A study identifying why junior doctors made serious prescribing mistakes led to a concept of four domains of prescribing competence. The first domain involves the skill of gathering information such as relevant patient diagnoses and medication history (including previous allergies and adverse drug reactions) or recent changes to medicines. The second domain requires a cognitive step that involves using pharmacological knowledge to select not only the right drug for the disease, but also the right drug and dose for the patient with the disease. The third is the ability to safely and effectively communicate these decisions to other health professionals and the patient or carer. This may involve completing either paper-based or computer-generated orders which, in a community setting, constitute clear instructions to pharmacists to dispense or nurses to administer. A critical component of the communication involves discussion with the patient or carer so that they clearly understand the reasons why certain drugs were prescribed and are therefore more likely to adhere to therapy. The fourth domain is the ability to review both therapeutic and adverse impacts of the therapy. This information will inform decisions to continue or modify therapy.

Most medical practitioners have a potentially broad scope of practice when it comes to prescribing, far broader than most non-medical prescribers. While some medical schools have prescribing education programs, many of the postgraduate vocational training programs lack specific curricula based on frameworks such as the prescribing competency framework. It could be argued that such a curriculum, with its specific learning outcomes and methods of assessment to ensure safe and effective prescribers, should exist for all clinicians. Health Workforce Australia is currently working with NPS to develop a framework for prescribing competency. Adopting national prescribing competencies for all prescribers would inform the training, development and credentialing of all clinicians. This would enable the national professional boards to undertake their key role of ensuring optimal safe and quality healthcare.

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References

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Letters
The Editorial Executive Committee welcomes letters, which should be less than 250 words. Before a decision to publish is made, letters which refer to a published article may be sent to the author for a response. Any letter may be sent to an expert for comment. Letters are usually published together with their responses or comments in the same issue. The Editorial Executive Committee screens out discourteous, inaccurate or libellous statements and sub-edits letters before publication. The Committee's decision on publication is final.

Finding independent information on new drugs
Editor, – I read the article by Rosalind Tindale with great interest (Aust Prescr 2011;34:85-8). She lists some great resources and the compilation will be very useful for me.

I would like to suggest the Therapeutics Initiative (www.ti.ubc.ca) as an additional resource for independent, critical evaluation of evidence for drugs. All information is currently free of charge.

AM Tejani
Research assistant, Therapeutics Initiative
Canada

Editorial note: Like Australian Prescriber, Therapeutics Initiative is a member of the International Society of Drug Bulletins and can be accessed through our website (www.australianprescriber.com/content/links).