Queensland Health

Quality and safety management

Prescribing in community pharmacy

Queensland Government

Table of contents

Published by the State of Queensland (Queensland Health), July 2025.

For more information contact: the Office of the Chief Allied Health Officer, Health Workforce Division, Department of Health, on email QLD-PharmacyScopePilot@health.qld.gov.au, or phone (07) 3328 9298.

An electronic version of this document is available at www.health.qld.gov.au/clinical-practice/guidelines-procedures/community-pharmacy-pilots.

Introduction and purpose

From 1 July 2025, pharmacist prescribing services previously delivered under the Queensland Community Pharmacy Scope of Practice Pilot and Hormonal Contraception Pilot transition to expanded scope business-as-usual (BAU) service delivery. This transition marks a significant step in the evolution of pharmacy practice in Queensland, establishing community pharmacists as integral providers of timely, safe, and patient-centred primary care services.

As pharmacist prescribing becomes embedded in community pharmacy practice, community pharmacies will become directly responsible for implementing and maintaining appropriate systems, policies and procedures to support safe prescribing practices. Unlike the pilot phase, where Queensland Health undertook central quality and safety monitoring and audit activities, pharmacies will be expected to establish and embed local clinical governance and quality assurance frameworks that ensure their services meet professional and regulatory standards.

This guidance booklet is designed to assist pharmacists and pharmacy owners to:

- understand the expectations for delivering safe, high-quality prescribing services under BAU arrangements
- establish appropriate systems to support clinical safety, documentation quality, prescribing accuracy, and continuous improvement
- identify and implement processes for monitoring quality of care, responding to feedback, and mitigating clinical risk.

This document is written for the community pharmacy setting and is intended for use by pharmacists delivering prescribing services, pharmacy owners and clinical leads responsible for quality systems.

Incorporated within the document are examples, scenarios, and tools that support implementation and improvement activities at a local level. Guidance is aligned with national safety and quality standards, particularly the Australian Commission on Safety and Quality in Health Care's (ACSQHC) *National Safety and Quality Primary and Community Healthcare Standards.*

Clinical governance for prescribing services

Community pharmacies delivering prescribing services should operate within a structured governance framework that supports safe, effective, and person-centred care. Clinical governance refers to the systems, processes, and organisational culture that ensure patients consistently receive high standards of care, and that risks to patient safety are identified, addressed, and reduced over time.

In a community pharmacy setting, clinical governance does not rely on a single individual, but is embedded across the pharmacy's operating model. It should inform the way services

are organised, how clinical decisions are made, how staff are trained and supported, and how continuous improvement is achieved. Quality and safety should be embedded as core business and not treated as compliance obligations.

A strong governance framework should include the following structural features:

- clearly defined organisational policies and procedures relating to pharmacist prescribing services
- mechanisms for ensuring those policies are known, understood, and followed by all staff involved in clinical service delivery
- defined roles for monitoring compliance with regulatory requirements for prescribing services, the quality of clinical documentation, prescribing decisions, and consumer engagement
- accessible processes for identifying, managing, and learning from clinical risks, feedback, or incidents
- a culture that values transparency, professional reflection, and improvement.

For pharmacies that are part of a banner group or group ownership structure, governance arrangements may involve both local systems and broader quality systems. However, local implementation remains essential. Each pharmacy must ensure that governance processes are in place and active at the pharmacy level.

Pharmacies should maintain a documented clinical governance framework that outlines how prescribing services will be delivered safely. This framework should describe the quality activities that are routinely undertaken, such as clinical record reviews, peer discussions, case-based discussions, and clinical audit. The framework should also identify how the pharmacy will escalate, manage, and report safety issues, how quality improvement actions are identified and implemented, and how improvements are communicated within the team.

Quality and safety calendar

It is recommended that pharmacies develop a quality calendar or schedule that identifies the regular activities that will be undertaken throughout the year to ensure continuous monitoring and improvement. For example, this may include monthly consultation record audits, quarterly review of patient feedback, and six-monthly review of antimicrobial prescribing patterns based on current guidance. When completed consistently, these activities provide the pharmacy with a clear picture of service quality and safety and provide opportunities to identify improvements to practice.

Table 1 outlines a sample quality and safety activity calendar with examples of how pharmacies can structure routine governance activities to support continuous monitoring, professional reflection, and improvement in prescribing service delivery. Activities should be tailored to the specific services offered and embedded within routine pharmacy operations.

