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Public consultation – Endorsement for scheduled medicines, Prescribing in Partnership

The Health Care Consumers' Association (HCCA) was incorporated in 1978 and is both a health promotion charity and the peak consumer advocacy organisation in the Canberra region. HCCA provides a voice for consumers on health issues and provides opportunities for health care consumers to participate in all levels of health service planning, policy development and decision making.

HCCA involves consumers through:

- consumer representation and consumer and community consultations,
- training in health rights and navigating the health system,
- community forums and information sessions about health services, and
- research into consumer experience of human services.

HCCA is a member-based organisation and for this submission we consulted with our Health Policy Advisory Committee and members.

We appreciate that the Nursing and Midwifery Board of Australia has sought consumer input to this procedure. Thank you for this opportunity to put forward consumer views.

Yours sincerely

[redacted]

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28 September 2018

HCCA Submission:
Nursing and Midwifery Board of Australia
Public Consultation on Proposed Registration Standard:
Endorsement of Scheduled Medicines for Registered Nurses Prescribing in Partnership

Submitted 28 September 2018

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General Comments

As the peak, member-based, consumer advocacy organisation in the ACT, the Health Care Consumers' Association (HCCA) has a strong interest in models of prescribing that deliver timely access to medicines in the context of safe, high quality, person-centred health care and trusted relationships with prescribers.

In principle, the Health Care Consumers' Association (HCCA) supports the Nursing and Midwifery Board of Australia's (NMBA's) *Proposed Registration Standard for Endorsement of Scheduled Medicines for Registered Nurses Prescribing in Partnership.*

HCCA recognises that an expanded role for Registered Nurses (RNs) and Registered Midwives (RMs) in prescribing has the potential to deliver benefits to health care consumers. We fully support the Consultation Paper's observation that many people currently experience unacceptable barriers to health care, including barriers to timely access to medicines.[1] HCCA is aware that increasing numbers of people are living with chronic and sometimes debilitating health issues, and that many people have multiple health conditions. In these circumstances timely access to medicines, and to trusted and timely information about quality use of medicines, is paramount.

HCCA recognises that many health care consumers lack access not just to timely prescribing, but also to trusted information about quality use of medicines. Additionally many health care consumers lack opportunities to participate in shared decision-making about medication use, and how we would like to manage our health more broadly (including decisions about medication use, other treatments, and non-pharmacological options). An appropriate national model of expanded RN AND RM prescribing cannot be expected, on its own, to deliver better access to holistic care of this kind. However, RNs and RMs prescribing in partnership with autonomous prescribers (Nurse Practitioners and medical doctors) is consistent with a flexible approach to meeting consumers' needs and preferences. In addition a national approach to expanded RN AND RM prescribing has the potential to reduce barriers to timely care, and in particular to provide access to medications together with information about their safe and most effective use.

Many Australian health care consumers who manage an ongoing condition currently receive some of their care from an RN. HCCA recognises that prescribing by nurse practitioners, and by RNs prescribing in rural and remote areas, has widespread acceptance and support among people who use these services. Nurse prescribing is also generally supported by health care consumers in those countries with comparable health care systems in which RNs have prescribing rights.[2] Research in the UK, where RN prescribing has been established since the 1990s, consistently finds high levels of patient satisfaction with nurse prescribing.[3]

Research conducted by HCCA in 2014 found that many health care consumers would like to see RNs "play more of a role in coordination of care and education of

carers and consumers, particularly in relation to long-term conditions".[4] While health care consumers may not always know precisely what RNs and RMs are and are not permitted to do within their scope of practice, there is a clear appetite from many consumers for RNs to play a greater role in supporting us to manage our health, particularly in relation to long-term conditions. The proposal to expand nursing scope of practice to include prescribing is consistent with this preference.

In the ACT context where HCCA works, there are clear examples of the benefits that RN prescribing could deliver for individuals and for the community.

Enhanced service in nurse-led primary care

The ACT has three public community-based Nurse-Led *Walk in Centres* which offer extended opening hours and an alternative to Emergency Department (ED) presentation for issues that can be managed outside of the hospital setting. The Walk-In Centres could provide an enhanced primary care service to consumers if RN prescribing was expanded to enable scripts to be issued within the RN's specific area of practice at the Walk-In Centres. As well as a better coordinated model of care, this would potentially reduce demand on EDs from Category 4 and Category 5 patients in the ACT, allowing EDs to focus on patients requiring urgent care for life-threatening injury or illness.

Community-based nursing

ACT Health's Community Health Nursing program offers nursing care to people in their own homes when people meet certain criteria. ACT Health also supports a *Hospital in the Home* service for people who elect to receive care in their home following hospital discharge when this is clinically indicated. At present RNs working in these services must ask people using these services to travel either to the hospital or go to their GP to access scripts and medications. An expanded role for nurse prescribing would allow these community-based RNs to provide more personalised, holistic and efficient care to people in their preferred location.

