statements be implemented within your area or discipline?
5. If these principles, criteria and learning outcome statements were embedded what effect on patient outcomes is likely?
6. Does the framework under Section 3 give sufficient emphasis to preparation for interprofessional practice as the foundation for safe use of medicine? If not should interprofessional practice be given greater emphasis in general or specifically related to preparation for safe use of medicine?
7. How should the success of any accreditation standards, principles and/or learning outcomes in this area be evaluated?
8. Are there any further comments you would like to make?

If you would like any additional information regarding this initiative, please contact the Forum Secretariat: projects@hpacf.org.au.

9. Attachments

Attachment A - Professions included in the National Scheme

- Aboriginal and Torres Strait Islander health practice
- Chinese medicine
- Chiropractic
- Dentistry
- Medicine
- Medical radiation practice
- Nursing and midwifery
- Occupational therapy
- Optometry
- Osteopathy
- Paramedic
- Pharmacy
- Physiotherapy
- Podiatry
- Psychology

Attachment B - Literature, regulatory and policy documents reviewed

In order to build a picture of the current state of play and the impetus for this project the initial consultancy from May to August 2016 reviewed the following relevant regulatory and policy documents in Australia including:

- The National Medicines Policy (2000)
- The National Strategy for Quality Use of Medicines Executive Summary (2002)
- The Health Practitioner National Law Act (2009)
- The Higher Education Standards Framework (2015)
- The Health Professionals Prescribing Pathway (HPPP) Project – Final Report (2013)
- The NPS National Prescribing Competencies Framework (2012)
- Procedures for the Development of Accreditation Standards AHPRA (2014)
- Quality Framework for the Accreditation Function AHPRA (2012)

In addition, the program accreditation standards in place at the time of the consultancy for all 14 professions included in the National Scheme were scanned for mentions of prescrib*, medicine*, and related words.

Current program competency statements for all 14 professions included in the National Scheme were reviewed to identify content relating to any aspects of prescribing. The threshold learning outcomes for all health professions and the Interprofessional Learning Competency Statements were also reviewed.

Relevant websites in the UK, European Union, USA, Canada and New Zealand were scanned to identify any similar work towards program accreditation standards for prescribing medicines across a range of health professions. The only relevant international example was:

The UK Health and Care Professions Council (HCPC) 'Standards for education providers and registrants – standards for prescribing' (effective 2013, updated 2016)

In addition, informal conversations were held with people whose occupation is not in health about what they thought 'prescribe' and 'medicines' meant.

The key messages have also taken into account the unpublished background research done to develop an outcomes based contemporary accreditation standards structure/model and draft standards for the Australian and New Zealand Dental Councils (2014), the Optometry Council of Australia and New Zealand (2015) and the Australian Psychology Accreditation Council (2016).

Attachment C - Examples of how professions' accreditation authorities intend to imbed this work

Not all professions follow the same format and structure in their standards, and those professions that currently explicitly consider prescribing use different means to do this. For instance, some have an individual accreditation standard covering the relevant considerations, whilst others do this through graduate outcomes or competency statements.

To analyse how this framework is likely to be used, accreditation authorities considered how they are each likely to operationalise this project framework in relation to their extant processes. Advice from accreditation authorities show this work is likely to be implemented in a range of possible ways, as required to account for the structure of existing accreditation standards, profession scope with regard to prescribing and/or the nature of their exposure to patients/clients using medicines.

Accreditation authorities' intentions for implementing this work within existing accreditation processes include:

- Using the principles, criteria and learning outcomes from this project framework as a reference point or guidance note under their 'Program of Study' standard, or explicitly stated in their evidence guides, meaning the standards themselves will not require amendment. However, for at least one authority intending to include this work under their 'Program of Study' standard, the standard already refers directly to an existing set of published thresholds for professional graduate attributes and competences which makes no mention of medicines or prescribing. As a result, this alteration will mean a full consultation process will be required to amend the thresholds and/or the accreditation standard.
- Amending 'graduate outcomes statements', 'professional competency statements', or 'capability statements' to encompass the expectations articulated in this project for graduate competency in interprofessional practice and prescribing and safe use of medicines. This is already where similar requirements are stated for some professions, meaning minimal amendment should be required to specifically reflect this project framework. It has been suggested that should this project produce an agreed outcome paper of the Forum, this could be specifically referenced.
- Incorporating this work under various other existing standards that explicitly consider the subject of quality use of medicines and related requirements, for instance the standard 'Student Assessment'.

Attachment D - Quality Use of Medicines (QUM) – Summary

In 1992, the Australian Government adopted a Quality Use of Medicines (QUM) Policy to optimise the use of medicines to improve health outcomes for all Australians. The Australian National Medicines Policy (2000) integrates the policy on the Quality Use of Medicines and provides a framework to achieve appropriate medication use and improved health outcomes.