Table 1: Sample quality and safety activity calendar for prescribing services

Activity	Frequency	Description	Purpose and outcome
Consultation record audit	Monthly	Select and review a sample of consultation records across different service types. Assess: • documentation quality • adherence to regulatory requirements and current Therapeutic Guidelines prescribing guidance • where a medication is prescribed, a prescription is generated that complies with all regulatory requirements • follow-up planning including communication with other members of the patient's healthcare team.	Ensures consistent, high-quality documentation and identifies opportunities for further education and/or system changes. Results should be recorded, and findings discussed with the team.
Medicines management record audit	Monthly	Select and review a sample of medicine management service records. Assess: • documentation quality including documented reason for the service and any changes made to a prescription (where relevant) • adherence to regulatory requirements • follow up including communication with the prescriber of the original	Ensures consistent, high-quality documentation and identifies opportunities for further education and/or system changes. Results should be recorded, and findings discussed with the team.

Activity	Frequency	Description	Purpose and outcome
		medicine (where relevant).	
Peer or case-based discussion	Monthly	Clinicians present de-identified cases for peer input and discussion. These may be facilitated in-person or virtually across sites.	Supports professional development, reflective practice, and shared learning. Promotes consistency in clinical reasoning and decision-making.
Patient feedback review	Quarterly	Collate any formal or informal patient feedback and assess trends. This may include suggestions, complaints, compliments, or feedback from patient experience surveys.	Ensures that the consumer voice is integrated into service improvement. Identifies communication issues, opportunities for service improvement, and/or workflow challenges.
Quality and Safety Committee review (if applicable)	Quarterly	Where a pharmacy is part of a broader group, participate in cross-site quality and safety governance meetings to share insights and coordinate improvement activities.	Leverages shared learning and supports standardisation of safe practices. Enables identification and escalation of systemic opportunities for improvement.
Clinical incident and near-miss analysis	As incidents arise; formal review quarterly	Conduct root cause analysis (RCA) or structured review of incidents and near misses. Document actions taken and lessons learned.	Identifies system vulnerabilities and allows implementation of corrective actions. Builds a safety-focused culture.
Antimicrobial prescribing review	Six-monthly	Review antibiotic prescribing data and assess alignment with current Therapeutic Guidelines.	Supports antimicrobial stewardship and ensures prescribing reflects evidence-based practice. May identify the need for refresher training or local updates to prescribing practices.

Activity	Frequency	Description	Purpose and outcome
Staff onboarding and capability review	As needed; minimum annually	Ensure new staff receive structured onboarding for prescribing services. Check pharmacist has appropriate indemnity insurance for prescribing services. Check pharmacist has completed the required training for prescribing services and is on the prescriber register for the services they are authorised to prescribe. Review pharmacist training status, recency of practice, and current continuing professional development (CPD) activities.	Ensures staff are appropriately trained and confident to deliver prescribing services. Supports safe, consistent service provision by confirming compliance with regulatory requirements, professional obligations and recency of practice.
Pharmacy compliance and readiness check	As needed; minimum annually	Check pharmacy has appropriate indemnity insurance for prescribing services. Check pharmacy has appropriate resources, facilities, and equipment to provide prescribing services. Ensure appropriate policies/procedures to support information management and security are current.	Confirms that the pharmacy is organisationally prepared to deliver safe prescribing services. Ensures compliance with facility, equipment, indemnity, and information security requirements. Supports service readiness and accountability through review of local policies, procedures, and infrastructure.
Clinical governance framework review	Annually	Review and update the documented governance framework, policies, and procedures. Ensure alignment with current legislative requirements, guidelines,	Maintains contemporary practice. Supports regulatory compliance and readiness for accreditation or external review.

Activity	Frequency	Description	Purpose and outcome
		and scope of practice for prescribing services.	

Quality and safety key performance indicators

As part of documenting quality and safety governance activities, pharmacies should consider establishing a set of quality and safety indicators that can be routinely monitored as part of the governance framework. These indicators should reflect both process and outcome measures and be appropriate for the prescribing services offered. *Table 2* provides an example of quality and safety indicators that may be used to support continuous quality monitoring and improvement.