Similarly, specialist palliative care RNs working in the ACT's home based palliative care services could provide enhanced end-of-life care if they were able to prescribe medication appropriate to their specialist focus and scope of practice. Some home-based palliative care patients and family carers do unfortunately report experiencing delays in access to necessary medications despite the best efforts of palliative care clinicians and services,[5] and RN prescribing would potentially go a long way to overcoming this challenge.

While HCCA in principle supports the proposed Registration Standard, we recognise that a national model of RN prescribing would constitute a not insignificant change for many health care consumers (and for RN prescribers). There are a number of considerations in designing a scheme that offers the greatest potential for improved care that meets consumer needs and expectations. In particular any future refinements to the model should acknowledge that some health care consumers are likely to have concerns about whether RNs will have the required level of knowledge

and training to safely prescribe scheduled medicines. For example, HCCA's 2014 research found that one of the most significant consumer concerns related to the safety and quality of nursing was:

> *"RNs making medication errors or not being able to provide advice around medication action or appropriate use… This appeared to be a significant issue for many consumers and may point to a need for further education and training in medication for graduate nurses and in continuing professional development".*[6]

HCCA recognises that there has been consultation about an expanded role for RN prescribing since at least 2003, and that it is quite possible that this work will eventually result in the introduction of a national model of RN prescribing. As this work continues it is important that the NMBA, Australian Government, State and Territory Governments, health care services and consumer organisations prioritise communication with health care consumers about the rationale for RN prescribing and the safeguards that will support safety and quality (for example, specific requirements in relation to the training, additional qualifications and experience of RN prescribers; and the ongoing professional support offered in their workplaces).

Specific Issues

In response to the specific questions the NMBA poses, HCCA makes the following comments.

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?

HCCA supports the proposal that suitably qualified and experienced RNs should be able to hold an endorsement to prescribe scheduled medicines in partnership with an autonomous prescriber.

In addition to the general comments above, HCCA believes that partnership prescribing should ideally occur in the context of a team care arrangement in which the RN prescriber, the autonomous prescriber and other members of the care team play clear and collegiate roles in supporting the best health outcomes possible for individuals and communities. We further agree that RN prescribing has a potential role to play in the delivery of person-centred care in which the care team collaborates to ensure timely access to medicines, trusted information about quality use of medicines and information about options for treatment and self-management.

HCCA recommends that RN and RM prescribing is constrained to the broadest scope of practice in which an RN or RM works. That is, RN and RM prescribing should be constrained to the RN or RM's area of focus or speciality, but extend to the broadest scope of their practice within that area of focus. The example in the NMBA Consultation Paper of diabetes care nurses who may currently prescribe medications for their patients is an excellent example of nurse prescribing of this kind, which is generally acceptable to health care consumers who require care of this

kind. HCCA suggests that RNs who meet the requirements for endorsement and who wish to practice in this area have the title "Advanced Practice RN or RM". This terminology is already used in Australian health care settings to describe an RN or RM with specialised knowledge and experience who has also undergone specific training in an area.

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?

HCCA supports the NMBA's proposal that clinical governance frameworks for RN prescribing should be based on a recognised Quality Use of Medicines framework. HCCA suggests that these arrangements should explicitly articulate the aim of increasing access to care, in particular primary care, for people with long-term conditions, multiple conditions and/or people receiving palliative care, who may otherwise have to wait a long time to see a GP.

HCCA suggests the NMBA's guidance to RN AND RM prescribers and organisations in relation to governance should also include the suggestion that all governance frameworks established by organisations include consumer representation (for example a consumer member appointed to a Medicines Advisory Committee; or a Consumer Advisory Group to provide advice on RN AND RM prescribing from a consumer perspective). National and state/territory consumer organisations can provide helpful advice to organisations that may not be familiar with consumer partnership in governance.

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?

As a health care organisation HCCA is not best placed to comment on the specific technical question of precisely what period of post-registration experience an RN or RM should complete before applying for endorsement. However HCCA observes that the RN AND RM should:

- have had several years' clinical practice experience,
- be currently registered with APRA,
- have undertaken the training and clinical competencies necessary to attain the qualification to prescribe,
- have a designated mentor or supervisor, and
- have the support of their employer as clearly indicated in a position description that includes a defined prescribing role.

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?