Quality use of medicines depends on committed teamwork between all members of the partnership, ensuring exchange of relevant information between policy makers, clinicians, patients and members of the community. Members of the partnership also include health accreditation authorities and providers of accredited programs of education and training for future and current health practitioners. The National Strategy for QUM provides a framework for the development of educational processes to support the education and training of health care professionals and consumers in the selection and use of medicines according to appropriate individual needs and management goals and is an underpinning policy for the development of accreditation standards related to prescribing.

Quality Use of Medicines means:

1. Selecting management options wisely by:

- considering the place of medicines in treating illness and maintaining health, and
- recognising that there may be better ways than medicine to manage many disorders.

2. Choosing suitable medicines if a medicine is considered necessary so that the best available option is selected by taking into account:

- 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.

3. Using medicines safely and effectively to get the best possible results by:

- monitoring outcomes,
- minimising misuse, over-use and under-use, and
- improving people's ability to solve problems related to medication, such as negative effects or managing multiple medications.

This definition of QUM applies equally to decisions about medication use by individuals and decisions that affect the health of the population. (Source: National Strategy for Quality Use of Medicines Plain English Edition p1).

Attachment E - Health Professionals Prescribing Pathway (HPPP)

The Health Professionals Prescribing Pathway (HPPP) provides a nationally consistent approach to the prescribing of medicines by health professionals registered under the National Registration and Accreditation Scheme other than medical practitioners.

The HPPP includes:

- Principles for health professionals that prescribe.
- Steps that a health professional must complete to undertake safe and competent prescribing.
- Safe models of prescribing for health professionals.
- Roles and responsibilities in the HPPP. (Source: HPPP p13)

The HPPP principles, as follows, have informed the development of our proposal.

- The health, wellbeing and safety of the person taking a medicine must be maintained at all times.
- Health professionals who prescribe are accountable for their actions.
- Health professionals authorised to prescribe undertake prescribing within their individual and professional scope of practice, and maintain the level of professional competence and ethical standards (including the separation of commercial interests) expected of their profession.
- Health professionals who prescribe commit to the safe and effective use of medicines as described by the National Medicines Policy.
- Health professionals involved in prescribing work in partnership with the person taking a medicine, their carers and other members of the health care team. (Source: HPPP Report p13)

Key definitions from the HPPP

The following key definitions have been adopted from the HPPP p12. These same definitions are used in the NPS National Prescribing Competencies Framework. (Source: NPS p8).

Medicines: 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 or animal.

In the NPS Prescribing Competencies Framework “the term ‘medicines’ or ‘medicine’ includes all classes or types of medicines including: 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 herbal, natural, and alternative medicines. Complementary medicines include products containing herbs, vitamins, minerals, nutritional supplements, homoeopathic medicines, and bush and traditional medicines). Medicines are also known as ‘medications’.” (Ref NPS p8).

Prescriber: a health practitioner authorised to undertake prescribing within their scope of practice.

Prescribing: 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.

Scope of practice: the area and extent of practice for an individual health professional, usually defined by a regulator, a profession or employer, after taking into consideration the health professional's education, training, experiences, expertise and demonstrated competency.

Attachment F - The NPS Prescribing Competencies Framework

To support Objective 2 of the Quality Use of Medicines “improve QUM by health practitioners, health care providers and health educators”, the National Prescribing Service (NPS) has developed competencies for health professionals. These describe the knowledge, skills, and behaviours of professionals who **prescribe autonomously** to an acceptable standard in the contexts in which they are reasonably expected to practice.

The HPPP recommends that the teaching and assessment of prescribing align with the NPS National Prescribing Competencies Framework (HPPP Report p13).

The National Prescribing Services Framework - Competencies Required to Prescribe Medicines (2012) is the nationally recognised standard.

The Prescribing Competencies Framework has seven competencies. Competency areas 1 - 5 are specific to prescribing. The two horizontal competency areas are more general professional competencies.

The seven competency areas in the Prescribing Competencies Framework each describe an activity essential for prescribing. The Prescribing Competencies Framework competency areas are:

- Competency area 1: Understands the person and their clinical needs.
- Competency area 2: Understands the treatment options and how they support the person's clinical needs.
- Competency area 3: Works in partnership with the person to develop and implement a treatment plan.
- Competency area 4: Communicates the treatment plan clearly to other health professionals.
- Competency area 5: Monitors and reviews the person's response to treatment.

Horizontal competency areas

- H1: Practises professionally.
- H2: Communicates and collaborates effectively with the person and other health professionals.

Each competency area is described further in terms of elements, knowledge skills and behaviors. (Source: NPS p6)