Table 2: Example quality and safety indicators for prescribing services

Indicator	Description	Data source
Clinical documentation quality and completeness	Percentage of audited consultation records that meet documentation standards	Consultation record audits
Adherence with the mandatory requirements of the service	Percentage of audited consultations that comply with all mandatory requirements for service delivery (e.g. age range & legal prescription issued)	Consultation record audits
Prescribing appropriateness	Percentage of audited consultations where prescribing aligns with the Therapeutic Guidelines and is compliant with relevant legislation	Consultation record audits
Timeliness of consultation finalisation	Percentage of consultation records finalised on the same day and communication (if required) sent within a reasonable timeframe	Clinical information system
Professional communication	Percentage of consultations that resulted in communication to the patient's usual care provider (consultation summary or referral)	Clinical information system
Patient experience	Patient-reported experience with prescribing services	Patient reported experience measures (PREM) survey
Consumer complaints or clinical incidents	Number and nature of complaints or incidents related to prescribing services,	Incident and feedback register

Indicator	Description	Data source
	with analysis of themes and associated quality improvement actions taken	
Medication errors and near misses	Number and type of medication errors or near misses identified (e.g. incorrect medicine, dose, administration, or documentation error), and whether appropriate follow-up and system review occurred	Incident reporting process Consultation record audits

Continuous quality improvement should be embedded in the pharmacy's quality framework, not treated as a one-off task. Where areas for improvement are identified—through audit, incidents, or feedback—pharmacies should adopt a structured approach to making and reviewing changes. This includes identifying contributing factors, implementing improvement actions, assigning responsibility, and revisiting those actions in future reviews. Use of a recognised model, such as the Plan–Do–Study–Act (PDSA) cycle, may help support structured, incremental improvements and build a record of what has been trialled and learned.

Ultimately, clinical governance is about creating the conditions for good care to occur consistently. Pharmacies that approach quality and safety in a planned, proactive, and systems-based way are better positioned to identify clinical risks early, respond to feedback appropriately, and deliver prescribing services that meet both professional and community expectations.

Clinical documentation

High-quality clinical documentation is essential to the delivery of safe, effective, and accountable pharmacist prescribing services. The clinical record serves not only as a record of the care provided, but also as a communication tool between health professionals, a safeguard for medico-legal accountability, and a foundation for audit, review, and continuous improvement.

Pharmacists delivering prescribing services should ensure that clinical records are accurate, complete, contemporaneous, and clearly support the clinical decision-making process. Documentation should reflect the pharmacist's clinical assessment, the rationale for prescribing or other management decisions, any safety considerations discussed with the patient, and the follow-up or review plan. Where prescribing occurs, the record must clearly identify the medicine, dose, frequency, duration, and intended indication.

Clinical documentation must be maintained in accordance with legislative and regulatory requirements, including the *Medicines and Poisons Act 2019* and the *Medicines and Poisons (Medicines) Regulation 2021*. Where applicable, documentation must also be compliant with conditions set out in the *Extended Practice Authority – Pharmacists* and the *Extended Practice Authority – Community pharmacy chronic conditions management pilot*.

Clinical records should be stored in a way that ensures privacy, accessibility, and data security in accordance with relevant health information legislation. Where a prescription is required, the prescription must be generated meeting all legal requirements, and then dispensed.

Key elements of the clinical record

To support prescribing safety and continuity of care, clinical records should include the following key elements:

- patient identification and demographic details
- the patient's medical, surgical, and medication history
- an account of presenting symptoms or concerns, and any subjective information shared by the patient relevant to the presenting concern
- documentation of red flags, contraindications, or referral triggers considered or excluded
- findings from physical assessments, pathology results or other investigations such as point-of-care testing
- the working diagnosis and rationale for management
- all prescribed or recommended medicines, including dosage, frequency, duration, and any pharmacological and non-pharmacological cautions or counselling provided
- follow-up or clinical review arrangements, including timeframe, with whom and any referrals or communication with other health care professionals
- consent obtained for treatment, referrals, and information sharing.

Clinical notes should be objective, respectful, and free of judgmental language. Abbreviations should be standardised and consistent with approved professional usage. It is recommended that clinical notes are documented in a structured manner that supports consistency and completeness of the documentation across pharmacists and consultations.

Consultation records should be finalised as soon as possible after the consultation has taken place, and no later than the end of the pharmacist's working day. Draft or incomplete records should not be retained, as these may introduce clinical risk, miscommunication, or non-compliance with professional and legal obligations. **Pharmacies should implement routine internal review processes to check for completeness, timeliness, and quality of records,** and to identify any documentation practices that may require reinforcement or clarification within the team.

