

4 September 2020

Mr Daniel Pignatiello
External Relations & Policy Adviser
NPS MedicineWise
Level 7, 418A Elizabeth Street
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Via email: dpignatiello@nps.org.au

Dear Mr Pignatiello,

Re: The Prescribing Competencies Framework Review

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide comments on the review of the Prescribing Competencies Framework. Comments on the structure, use and content of the framework are outlined below. We also refer you again to our original [submission](#) from February 2012 as much of the content remains relevant.

Framework structure and clarity of the competencies

The structure of the updated framework is clear and well set out. This would make an excellent teaching aid for best practice prescribing. A clearer explanation of the values that underlie the framework would be useful.

Question 1: Are the competencies clearly articulated in the updated structure?

The competencies are succinctly listed, and the need and quality of competencies required is clearly described.

It is important to note in the document that prescribing is an iterative process with the patient, so the competencies may not be used in the sequential order they have been listed in.

There are also gaps on how to access and acquire learning modules/guidelines for the user to achieve the required competency.

The competencies mostly seem to reflect back on patients' issues, views and psychosocial and cultural needs. They do not always reference back to practitioner issues. For example, all health professionals should have an understanding that multi-morbidity, life experiences, health literacy and culture underpin any patient centric approach to management. This is important with all patients, not just in CALD and Aboriginal and Torres Strait Islander groups and could be better articulated in the document.

Framework use

Question 3: Do you agree with the intended uses for the Framework, as stated on page 6 of the document?

The RACGP agrees with the first three intended uses of the framework. As this is a framework and not a set of standards, the RACGP would like clarification on how it will be used by non-prescribers to understand the role of prescribers.

Question 6: Do you see any barriers to the use of the updated Framework?

The document is well structured but quite long.

The framework appears to suggest the prescriber is required to fulfil all competencies at all times. While the prescriber has ultimate responsibility for the safe prescribing or de-prescribing, the framework could better consider the role of the healthcare team, for example, working with nurses and pharmacists.

Framework content

Question 7: Are the competencies sufficient to ensure applicability across prescribing professions, models and contexts?

The broad and comprehensive competency expectations may have limited applicability across all professional qualifications. General practitioners (GPs) are often leaders of a team of health professionals involved in the management of a patient's care. There may be gaps in the competencies of some professions involved in the team and the team leader may have a responsibility to manage such gaps. This is not an area the Framework currently provides advice on.

Question 8: Do the competencies describe the essential behaviours required for safe and effective prescribing?

The competencies adequately describe the essential behaviours required for safe and effective prescribing. However, adherence to the framework for every single competency and subclause for every single encounter is not viable in daily practice, especially in primary care.

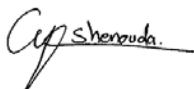
Statements 5.5 and 5.6, which refer to collaboration among health professionals, needs to include that any communication should be provided in a timely manner. There is a risk that this can lead to a fragmented approach to care. Issues of patient consent with regards to sharing information could also be expanded upon.

Competency Area 2, *understand the treatment options*, should be changed to *understand the management options*. Management is a more appropriate term to use as treatment may not always be the case with every patient.

Competency Area 6, *prescribe safely and effectively*, does not acknowledge the use of computer decision support tools and automated medication alerts. The RACGP recommends that another competency be added as *6.7 use and understanding of the scope of computer decision support tool and automated medication alerts*. Practitioners will inevitably make mistakes from time to time and automated alerts can improve medication safety if used well.

Thank you again for the opportunity to provide feedback on the review of the framework. For any enquiries regarding this letter, please contact Stephan Groombridge, eHealth and Quality Care Manager on 03 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely



Dr Ayman Shenouda
Acting President