

Submission by the Australian Nursing and Midwifery Federation

ANMF Submission to Ahpra on the Review of the National Prescribing Competencies Framework

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Introduction

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 320,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF welcomes the opportunity to provide feedback on the review of the National Prescribing Competencies Framework. Having clear prescribing practices across disciplines and professions is necessary for the prescribing population of Nurse Practitioners and Endorsed Midwives but is also mandatory for the understanding of non-prescribing practitioners who work alongside them, such as midwives, nurses, and care workers.



Consultation questions

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

The ANMF supports option 2 as the preferred choice.

Updating and revising the framework to reflect modern practice maintains contemporary risk management and prescribing competency. The Framework should be grounded in contemporary evidence and subject to progressive updates to ensure it remains aligned with current and emerging trends in education, multi-disciplinary practices, and safe medication practices from a nursing perspective. Regular revision will also reinforce the importance of patient-centred and holistic approaches to prescribing and medication management. The framework recognises that prescribers will engage in the four stages of prescribing (information gathering, clinical and shared decision making, communication and monitoring/review).

The ANMF appreciates the strong emphasis on people with specific needs and incorporating requirements to ensure cultural safety. Cultural safety stands out for its alignment with current best practices and its potential to foster a more inclusive environment. The enhancement to clarify the framework and its associated definitions makes it easier for stakeholders, clinicians and educational providers to understand the key concepts and guidelines proposed. By prioritising these elements, option 2 addresses the needs of diverse communities but also promotes a more comprehensive understanding of cultural safety in practice.

The competencies must also address other environmental issues, including workplace prescribing cultures, the impact of local prescribing practices and beliefs, the impact of prescribing mentorship in the workplace, and the broader system of healthcare that prescribing sits within.



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?

The ANMF agrees with this.

Offering person-centred care, which identifies the person at the heart of service delivery as being a crucial member of the decision-making team, is a key to providing modern healthcare. The revised framework prioritises person-centred care and supports informed consent. The wording additions throughout the document suggest that the aim is to empower people in their care and enhance the focus on shared decision-making, in relation to medication prescribing. The proposed approach encourages collaboration between healthcare providers and patients, ensuring that treatment decisions reflect the preferences and values of those receiving care within safe medication practice boundaries.

The ANMF emphasises that effective shared decision-making is a critical element of the prescribing process, which requires adequate time with patients and consumers to engage in effective conversations. Fundamentally, the health system and workforce must be appropriately resourced and supported to facilitate these elements for sound clinical decision-making that supports best practice in prescribing medicines.

Additionally, some health consumers do not have capacity to actively participate in their shared decision-making. The ANMF suggests that the final document should include an Ahpra recommendation that health consumers have an appointed substitute decision maker (and an Advanced Care Directive) for that purpose, whether they are only required temporarily, or where a person permanently loses their capacity to make critical decisions about their care. The competency framework must also ensure that prescribers are equipped with the knowledge and skills necessary to effectively prescribe in environments when consumer decision making is impaired (e.g. aged care). This ensures optimal outcomes in informed consent, therapeutic effect, and safety.



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 ANMF welcomes the addition of an “off-label” prescribing competency, recognising its clinical value and associated risks.

“Off-label” prescribing means that the Therapeutic Goods Administration (TGA) has not approved the indication, route of administration or patient group. It does not mean that the TGA has rejected the indication. Commonly the TGA has not been asked to evaluate the indication.¹ Off-label prescribing and repurposing of medications is therapeutically useful at times, but the prescribing competencies framework must be regularly reviewed to ensure it supports current best practice.

The ANMF recommends the inclusion of the legal responsibilities of the prescriber to defend their justification for every prescription. Despite there being no legal impediment to prescribing off-label, the prescriber takes on the legal risks of doing so if the indication is not included in the product information, which manufacturers have little incentive to update after a medication has been approved. Prescribers must understand that their rationale for offering an off-label prescription may be more closely examined in the case of an adverse event.

