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Dear Australian Pharmacy Council

Consultation on the 2025 Draft Pharmacist Capability Framework

We write on behalf of the National Centre of Excellence in Intellectual Disability Health to provide input on the review of the 2025 Draft Pharmacist Capability Framework. In this submission, we provide evidence on the health inequities faced by people with intellectual disability in Australia, and we make recommendations about integrating intellectual disability health capabilities into the Pharmacist Capability Framework to promote better health outcomes and improved health equity for people with intellectual disability. We draw on evidence-based resources that have already been developed.

Executive Summary

People with intellectual disability face stark health inequalities compared to the general population and multiple barriers to accessing health care that meets their needs. The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability ([The DRC](#)) found that 'people with cognitive disability have been and continue to be subject to systemic neglect in the Australian health system'.¹ The DRC mentions 'witnesses proposed further education and training for health professionals to address the problems identified around communication and preconceptions about people with cognitive disability'.^{1*}

* We note that the DRC uses the term 'cognitive disability', which is an umbrella term to describe a number of disabilities that may be temporary or permanent. In contrast, throughout this submission we use the term 'intellectual disability' to describe a lifelong condition, which affects a person's intellectual skills, memory, communication and behaviour in different situations.²

The DRC also made a specific recommendation, number 6.27, regarding how accreditation authorities should 'review and amend accreditation standards to address whether cognitive disability health is sufficiently covered. If it is not, they should amend their accreditation standards.'¹

We have answered the six key questions the Australian Pharmacy Council (APC) is seeking specific feedback on, as well as making an additional recommendation for consideration in the development of the Pharmacist Capability Framework. We urge the APC and The Pharmacy Board of Australia (the Board) to consider implementing our recommendations in the final development of the 2025 Pharmacist Capability Framework to prevent further harm to people with intellectual disability.

About us

The National Centre of Excellence in Intellectual Disability Health ([the Centre](#)) is an important initiative supported by the Australian Government Department of Health, Disability and Ageing. The Centre is a consortium of nine organisations including: Centre for Disability Studies (University of Sydney), Council for Intellectual Disability (CID), Down Syndrome Australia, First Peoples Disability Network, Queensland Centre of Excellence in Autism and Intellectual Disability Health, Queenslanders with Disability Network, The Kids Institute, University of Melbourne and UNSW Sydney.

The Centre also includes another 56 health and disability organisations as partners and collaborators. The vision of the Centre is to ensure that the 550,000 people with intellectual disability in Australia receive the highest attainable level of healthcare.

Background

In comparison to the general population, health outcomes for people with intellectual disability are characterised by:

- Premature mortality occurring 27 years earlier.³
- More than double the proportion of potentially avoidable deaths.³
- Four times the rate of potentially preventable hospitalisations.⁴

We know use of multiple medications can increase the risk of side effects and drug interactions, necessitating medication reviews to reduce adverse effects.⁵ The use of multiple medications, in particular psychotropic medications, is common in people with intellectual disability, research suggests over 38% of participants were taking five

or more medications.⁶

In response to the six questions the APC is requesting feedback on, our answers are provided below:

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?

For the most part, the content and structure of the draft Framework is clear and relevant. Where it would benefit from further clarification and explanation are the following three areas:

- i) How the capabilities at entry to practice (after internship, newly registered) build on the capabilities at graduation from university (provisionally registered).
- ii) Explanation of how the capabilities are and will constantly evolve over time, in line with the evolving science, the needs of the profession, and the demands of the public.
- iii) The purpose and use of the Framework in relation to the National Competency Standards. This Framework appears to sit between the accreditation standards and the National Competency Standards. We recommend that the accreditation and National Competency Standards are also reviewed and updated to match the content of this new Capability Framework. It is unclear how these documents will work together if they are not aligned especially as the proposed Framework “does not describe or mandate the educational design, program types or AQF levels that are required to train graduates to meet the Capability Framework” (p.7).

2. The Framework is structured around five domains that reflect all areas of entry-to practice for a pharmacist. The content of the five domains has significant overlap in practice and some of the capabilities described could be included in more than one Domain. This reflects pharmacist practice integrating multiple capabilities. Do you have any general feedback on the five Domains in the draft Framework?

The five domains make sense and acknowledge the diverse roles pharmacists can pursue in their careers, acknowledging this is a process of continual growth

and learning as pharmacists move towards practising all the way to full and top of scope (in line with other health professionals).