Where a patient's condition or response to treatment requires follow-up, the documentation should clearly indicate the timeframe for review and any flags that would prompt earlier re-assessment. If the patient has consented to communication with their usual or another healthcare care provider, a consultation summary should be generated and shared within a reasonable timeframe, ideally within 48 hours. This summary should be concise, structured, and written in professional language appropriate for interprofessional communication.

In addition to supporting patient care and safety, high-quality clinical documentation protects the pharmacist in the event of a professional or legal complaint. Records that

clearly demonstrate the clinical reasoning, actions taken, advice provided, and consent obtained offer a strong foundation for professional accountability and continuity of care.

Clinical review and audit

Structured clinical review and audit processes are critical components of a safe and accountable prescribing service. These activities allow pharmacies to monitor the quality of care being delivered, ensure compliance with regulatory requirements, and identify opportunities for professional development and system improvement. When conducted consistently, clinical review and audit supports a culture of reflection, professional growth, and continuous improvement.

Pharmacies delivering prescribing services should establish a process for regular clinical review and audit. This process should be clearly described within the pharmacy's clinical governance framework and must occur at a frequency that reflects the scope and complexity of prescribing services provided. The objective is not only to ensure that minimum standards of care are met, but also to identify areas where the quality of care can be strengthened.

The purpose of clinical review and audit is to assess the extent to which consultation records and associated documentation (e.g. prescriptions generated as part of the consultation):

- comply with relevant legislative and regulatory requirements
- demonstrate appropriate clinical reasoning, including assessment of red flags, diagnostic decision-making, and alignment with current clinical and prescribing guidance
- contain accurate and complete documentation of prescribing decisions, pharmacological and non-pharmacological management, patient advice, and follow-up or referral arrangements
- reflect respectful, objective, and person-centred documentation consistent with professional standards.

Broader prescribing patterns should also be identified and considered as part of the clinical review and audit process, including antimicrobial and pharmacy-level prescribing behaviours and practices.

Standardised audit approach

Pharmacies should adopt or adapt a structured consultation record audit tool that reflects quality and safety expectations and supports consistent evaluation. Audit findings should include both qualitative and quantitative outcomes and should be documented in a standard format. Where areas for improvement are identified, these should inform individual and team-based training, revision of clinical practice and supporting processes, and updates to internal policies and procedures.

The consultation record audit criteria outlined in *Table 3* provide a sample approach to assessing the quality, completeness, and compliance of documentation for services that

include prescribing. An example consultation record audit tool has been provided in *Appendix 1.*

Table 3: Example consultation record audit criteria

Audit domain	Assessment criteria
Patient identification	Includes full name, date of birth, address and contact details.
Informed consent	Consent recorded for treatment, referral, and information sharing.
Mandatory requirements	Service was provided in accordance with the mandatory parameters (e.g. age criteria).
	Any medicines prescribed appear in the specified section of the current online version of the Therapeutic Guidelines for the condition.
	A legal prescription was generated for any medicines prescribed.
Clinical history	Relevant medical, surgical, and medication history (including adverse drug events) documented.
Biopsychosocial history	Any relevant social history that may impact decision making or management of presenting symptoms.
Presenting concern	Subjective description of presenting symptoms and patient-reported concerns.
Red Flags / contraindications	Evidence of red flags systematically reviewed and where appropriate excluded.
Clinical assessment	Objective findings recorded, including any observations, examinations and investigations performed.
Diagnosis/ clinical decision-making	Working diagnosis and rationale documented.
Prescribing details	Medicine, dose, frequency, duration, indication, and counselling provided clearly recorded (where applicable).
Non-pharmacological management	Advice, education, or other care recommendations recorded (where applicable).
Follow-up/ referral	Follow-up plan or referral, including appropriate timeframes (where applicable).

Audit domain	Assessment criteria
Communication with GP/ other care provider	Summary provided and/or sent (if patient consented).
Professional language	Record is objective, respectful, and free from judgemental or emotive language.
Record finalisation	Record is complete and finalised on same day (not left as draft), with any communication with other healthcare providers (e.g. consultation summary or referral) provided within a reasonable timeframe.

Audit processes should also include mechanisms for tracking progress over time. For example, repeated findings across multiple audits—such as inconsistent documentation of red flag assessment—should be recorded and addressed through a documented quality improvement plan. Quality improvement actions should be revisited in future audits to evaluate whether they have been successfully implemented.

