

Pharmacist Capability Framework

Pharmacists are often the most accessible health professionals for many LGBTIQ+ people, particularly in regional and rural settings, and play a growing role in medication advice, prescribing, vaccination, harm reduction and sexual and reproductive health. The Capability Framework will shape education, accreditation and early-career practice for decades. LGBTIQ+ health, cultural safety, and health equity must be explicitly addressed through this Framework, as it cannot be assumed that this information will be embedded later through education or regulation. LHA seeks to ensure the Framework supports equitable, affirming, and safe pharmacy practice for LGBTIQ+ populations, consistent with national health priorities and the *National Action Plan for the Health and Wellbeing of LGBTIQ+ People 2025–2035*.

1. The Framework describes the future focused capabilities of an entry-to-practice pharmacist. Is the content and structure of the draft Framework clear and relevant?

The overall content and structure are clear, logical and aligned with contemporary capability-based approaches used across regulated health professions. The shift from task-based competencies to adaptable capabilities is appropriate and supports pharmacists working within increasingly complex, preventative and person-centred models of care. The domains reflect modern pharmacy roles and anticipate expanded scope of practice, interdisciplinary collaboration and public health responsibilities.

The Framework would be strengthened by clearer and more consistent articulation of health equity as a core practice expectation, rather than an implied or secondary consideration. While concepts such as population health, cultural awareness and consumer partnership are present, they are not consistently framed in ways that recognise structurally marginalised populations, including LGBTIQ+ people, as a distinct focus for capability development. Making this explicit would improve relevance and future-proofing in line with national health priorities.

2. The Framework is structured around five domains that reflect all areas of entry-to-practice for a pharmacist. Do you have any general feedback on the five Domains in the draft Framework?

The domains are coherent and appropriately reflect real-world integration of pharmacist practice. The acknowledgement that capabilities overlap across domains mirrors actual practice and should be retained.

From an LGBTIQ+ health perspective, the domains must demonstrate clearer expectations that inclusive, affirming practice is a baseline professional requirement rather than an optional skill. This includes understanding how stigma, discrimination and prior negative healthcare experiences shape medicine use, service engagement and trust. These considerations should be visible across domains rather than confined to Health Advocate or Professional roles alone.

Embedding inclusive practice across all domains will reinforce that addressing health inequities is core business for pharmacists, not a specialist interest area. This approach is consistent with findings from the literature review highlighting social accountability, cultural safety and responsiveness as central features of contemporary capability frameworks.

3. Are there any capabilities in the draft Framework that do not appropriately describe a future focused entry-to-practice pharmacist?

Most capabilities appropriately describe future-focused practice. However, there are gaps rather than excesses. The Framework does not sufficiently describe capabilities related to inclusive communication

about sex, gender, variations of sex characteristics and sexual orientation. Given pharmacists' expanding role in prescribing, contraception, sexual health, HIV prevention, gender-affirming hormone therapy, mental health support, and vaccination, this omission presents a risk.

Future-focused practice requires entry-to-practice pharmacists to be capable of respectfully collecting and using information in line with the ABS 2020 Standard, understanding medicine interactions relevant to gender-affirming care, and recognising when referral or additional support is required.

4. Would the draft Framework result in any potential negative or unintended consequences for Aboriginal and/or Torres Strait Islander Peoples?

The Framework demonstrates a strong commitment to cultural safety for Aboriginal and Torres Strait Islander peoples and appropriately recognises this as foundational. The Framework has the potential for framing a universal equity-based approach across multiple priority populations, which would consider the intersectionality of priority populations.

There is an opportunity to apply lessons from Aboriginal and Torres Strait Islander health capability development, including reflexivity, structural awareness and accountability, to other populations experiencing systemic disadvantage, including LGBTIQ+ people.

5. Are there any other regulatory impacts of the Framework that we should be aware of?

The Framework is likely to influence downstream accreditation standards, assessment frameworks and continuing professional development expectations. If inclusive practice capabilities are not clearly defined at entry-to-practice level, regulatory systems will not have the mechanisms to address gaps later through complaints processes, remediation or workforce reforms.

Clear articulation of expectations regarding respectful, evidence-informed care for diverse populations would support regulatory consistency, reduce preventable harm, and align with broader reforms across the National Registration and Accreditation Scheme that emphasise public trust, safety and equity. This is particularly relevant as pharmacists undertake expanded prescribing and medicine administration roles with greater autonomy.

6. Are there any implementation issues the Board should be aware of for the final Framework?

Implementation will require education providers, preceptors and employers to operationalise abstract capability statements. Without practical guidance, inclusive practice risks being unevenly interpreted or deprioritised due to curriculum crowding or limited workforce confidence.

Implementation would be strengthened by embedding expectations for inclusive care within assessment frameworks, supervised practice experiences and accreditation mapping. Partnering with community-controlled organisations, including LGBTIQ+ organisations, to inform education and training would also support safe and effective implementation while building workforce capability grounded in lived experience.

Adequate resourcing for inclusive education, training materials and educator capability will be essential to avoid placing unreasonable burden on individual students or early-career pharmacists to self-direct this learning.