The ANMF supports the requirements outlined in *Competency 4.2* to obtain informed consent and document the rationale for off-label use in the patient’s health record. The ANMF emphasises the importance of promoting health literacy and shared decision-making to ensure patients understand the meaning, benefits and risks of off-label prescribing. This is critical as limited health literacy has been linked to reduced medication adherence, increased medication errors and poor understanding of risks and difficulties interpreting medication label warnings and understanding the risks and benefits of taking medicines.

¹ Off-label Prescribing (2013). <https://australianprescriber.tg.org.au/articles/off-label-prescribing.html>



Additionally, the ANMF recommends that *Competency 4.2* explicitly acknowledge the role of carers or substitute decision-makers in cases where a patient lacks capacity. Their involvement is essential in obtaining informed consent and supporting person-centred care.

Prescribing “off-label” is sometimes unavoidable and very common in practice, particularly in vulnerable specialities such as maternity, paediatrics, mental health, or in palliative care services. Poor “off-label” prescribing practices can result in adverse events and patient harm, as highlighted by the Royal Commission into Aged Care Quality and Safety, regarding the use of psychotropic medicines in residential aged care, particularly for patients suffering from dementia.² It underscores the critical importance of responsible and evidence-based decision-making in “off-label” prescribing to ensure patient safety and to mitigate potential risks.

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

The language utilised in the proposed framework is of importance. Including precise definitions would significantly enhance comprehension and clarify that the term “health practitioner/professional” only refers to registered practitioners and does not refer to care workers or any other unregulated care workers. Merely referencing the National Law is insufficient, as its interpretation may evolve.

The revised framework acknowledges that educational providers will face a financial burden as they adapt their curricula to meet the new requirements. This consideration is important because providers may need to reduce the number of courses offered and limit other educational opportunities to address the health needs of the community.

² The Royal Commission into Aged Care Quality and Safety (2021). <https://www.royalcommission.gov.au/aged-care>



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 ANMF has not identified any negative or unintended effects for Aboriginal and/or Torres Strait Islander Peoples associated with the proposed amendments to the framework. We commend the commitment to embedding cultural safety throughout the prescribing process, recognising it as a vital step towards addressing health inequities and improving access to safe, culturally appropriate, quality care.

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

Yes. The expected competencies are clear, and the examples provide further clarity for the reader to consider and explore. The framework's focus on prescribing practitioners, rather than individual professions, is appropriate and promotes a consistent approach to safe and effective prescribing.

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 proposed updates to the framework are appropriate and timely, given upcoming reforms to the prescribing model that will improve access to safe, quality care. The Framework is intended to span multiple prescribers from various health professions and recognises that the Framework intends to engage all prescribers in the four stages of prescribing. Along with the National Medicines Policy, the Commonwealth Department of Health and Aged Care Guiding Principles for Medication Management in Residential Aged Care Facilities should also be included as a key reference tool. This document provides valuable guidance for medication management in the aged care settings, strengthening the framework's applicability in this context.

It would be beneficial to adapt the framework into a flowchart, similar to the NMBA *Decision-Making Framework*, to provide visual assistance in prescribing choices.



Given the rapid emergence of artificial intelligence (AI) and the current dynamic nature of developments in that sphere, it would be useful to expand on this and provide a definition. The Commonwealth Department of Health and Aged Care is in the process of developing guidelines to be released later this year.

Relevant information can also be used from Ahpra which includes definitions, regulation of tools and professional obligations in the use of AI including accountability, understanding, transparency, informed consent and legal and ethical issues in their document.

The ANMF supports the inclusion of the terminology section, including clarifications such as;

- “Prescriber: A *registered* health professional authorised to undertake prescribing within their individual scope of practice.”

- “Health Practitioner” vs “health professional.” Neither are currently defined.

Replacing the words “health professional” with “health practitioner” may ensure those relying on the document are clear in the understanding that prescribing sits within the scope of practice of a registered health practitioner who meets the relevant qualifications, skills, and training as per the National Law.

Conclusion

Thank you for this opportunity to provide feedback on the Ahpra Review of the National Prescribing Competencies Framework. The ANMF is in broad support of the proposed changes and understands the importance of clear prescribing practices across all professions.