

Submission to

Nursing and Midwifery Board of Australia

Proposed Registration standard: Endorsement
for scheduled medicines for registered nurses
prescribing in partnership

September, 2018

Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Nursing and Midwifery Board of Australia (NMBA) for the opportunity to provide feedback on the *Registered Nurse and Midwife Prescribing* discussion paper (the discussion paper).

Nursing and midwifery is the largest occupational group in Queensland Health and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing workforce including registered nurses (RN), registered midwives (RM), enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 59,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses and midwives in Queensland are members of the QNMU.

1. Do you agree that suitably qualified and experienced registered nurses should be able to hold an endorsement to prescribe scheduled medicines in partnership with a partner prescriber?

Yes. The QNMU agree suitably qualified and experienced registered nurses can hold an endorsement to prescribe scheduled medicines in partnership with a partner prescriber. We agree with the NMBA in their discussion concerning prescribing in partnership and the need for an appropriate clinical governance framework. This partnership structure will be imperative to the success and workability of prescribing in partnership.

2. After reading the proposed registration standard and guidelines, in your view, are there any additional elements that should be considered by organisations in establishing governance arrangements for prescribing in partnership?

Yes. The establishment of a clinical governance framework by organisations for partnership prescribing should not be developed in isolation. They should be in conjunction with relevant authorities such as the Australian Commission in Safety and Quality in Health Care and the new Aged Care Quality and Safety Commission when it starts in 2019.

The QNMU also believe industrial instruments and processes should be considered. For example, nurses employed by Queensland Health work to a certified agreement and

business planning framework (BPF) that forms the basis for nurses and midwives working conditions. The review of these industrial instruments to support partnership prescribing will need to be undertaken and transition plans developed to ensure the proposed registration standards are successfully and safely implemented.

Further, the contractual model used for the RN and partner prescriber should be developed and agreed to by all relevant parties.

- 3. Two years' full time equivalent post initial registration experience has been proposed as a requirement for applying for endorsement. Do you think this is sufficient level of experience?**

Yes. The QNMU supports the proposed two year's full time equivalent post initial registration experience for RNs applying for endorsement.

- 4. The NMBA is proposing that the education for registered nurses should be two units of study that addresses the NPS Prescribing Competencies Framework. Do you think this level of additional education would appropriately prepare an RN to prescribe in partnership?**

Yes, the QNMU supports this proposal. However, the pathway from RN to RN prescribing in partnership should not be onerous, costly or restrictive for a RN to undertake.

- 5. a) Should a period of supervised practice be required for the endorsement?**

No. A period of supervised practice should not be required for the endorsement.

- b) If a period of supervised practice was required for the endorsement, would a minimum of three months full time equivalent supervised practice be sufficient?**

We ask the NMBA to consider replacing 'three months' with 450 hours of supervised practice to meet the endorsement requirement. Further, the QNMU suggests a definition of supervised practice to include direct and indirect supervision.

- 6. Is the content and structure of the proposed Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership (at Attachment 1) clear and relevant?**

Yes

7. Is the structure and content of the proposed Guidelines for registered nurses applying for endorsement for scheduled medicines -prescribing in partnership (at Attachment 2) helpful, clear and relevant?

Yes

8. Do you have any additional comments on the proposed registration standard or guidelines?

Yes. While our comment is not directly related to the proposed registration standard or guidelines we would like to remark on a section in the public consultation paper on proposed prescribing endorsement for registered nurses.

On page 6 of the public consultation paper, it states:

RNs holding endorsement are able to administer or supply medicines in accordance with the Primary Clinical Care Manual, in health services approved by the Minister for Health, when there is not a medical practitioner or nurse practitioner available to provide a prescription or medication order.

In practice, it is not as black and white as this statement suggests. In fact, RNs holding endorsement are relied on to administer and supply medicines irrespective if there are medical practitioners or NPs available.

The QNMU would also like to acknowledge the NMBA's work with RNs with an endorsement for scheduled medicines (rural and isolated practice) (RIPEN). As the NMBA moves towards a national prescribing regime, ensuring mechanisms are in place before this is rolled out, particularly at the state level is critical. This will ensure RIPENs are able to provide essential services to rural and remote communities. If RIPEN endorsement is discontinued before suitable amendments are made to the *Health (Drugs and Poisons) Regulation 1996* (Qld) (HDPR) the communities these RIPENs serve would be significantly impacted.

Queensland has 841 RIPENs who are proud of the work they do and the critical service they provide (Nursing and Midwifery Board of Australia, 2018). Ensuring RIPENs are not disadvantaged with the introduction of the registration standard scheduled medicines – prescribing in partnership, is wholeheartedly supported and advocated by the QNMU.

References

- Nursing and Midwifery Board of Australia. (2018). *Registrant data. Reporting period: 1 January 2018 – 31 March 2018*. Retrieved from <https://www.nursingmidwiferyboard.gov.au/about/statistics.aspx>
- Nursing and Midwifery Board of Australia. (2015). *Supervision guidelines for nursing and midwifery*.