We applaud the efforts of the Australian Pharmacy Council (APC) on this 2025 Draft Pharmacist Capability Framework, and in particular, the inclusion of the detailed capability sub-domain of social accountability. This capability sub-domain that mentions cultural safety, child safety, safety and dignity of older people, social determinants of health and co-design of health services, is of utmost importance to people with intellectual disability, some of whom have intersecting lived experiences of racism, sexism, ageism, ableism, stigma and bias.

We recommend that the [Intellectual Disability Health Capability Framework](#) and related [assessment resources](#) are acknowledged, endorsed and built into the Pharmacist Capability Framework. The capacity assessment resources are templates that provide an easy way to assess capacity to implement the Framework and identify opportunities for further activity. We outline several opportunities for this below.

The Australian Government Department of Health, Disability and Ageing has, together with sector stakeholders, developed a National Roadmap for Improving the Health of Intellectual Disability ([‘The Roadmap’](#)). The Roadmap is a comprehensive plan with many goals to address the issues preventing people with intellectual disability from having the highest standard of health care.⁸ The Government and its sector stakeholders, including us at the Centre, are committed to its implementation. One of the priorities of the Roadmap is Curriculum Development in Intellectual Disability Health. As part of this work, the Intellectual Disability Health Capability Framework was developed.

Curriculum development in intellectual disability health is necessary to:

- a) Upskill pharmacy students’ knowledge and skills in intellectual disability health, co-occurring health conditions, effective and inclusive communication and identifying trauma among people with intellectual disability.
- b) Support pharmacy students to build positive, human rights based, respectful and reflective attitudes towards people with intellectual disability and their

families and carers.

- c) Improve the quality of care provided to people with intellectual disability by building the capacity of future and current pharmacists to make reasonable adjustments for people with intellectual disability.⁹

The Intellectual Disability Health Capability Framework sets out many clear capabilities, learning outcomes and guides for universities and accreditation authorities to improve education and training for health students. The APC can integrate the concepts from the Intellectual Disability Health Capability Framework's six Capability areas into the Pharmacist Capability Framework:

1. Intellectual Disability Awareness
2. Communication
3. Quality Evidence-Informed Health Care
4. Coordination and Collaboration
5. Decision-Making and Consent
6. Responsible, Safe and Ethical Practice.⁹

We recommend the Intellectual Disability Health Capability Framework is integrated into the Pharmacist Capability Framework under the relevant capability sub-domains in the following ways:

i. Health Advocate: Social accountability

The Intellectual Disability Health Capability Framework can guide the Australian Pharmacy Council to include information about trauma informed care and reasonable adjustments in the Pharmacist Capability Framework.

The Intellectual Disability Health Capability Framework Capability area of Quality Evidence-Informed Health Care mentions students can 'work in a trauma informed way that responds to the larger likelihood that a person with intellectual disability may have experience of trauma.'⁹

It also mentions students can incorporate reasonable adjustments to ensure preventative health care across the lifespan.⁹ Reasonable adjustments in health care are 'policies, processes, systems and communication that adjust for the needs of the person with intellectual disability to prevent direct and indirect discrimination against the person.'⁹

ii. Collaborator: Interprofessional collaboration

The Intellectual Disability Health Capability Framework encourages education around partnerships in the Capability area of Coordination and Collaboration. The Australian Pharmacy Council can integrate concepts of collaboration with:

- people with intellectual disability in delivery of education
- supporters to recognise deterioration in function
- disability organisations.

It is key that pharmacy students receive exposure to people with intellectual disability as part of their training if we are to improve equity in health outcomes for this population group. We note that the Intellectual Disability Health Capability Framework emphasises the importance of early co-design and co-delivery of education with people with intellectual disability and their support networks.

Additionally, the Intellectual Disability Health Capability Framework suggests students can ‘work in partnership with those who know the person well, recognise deterioration in function particularly when communication or care needs are complex and respond as appropriate to address deterioration and improve quality of life.’⁹

Finally, collaboration with local disability organisations could provide the APC with:

- Ongoing advice when seeking people with lived experience of disability to be involved in the co-design and delivery of curriculum
- Community members or actors for simulation assessments
- Potential placement opportunities that will aid pharmacy students’ understanding of intellectual disability.⁹

This is, of course, if this is mutually beneficial and compensation arrangements have been established for the disability organisation.

