RACGP
Royal Australian College of General Practitioners

Healthy Profession. Healthy Australia.

6 June 2025
Australian Health Practitioner Regulation Agency (Ahpra)
Via email: NPCFreview@ahpra.gov.au

Dear Ahpra,

Re: Review of the National Prescribing Competencies Framework

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide feedback on the review of the National Prescribing Competencies Framework. We provide our comments to the consultation questions below.

The RACGP is the peak body representing Australia's 50,000 current and future general practitioners (GPs). For more than 60 years, we've supported the backbone of Australia's health system by setting the standards for education and practice and advocating for better health and wellbeing for all Australians.

Prescribing should not be viewed in isolation but understood as part of the broader continuum of diagnosis, treatment, and ongoing care. Safe and effective medication use depends on a comprehensive understanding of an individual's health needs, medical history, and context. This process is embedded in general practice where GPs are delivering continuous, holistic care, managing complex conditions, and ensuring that prescribing decisions are evidence-based, appropriate, and patient-centred.

Response to the consultation questions

Question 1: Do you support option 1 or option 2? Please provide details as to your preferred option.

The RACGP supports Option 2: Update the Framework. While the revised framework includes reasonable amendments, additional feedback has been provided to further enhance its clarity and relevance.

Question 2: The revised framework aims to empower the person receiving care to actively participate in shared decision-making with their health professionals. Do you agree with this? Why/Why not?

This aim is clearly stated, with shared decision-making referenced throughout. However, the framework should also recognise that shared decision-making may involve a carer or guardian and can be more challenging for different populations, such as people from Culturally and Linguistically Diverse (CALD) communities. In addition, the framework could recognise situations where patient-centred or shared-decision making may conflict with good prescribing practice. For example, patient requests for antibiotics, benzodiazepines, or low-value treatments, or views unsupported by evidence such as vaccine scepticism or ivermectin use for COVID-19. Prescribers must carefully balance patient preferences while ensuring that care remains safe and evidence-based.

Question 3: One new competency around 'off-label' prescribing has been added. Do you have any feedback or suggestions regarding this new competency and supporting examples?

The RACGP supports the inclusion of a competency around 'off-label' prescribing. The emphasis on informed consent, documentation, and risk-benefit evaluation are appropriate. However, clearer guidance is needed on what is considered as 'adequate information' to support off-label use.

Question 4: Would the revised framework result in any potential negative or unintended effects for people requiring healthcare? If yes, please explain why.

Potential negative or unintended effects could arise if the scope and application of the competencies are not clearly defined. Some areas of concern include:

- There should be more clarity about the scope of the prescribing competencies. For example, it is unclear how over-the-counter/off the shelf medications recommended by prescribers, alternative medications such as Chinese medicines, as well as treatments recommended naturopaths or homeopaths, are considered within the framework. This lack of definition could lead to confusion and inconsistency in prescribing practices.

- Clear guidance should be included to address potential conflicts of interest that may arise. For example, practitioners who prescribe medicinal cannabis, Chinese medicine, or other non-traditional therapies may have financial interests in the products they recommend, which could influence prescribing decisions and raise concerns about patient safety.
- More explicit guidance is needed for decision-making in the context of multimorbidity and polypharmacy, especially regarding drug-drug interactions. This is particularly relevant for Aboriginal and Torres Strait Islander peoples, who often experience multiple health conditions earlier in life, and for older Australians, where issues like frailty and complex care needs must also be considered.
- It would be useful to acknowledge the limitations of different consultation methods and models for safe prescribing. The increasing use of telehealth and emerging online business models focused on prescribing specific substances such as medical cannabis present challenges. Prescribing based on a single phone or video consultation carries greater risks than with a person's regular GP or face to face consultations.

Question 5: Would the revised framework result in any potential negative or unintended effects for Aboriginal and / or Torres Strait Islander Peoples? If yes, please explain why.

The revised framework effectively embeds cultural safety into the prescribing process. However, more specific examples of incorporating cultural identity in prescribing decisions could be useful. A separate resource could be developed. If a separate resource is already available, this could be referenced as a supporting document.

Question 6: Is the content of the proposed framework clear and reflective of safe, contemporary and ethical prescribing practice? If not, please explain why.