In addition to routine audits, pharmacies should undertake targeted reviews in response to concerns raised through incident reports, consumer feedback, or other quality signals. These reviews should follow a similar structure to routine audits but may involve a larger or more focused sample, depending on the nature of the issue. Findings should be documented and form part of the pharmacy's continuous quality improvement activities.

Peer-based clinical case discussions are another valuable form of clinical review. These discussions allow pharmacists to share de-identified cases of clinical complexity, uncommon presentations, or instructive cases for group reflection and learning. They can help build clinical reasoning skills, improve consistency in decision-making, and support less experienced pharmacists in developing confidence with prescribing. Pharmacies may choose to schedule these discussions monthly or quarterly and should maintain a brief record of the cases discussed and any agreed actions or learnings.

Importantly, clinical review and audit should not be framed as punitive or compliance exercises. They are quality assurance activities designed to support high standards of care, identify opportunities for improvement, and promote shared responsibility for service quality across the pharmacy team. When embedded as a routine part of clinical governance, audit and review contribute to safer prescribing practices and better outcomes for patients.

Clinical incident and feedback systems

Robust incident management and consumer feedback systems are essential to ensuring that pharmacist prescribing services remain safe, responsive, and continuously improving. Community pharmacies must have clear processes in place for identifying, documenting, responding to, and learning from clinical incidents, near misses, and patient feedback. These processes should be embedded in the pharmacy's clinical governance framework and actively maintained as part of day-to-day operations.

Managing incidents

An incident in this context refers to any unintended or unexpected event that could have or did lead to harm for a patient. Examples could include medication errors, prescribing or documentation errors, adverse reactions, or failure to identify red flags or contraindications, and lapses in follow-up or communication with other care providers. A near miss is an event that had the potential to cause harm but was identified and corrected before impacting the patient.

Pharmacies should establish a clear process for reporting and managing these events. This includes:

- a method for staff to document and report incidents or near misses in a timely and non-punitive manner
- a process for reviewing and analysing each reported event, including identification of contributing factors and system-level issues
- a method for implementing quality improvement or preventive actions
- a process for tracking outcomes and ensuring the effectiveness of any improvement actions taken.

All incidents and quality improvement actions should be documented in a central register and reviewed regularly as part of routine quality assurance activities. Pharmacies should be able to demonstrate that incidents are used to inform improvement—whether through changes to procedures, system safeguards, templates, or staff education.

For more complex or significant incidents, a structured review such as an RCA or contributory factor analysis should be considered. The goal of these reviews is not to assign blame, but to understand how and why the incident occurred and what changes are required to prevent recurrence.

Patient feedback

In addition to incident reporting, pharmacies must also have a process for capturing, reviewing, and acting on consumer feedback. Feedback may be received informally (e.g. in conversation) or through formal mechanisms such as feedback forms, surveys, or online platforms.

Although systems and processes may already exist to capture consumer feedback for usual pharmacy care, these systems and processes should be reviewed to ensure that feedback regarding prescribing services is adequately captured. An example PREM is provided in *Table 4*.

Table 4: Example PREM for prescribing services

Question area	Survey question
Respect and communication	Did staff treat you with respect?

Question area	Survey question
	Did you feel comfortable discussing your health concerns with the pharmacist?
Clarity and understanding of care	Did the pharmacist explain your treatment clearly, and in a way you could understand?
	Did the pharmacist give you enough time to ask questions?
Person-centred care	Did the pharmacist consider your personal circumstances when discussing your care?
	Did the pharmacist explain what to do next, or who to contact if additional support or care is needed?
Professional confidence	Did you feel confident that the pharmacist was trained and qualified to provide the service?
Accessibility and convenience	Were you able to access the service at a time that was convenient for you?
Safety	Did you experience anything that you felt was a safety concern?
Overall experience	Do you feel that the care you received met your needs?
	Overall, how would you rate the care that you received?
	How likely are you to recommend this service to your family and friends?
Suggestions and comments	Please tell us if there is anything that worked well or could be improved about your experience (free text response).

Patient reported outcome measure (PROM) surveys are frequently used to gather information about the effectiveness of care from the patient's perspective and can be used to inform service planning and quality improvement activities.

Table 5 provides an example of PROM questions that can be used to assess whether prescribing services are resulting in meaningful improvements in the patient's health status or symptom control. Most of these questions are intended to be answered using a Likert scale (e.g., Yes, completely; Yes, somewhat; No; Not applicable).

