Response from Leading Age Services Australia

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Response to Public consultation paper: Proposed Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership

Question 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

Providing equity of access to health care for all consumers requires new ways of delivering that care. RNs are provided with foundational skills and knowledge to competently supply and to build further capabilities in the safe management of medicines. The additional knowledge and skills gained in meeting the requirements for an endorsement for the prescription of scheduled medicines will support additional flexibility within the nursing profession to meet identified needs within the community.

Question 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

If yes, please provide details:

LASA notes that the clinical governance framework is not a prerequisite for NMBA endorsement of the RN to prescribe scheduled medicines.

To ensure safe prescribing practices in aged care, LASA recommends that the new independent Aged Care Quality and Safety Commission reviews the Single Quality Framework to ensure its standards meet the clinical governance requirements of those providers who employ RNs endorsed to prescribe in partnership.

Question 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?

No

If no, please describe why and include reference to any supporting evidence.

LASA contends that the two years post initial registration experience should be specified as having been gained by working in a clinical setting as part of a multidisciplinary team such as in a GP practice, tertiary hospital or outreach service such as Hospital in the Home. Further, a pre-requisite of a qualification in the chosen area at post graduate level should be obtained, the minimum standard being a Graduate Certificate.

Question 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

Question 5

a) Should a period of supervised practice be required for the endorsement?

No

As the RN endorsed to prescribe in partnership is practicing in partnership, this should negate the requirement for supervised practice. It is recommended that RNs have their competencies in administration of medicines reviewed annually, which would include the NPS Prescribing Competencies Framework.

If the additional units of competency addressing the NPS Prescribing Competencies Framework are achieved and the assessor / supervisor is assured of safe practise; there should be no additional need for the RN to be supervised.

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?

Yes

Question 6

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

Yes

Question 7

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

Yes

Question 8

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

The clinical governance framework is not a prerequisite for endorsement by the NMBA