iii. Health Professional: People and culture

The APC could integrate information about support for pharmacy students who have lived experience of disability. Human rights of people with disability are highlighted in the Intellectual Disability Health Capability Framework, within the Capability area of Intellectual Disability Awareness. People with intellectual disabilities have a ‘human right to participate fully in society, including access to education and

training.⁹ This right is protected in international agreements like the United Nations Convention on the Rights of Persons with Disabilities¹⁰ and national legislation such as the Disability Discrimination Act 1992 within Division 22 Education.¹¹

iv. Leader and Communicator: Communication

The Intellectual Disability Health Capability Framework's Capability area of Communication details when students 'communicate with a person with intellectual disability, it is best practice to, adapt verbal, non-verbal and written communication to the person's preferred method.'⁹ It mentions the importance of 'recognising behaviour as a form of communication and potentially the primary mode of communication.'⁹ This can be built into the Pharmacist Capability Framework to ensure good communication with people with intellectual disability, including people who are non-speaking.

v. Medicines Expert: Prescribing and deprescribing

The Pharmacist Capability Framework can include indicators about overshadowing to ensure a proactive approach to preventative healthcare. The Intellectual Disability Health Capability Framework's Capability area of Quality Evidence-Informed Health Care states students should 'apply knowledge of diagnostic overshadowing and atypical presentations and their role in under-diagnosis and misdiagnosis in people with intellectual disability.'⁹

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

We applaud the Australian Pharmacy Council (APC) for making specific mention of 'intellectual disability' in one of the capabilities and 'disability' in another. We also applaud the Council on the additional references to person-centred care, and the mention of tailoring communication and providing information in plain language. However further detail that explains the impact of intersectionality and the need to consider and implement reasonable adjustments for people with intellectual disability and other cohorts with additional needs are not specifically mentioned and should be included. While there could be additional mentions and elaboration on meeting the needs of people with intellectual disability, we do acknowledge the difficulty of mentioning one population or priority group without mentioning others. With some additional content, the capabilities could cover how pharmacists should deliver care to people with intellectual disability.

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

We acknowledge the mention of people with intellectual disability within the Capability Sub-domain of Social accountability in both foundation indications and entry-to-practice indicators where it states 'Identify and respect ... /Advocate, recognise, respect the lived experience and lives of – including but not limited to – people with intellectual disability, people living with a mental illness or mental disorder, individuals who identify with the LGBTIQ+ community, people who have experienced and/or are experiencing family, domestic and sexual violence.'⁷ The inclusion of priority populations like people with intellectual disability should continue to be woven throughout the Pharmacist Capability Framework.

We would encourage the APC and the Board to do specific testing and targeted consultation with the communities mentioned to make sure that any concerns about potential negative or unintended consequences are tabled and addressed in the development of the Pharmacist Capability Framework.

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

As previously mentioned in response to question 1, the purpose and use of the Framework in relation to the National Competency Standards is something to be aware of. The intersection of the Framework and the National Competency Standards, where the framework appears to sit between the two is likely to cause issue. We strongly recommend that the accreditation and National Competency Standards are also reviewed and updated to match the content of this new Capability Framework. It is unclear how these documents will work together if they are not aligned especially as the proposed Framework "does not describe or mandate the educational design, program types or AQF levels that are required to train graduates to meet the Capability Framework" (p.7).

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

This framework is the first of its kind and highly comprehensive. It is highly likely

therefore that in its implementation there will be an increased burden on the following to ensure the capability standards are met:

- Universities who provide university pharmacy programs that graduate pharmacists. Many of the staff in these programs are already overburdened.
- Universities and other pharmacy intern training program providers.

Given the disconnect that can exist with the workforce and universities and RTOs, the APC and the Board will need to ensure pharmacist practitioners with relevant experience (especially in interdisciplinary care) are involved in appropriate curriculum development and assessment.

Conclusion

The current review of the 2025 Draft Pharmacist Capability Framework is an opportunity to continue to address these inequities in the health care and support of people with intellectual disability in Australia.

If the APC invigorate the teaching methods and curriculum in the area of intellectual disability, pharmacy students will develop knowledge, skills and confidence in intellectual disability health.¹² Future Australian pharmacists will then be 'better prepared to support the health of diverse people with intellectual disability. Such preparation offers the potential to reduce barriers to health care people with intellectual disability regularly face, and in turn improve their health outcomes.'¹³

We appreciate the opportunity to provide comment on the 2025 Draft Pharmacist Capability Framework and trust you will find our submission valuable in strengthening the education, training and assessment of pharmacists in Australia.

We would welcome the opportunity to discuss our comments further and should you require further information about this submission, please do not hesitate to contact me at +61 2 8358 5923 or at sophie@cid.org.au.

Sincerely;



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