Table 5: Example PROM for prescribing services

Question area	Survey question
Symptom/condition improvement	Since receiving care from the pharmacist, have your symptoms / condition improved?
	Have your symptoms / condition affected your ability to do daily activities less, more, or the same since the consultation?
Confidence in self-management	Following your consultation, how confident do you feel managing your symptoms / condition?
	Do you feel you have a better understanding of your health concern following your consultation?
Confidence in following advice	How confident are you that you can follow the treatment or care plan discussed?
	Since your consultation, have you made any changes to your behaviour or lifestyle (e.g. diet, smoking, rest, activity)?
	Have you accessed any follow-up care or referrals recommended during your consultation?
Use of medication or treatment	Did you take (or start taking) the medicine that was prescribed by the pharmacist? If not, what was the reason? (e.g. I didn't think I needed it / I had concerns about side effects / I couldn't afford it / I forgot / Other).
	Has the medicine or treatment provided by the pharmacist improved your symptoms or condition?
Overall	Overall, how much did the consultation help you to improve or manage your symptoms / condition?
	Do you feel you need further care for this condition?
	Would you be likely to seek pharmacist care again for a similar health issue?
Suggestions and comments	Please tell us anything else about your health outcomes (free text response).

All feedback should be acknowledged and recorded, including compliments, complaints, and suggestions. Where appropriate, pharmacies should follow up with consumers to explain the

actions taken in response to their feedback. Feedback related to clinical care should also trigger a review of the relevant consultation record and, if indicated, a targeted clinical audit.

To ensure these systems are effective, pharmacies should periodically review the functionality of their incident and feedback processes. This may include checking that staff are aware of reporting mechanisms, that events are being recorded appropriately, and that improvement actions are documented and followed through. Aggregated incident and feedback data should be used to identify trends and inform broader quality improvement initiatives.

A culture of openness, learning, and continuous improvement is critical. Pharmacists and pharmacy staff should be supported to raise concerns and report incidents without fear of blame. Incidents and feedback should be discussed constructively within the team and used to inform reflective practice and service improvement.

Antimicrobial stewardship

Antimicrobial stewardship (AMS) refers to the set of coordinated strategies and principles that promote the safe, effective, and responsible use of antibiotics and other antimicrobials. In the context of pharmacist prescribing, AMS is a critical component of clinical governance and directly contributes to patient safety, treatment effectiveness, and the broader public health imperative to combat antimicrobial resistance (AMR).

Pharmacies delivering prescribing services that involve the use of antimicrobials must ensure that prescribing align with AMS principles. This includes appropriate selection of therapy, avoidance of unnecessary prescribing, patient education, and documentation that supports transparency and review.

Good AMS practice requires clear, respectful, and well-informed communication with patients. Pharmacists should explain why an antibiotic may or may not be appropriate for their condition, based on the assessment and available evidence. Pharmacists should also advise patients about specific symptoms or changes that would warrant further review, escalation, or referral. In every case, patients should be informed about the risks of unnecessary antibiotic use, including potential side effects and the broader impact of antimicrobial resistance on individual and public health.

Key AMR principles for pharmacist prescribing

Pharmacists should apply the following AMS principles when assessing and managing patients with potentially infectious conditions:

- **Avoid unnecessary antibiotic use.** Not all infections require antibiotics. Pharmacists should conduct a thorough assessment and consider red flag symptoms, clinical course, and risk factors before deciding to prescribe.
- **Use evidence-based guidelines.** Where an antibiotic is indicated, selection should be based on the current online version of the Therapeutic Guidelines, taking into account the recommended first-line agents, dose, frequency, and duration for the specific condition.

- **Tailor therapy to the individual.** Prescribing decisions should consider patient-specific factors.
- **Document the clinical rationale.** Documentation should clearly indicate the diagnosis, signs and symptoms of infection, the reason for selecting a particular antibiotic, the advice provided to the patient, and the plan for review or follow-up if required. If the pharmacist is deviating from the recommended first-line treatment, justification should be sufficiently documented.
- **Educate the patient.** Patients should be advised on how and when to take the medicine, the expected duration of therapy, possible side effects, signs that warrant further review, and the importance of completing the full course (if prescribed).
- **Monitor local patterns.** Where feasible, pharmacists should remain informed about local resistance data (e.g. via HOTspots or other sources) and participate in periodic review of prescribing trends within their own pharmacy.