To ensure safe, effective, and contemporary prescribing practices, the revised framework could address the considerations below:

- Prescribing requires in-depth experience and training in diagnosis, treatment, and drug interactions. The revised framework appears to conflate diagnosing and prescribing skills, which risks diminishing the essential role of diagnosis in safe prescribing. There is an opportunity to more clearly address the risks of prescribing by individuals who may lack the necessary qualifications or diagnostic training. Without adequate diagnostic expertise, there is a greater chance of inappropriate prescribing, such as unnecessary antibiotic use.
- When multiple health professionals offer overlapping services, care can become fragmented, leading to duplication, increased complexity, role confusion and poorer health outcomes. Patient safety is paramount and best supported by multidisciplinary teams which include a GP, working together to provide coordinated, collaborative and continuous patient care. The framework should reinforce the importance of clearly defined roles, appropriate scope of practice, and team-based models of care to support safe and effective prescribing.

Question 7: Is there any specific content that needs to be changed, added or removed in the proposed revised competencies and / or supporting examples? If yes, please provide details.

The list below includes feedback on specific content that could be revised:

Framework terminology

- Allergy *(p10 & p30):* The definition of allergy is somewhat imprecise. While it correctly involves allergens and the immune system, it may suggest drugs cannot cause harm in other ways. It could be clearer that an allergy is a specific type of adverse drug reaction involving an immune response, which can be life threatening, and is not based on the pharmacological action of the drug itself. Patients often describe adverse reactions as allergies, such as diarrhoea from antibiotics, but true allergies are unpredictable and can cause sudden, serve reactions like anaphylaxis. For prescribers, recognizing this distinction is crucial for patient safety.

- *Health literacy:* Add a definition.
- *Medication management review (p10 & p30):* Its worth distinguishing between the clinical process of reviewing a patient's medications and the services tied to Medicare Benefits Schedule (MBS) item numbers. While Medicare funding often drives what is delivered, it does not define the act of reviewing medication. For example, in Aboriginal Community Controlled Health Organisations (ACCHOs) many patients may be comfortable with an in-service, unfunded medication review but may be reluctant to have a Home Medicines Review just to generate an MBS item number, despite the process being similar.
- *Person-centered care (p11 & p31):* The term "mutually beneficial" may not be appropriate for describing the health professional-patient relationship. The purpose of patient-centred care is to benefit the patient. As noted earlier, there may be circumstances where tensions arise between person-centred care or sharing decision-making and evidence-based prescribing (see question 2).
- *Person (p31):* It may be helpful to differentiate the use of terms such as "patients", "consumer" or "client" when referring to the individual receiving care and "family" or "carer" when referring to those supporting them. In some cases, professional support workers (eg through NDIS) may also play a role. The term "Person" is a broad term and often refers to individuals not yet engaged with the health system. In prescribing contexts, the term "person" may also include those self-managing with over-the-counter or complementary therapies without the involvement of a prescriber.
- *Shared decision-making (p12 & p32):* The definition of shared decision-making could be updated to be in line with current research[i] to include the development of a care plan that responds to the situation as understood, is based on relevant evidence, addresses the emotional aspects of the problem and is feasible and sustainable for the patient.

Other

- *Competency area two: Understand the management option (p33 & 38):* Consider adding access to medicines as a factor. The current list includes costs, compliance and PBS status, but does not mention how prescribers might simplify or improve access to medicines for the patient, for example 60 day dispensing for people living in remote areas.
- *Competency 1.3c Evaluate the clinical relevance of assessment and investigation results (p14 & p36)*: The current wording is unclear and could be misinterpreted as questioning the relevance of the assessment itself, rather than the findings. We recommend rephrasing to focus on the interpretation of results.

Thank you again for the opportunity to provide feedback. If you have any questions regarding our feedback, please contact Mr Stephan Groombridge, National Manager, e-health, Quality Care & Standards at stephan.groombridge@racgp.org.au or (03) 8699 0544.

Yours sincerely

Dr Michael Wright
President

[i] Montori VM, Ruissen MM, Hargraves IG, et al.. Shared decision-making as a method of care. BMJ evidence-based medicine. 2023;28(4):213-217. doi:10.1136/bmjebm-2022-112068