Diagram 1: Timeline to position statement

2012

NPS Prescribing Competencies Framework 2012 released

2013

Health Professionals Prescribing Pathway 2013 developed and approved by health ministers

What the Board explored

- How pharmacist prescribing could contribute to the quality and safe use of medicines.
- Pharmacist prescribing activities (including trials) and practice in Australia and internationally.
- The competencies for prescribing that pharmacists and graduates currently meet through their primary qualification.
- Any gaps in competencies required for prescribing and how pharmacists might address those gaps.
- The views of stakeholders regarding the public need for pharmacist prescribing as well as stakeholder support for and concerns about pharmacist prescribing.
- Evidence supporting safe and effective prescribing by pharmacists and what further evidence was required.
- The regulatory and/or other action required for pharmacists to deliver safe, effective and sustainable prescribing services.

2015

Pharmacy Board of Australia commissions research mapping the National Competency Standards Framework for Pharmacists in Australia 2010 to the NPS Prescribing Competencies Framework 2012

2016

The Ministerial Council endorsed the Australian Health Ministers' Advisory Council (AHMAC) 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

ASPRINH (Assessment of Prescribing in Health) Project

2017

Pharmacy Board of Australia commissions further research mapping pharmacy programs of study to the NPS Prescribing Competencies Framework 2012

Key findings:

Gaps were identified in some competencies. However, current programs of study may only need minor changes to address these gaps to prescribe under a structured prescribing arrangement or under supervision.

2018

AHPRA Guide for National Boards developing submissions under the AHMAC 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 is published

Pharmacy Board of Australia holds stakeholder forum

Key findings:

Strong support for pharmacists to prescribe in a range of practice settings (e.g. hospitals and community) under two of the models of pharmacist prescribing outlined in the HPPP, namely prescribing under a structured prescribing arrangement and prescribing under supervision.

2019

Pharmacy Board of Australia releases discussion paper

Submissions published on board's website

Position statement released

Key findings:

- Strong support for pharmacists to prescribe in a range of practice settings (e.g. hospitals and community) under two of the models of pharmacist prescribing outlined in the HPPP, namely prescribing under a structured prescribing arrangement and prescribing under supervision.
- Prescribing by pharmacists might look and operate differently, depending on practice setting (e.g. hospital vs community) as well as geographical location (metro, regional, rural and remote).
- Expansion of continued dispensing arrangements and emergency supply provisions may be additional avenues to explore to increase safe access to medicines. Schedule 3 medicines listed in Appendix M of the Standard for the Uniform Scheduling of Medicines and Poisons is another supply pathway by pharmacists which may benefit the public.
- There are mixed views about pharmacists prescribing under the autonomous prescribing model and there is limited information about how autonomous prescribing by pharmacists could be delivered in practice settings in Australia.