AMS in community pharmacy

AMS should be incorporated into the pharmacy's clinical governance and quality improvement framework. Examples of activities that support AMS include:

- maintaining prescribing decisions based on the current Therapeutic Guidelines
- regularly reviewing antibiotic prescribing patterns to identify variation, potential overuse, or opportunities for education
- including AMS-focused criteria in clinical documentation audits
- identifying and responding to feedback from patients or other practitioners related to antibiotic prescribing
- providing refresher training or updates to prescribing pharmacists when new national guidance is released
- encouraging reflective discussions during peer case review sessions on antibiotic prescribing decisions.

Education and training

The delivery of safe and effective prescribing services in community pharmacy relies on pharmacists maintaining current clinical knowledge, developing prescribing competencies, and undertaking regular professional development and reflection.

The responsibility for ensuring recency of practice and prescribing competency sits with the individual pharmacist, however pharmacies also have a responsibility to support pharmacist prescribers to maintain and develop prescribing competencies in line with their individual scope of practice.

To support this, pharmacies should implement systems to support the ongoing capability of pharmacists who deliver prescribing services. This includes processes for verifying the suitability of initial training in line with the defined training requirements for prescribing

services, maintaining recency of practice, supporting continuing professional development (CPD), and identifying areas where further education or development may be required. These systems should be documented within the pharmacy's clinical governance framework.

Recency of practice for prescribing services

Pharmacist prescribers are strongly encouraged to maintain recency of practice for each prescribing service they deliver. Recency is not solely about time since completion of the associated training but also about the depth and frequency of practice. For example, a pharmacist who completed training for otitis media but has only delivered skin condition services in the past 12 months may require refresher education or peer discussion before resuming otitis media consultations.

Pharmacies should support pharmacists to regularly self-assess their confidence and competence across all prescribing services they are trained in. This can be facilitated using a structured scope of practice self-assessment tool, which helps pharmacists evaluate whether they are up to date with current guidance, feel confident managing relevant clinical presentations, and can meet documentation and communication expectations for each service.

Refer to the Queensland Health *Transition Guidance – Scope of Practice Management* booklet for further information on this topic.

Appendix 1: Consultation record audit template

The following audit tool can be used to guide consultation record audits for community pharmacy prescribing services.

For pharmacies offering a broad range of services, implementing a sampling strategy is advisable. This involves selecting a representative sample from various clinical service types to ensure that audits encompass different aspects of service delivery and provide a comprehensive view of quality and safety across services.

Within this audit tool a 3-point grading scale has been used. The following table outlines the criteria for each point.

Agree	Meets requirements as per clinical practice guideline
Partially Agree	Meets most requirements as per clinical practice guideline
Disagree	Does not meet requirements as per clinical practice guideline

Consultation details	
Pharmacist name	
Reviewer name	
Date of review:	
Consultation identifier:	
Date of service:	
Service type:	
Consultation record assessment	
Eligibility:	*Did the patient meet the eligibility requirements for the service?* ☐ Yes ☐No *Is consent for the service documented?* ☐ Yes ☐No
Comments:	
Clinical History:	*Is the documented clinical history aligned with relevant guidelines? E.g. are medical, surgical, and biopsychosocial components documented appropriately?*

	☐Agree ☐Partially agree ☐Disagree
Comments:	
Clinical assessment:	*Is the clinical assessment appropriately documented? Did any clinical examination align with relevant guidelines? E.g. Are the required subjective / objective assessments documented to support clinical decision making?* ☐Agree ☐Partially agree ☐Disagree
Comments:	
Clinical management	*Is the clinical management appropriately documented and aligned with relevant guidelines? E.g. Is there a documented treatment plan that includes non-pharmacological and pharmacological management strategies? Is there a plan for referral and/or follow up, if required?* ☐Agree ☐Partially agree ☐Disagree
Comments:	
Medication management	*Did any medicines prescribed align with the regulatory requirements for the service and treatment advice as per the Therapeutic Guidelines? Does the prescription meet the legal requirements?* ☐Yes ☐No ☐N/A
Comments:	
Professional communication	*Was professional communication generated and provided E.g. consultation summary and/or referral, where applicable?* ☐Yes ☐No ☐N/A
Comments:	
Feedback and recommendations	
Consider areas where the documentation indicates the service has been provided in alignment with best practice, and areas where the consultation may be improved.	
Comments:	