HCCA recognises the NPS Prescribing Competencies Framework as the relevant national competency framework in this area, and an appropriate framework to support RN AND RM prescribers to operate within a quality use of medicines (QUM) perspective. The NPS Prescribing Competencies Framework includes five prescribing competencies and two general professional competencies, and it is appropriate that RN AND RM prescribers have the required education as well as experience to confidently put each of these areas into practice as prescribers. The competencies include:

- Understand the person and their clinical needs;
- Work in partnership with the person to develop a treatment plan; and
- Communicate and collaborate effectively with the person and other health care professionals.

These competencies speak to the importance of a consumer-centred approach to prescribing, and the value of shared-decision in which consumers have opportunities to be involved as equal partners in decisions about medication use in the broader context of a treatment plan. While all of the NPS Competencies are important to the delivery of safe and high quality care, these specific aspects of the Framework are highly valued by health care consumers.

HCCA suggest that in addition to education in the NPS Prescribing Competencies Framework, additional pre-requisites for applying for registration should include:

- The RN AND RM has the support of their employer to take on a prescribing role, which is clearly defined in a proposed position description;
- Supporting standing orders to identify the nature and scope of the prescribing, and that
- The RN AND RM must operate within Quality Use of Medicines guidelines.

5. Should a period of supervised practice be required for the endorsement? If a period of supervised practice was required for the endorsement, would a minimum of three months full time equivalent supervised practice be sufficient?

As a consumer organisation HCCA is not best-placed to comment on the most appropriate length of time of supervised practice. However, HCCA is supportive of the need for a supervised practice period in order to support RN AND RM prescribers in their work. A period of supervised practice may also assist organisations to ensure they have appropriate processes and mechanisms for communication and collaboration between RN prescribers, autonomous prescribers and other members of the care team.

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?*

The content and structure of the proposed Registration Standard is broadly clear and relevant. The Standard and/or Guidelines could also usefully address the need for regular monitoring of performance (including consumer satisfaction surveys, audits of scripts provided, appropriate use of prescribing, and reporting of any negative outcomes). The Standard and/or Guidelines should additionally address ongoing professional development requirements incumbent on RNs and RMs endorsed under the Standard.

HCCA appreciates the effort that the NMBA has taken to write the Registration Standard in Plain English.

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?

As at Point 6, above, HCCA suggests the Standard and/or Guidelines should also address the need for regular monitoring of performance, including consumer satisfaction surveys, audits of scripts provided, appropriate use of prescribing, and reporting of any negative outcomes.

At Section 1, *Applying for the endorsement*, it may not be clear to all readers what constitutes “indirect supervision”. Some addition description or detail of what appropriate supervision (“direct” or “indirect”) looks like could be included.

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

The proposed Registration Standard and Guidelines do not make clear whether RN AND RM prescribing will extend to Schedule 7 and/or Schedule 8 drugs (for example Methadone and Opioids). Many people who use these medications are already disadvantaged in terms of their access to appropriate care and treatment, and there is a compelling equity argument in favour of extending RN prescribing to include these scheduled medicines. However in recognition of the level of media and public scrutiny the use of these substances attract this is an issue that requires further specific consultation with relevant stakeholders including medical organisations and consumer groups. In practice, HCCA’s view is that it would be appropriate for RNs working in the areas of drugs and alcohol, and pain management, as well as relevant consumer organisations, to be involved in this discussion.

Concluding remarks

HCCA looks forward to being involved in the NMBA's ongoing work in relation to RN AND RM prescribing over time, and to seeing how our feedback shapes the final Proposed Registration Standard. Please do not hesitate to contact us if you wish to discuss our submission further. HCCA would be happy to clarify any aspect of our response.

References

1. Nursing and Midwifery Board of Australia. 2018. *Proposed Registration Standard for Endorsement of Scheduled Medicines for Registered Nurses Prescribing in Partnership.* See Pages 3 and 8.

2.Cope, Louise, Aseel Abuzour and Mary Tully. 2016. *Nonmedical prescribing: where are we now?* Published in *Therapeutic Advances in Drug Safety*, August 2016, Issue 7, Number 4, pages 165 to 172.

3. NHS Education for Scotland. 2013. *Independent and Supplementary Prescribing.* NHS Education for Scotland AIM for Workforce. See Page 3.

4. HCCA. June 2015. *Consumer experiences of Registered Nurses. Evidence of proposed National Registered Nursing Standards in 10 Consumer experiences of Registered Nursing.* Health Care Consumers Association, Canberra. See Page 8.

5. HCCA. December 2017. *Consumer and Carer Experiences and Expectations of Home Based Palliative Care in the ACT*. Health Care Consumers Association, Canberra. See Pages v, 15 and 26.

6. HCCA. June 2015. Consumer experiences of Registered Nurses*. Evidence of proposed National Registered Nursing Standards in 10 Consumer experiences of Registered Nursing.* Health Care Consumers Association, Canberra.