Public Consultation Paper

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

Response provided by:

Sue Muirhead RN, RM, RIPRN, MN [redacted]	Danielle Jess RN, RM, RIPRN [redacted]

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

   Enabling registered nurses to prescribe in partnership has the potential to enable earlier access to medicines for patients in a variety of settings.

   We note that rural, remote and indigenous communities are stated to be some of the groups that will benefit most from the prescribing in partnership model. We think more consideration of how this will work in these areas is needed. What will this model 'add' to these areas of practice? Of note:

   a) There are no or limited pharmacies in remote areas, so nurses will still be required to supply medicines from the clinic pharmacy. RNs in rural and remote Queensland (without an additional endorsement) are already able to supply on a doctor's/NP instruction. Including selecting the medicine, labelling, recording, and providing consumer medicine information.
   b) From a rural and remote context access to a prescribing partner is not guaranteed, examples include natural disasters, poorly maintained infrastructure, IT/ phone lines drop out with heavy rains and wind. Often doctor can be flying and may take time to return calls.
      Also need to consider multiple service providers across multiple sites. For example, an Aboriginal Medical Service locum may provide primary health care in a standalone clinic, then afterhours RFDS provide acute/ urgent care in the Queensland Health

clinic to the same patients. So potentially patients could receive care from three service providers in a week without sharing of medical records.

How does this fit with prescribing in partnership (PiP) for the patient and the nurse/s?

c) RIPRN authorised RNs in Queensland can autonomously diagnose and initiate medicines using evidence based clinical guidelines adapted to the rural and remote context (i.e. the Primary Clinical Care Manual).

The RIPRN is practising in a more advanced role than the RNs who will be prescribing in partnership. For example, a RIPRN can independently assess, diagnose, order pathology, and initiate medicines for a person with a sexually transmitted infection (STI). A doctor/NP does not need to be contacted. We believe the RIPRN model is better suited to rural and remote areas particularly in regards to managing a sensitive area like a STI.

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

We agree registered nurses who are prescribing in partnership will be required to meet organisational credentialing processes. Having witnessed a variation of credentialing requirements within Queensland Health alone (which has several separate hospital and health services), it can be an administrative burden for nurses to seek credentialing as they change workplace.

We suggest developing national standards for credentialing of registered nurses prescribing in partnership that organisations could utilise, to enable greater transparency and enhance workforce mobility.

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

Two years is sufficient, for this model. Clarity needs to be provided as to if this is two years in a specific area of practice, for example, diabetes, or two years in ANY area of practice, even if it is unrelated to the area they will work in when prescribing in partnership.

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

Two units of study will enable registered nurses who already have expertise in an area to easily transition in the prescribing in partnership model.

The NPS Prescribing Competencies Framework defines prescribing as “an iterative process of involving the steps of information gathering, clinical decision making, communication, and evaluation that results in the initiation, continuation, or cessation of a medicine”.

More information about how the units will encompass the NPS competencies is required, particularly regarding the skills in diagnosing and decision making based on the diagnosis.

Only two units suggests that the registered nurse has expertise in the specialist area that they are prescribing, and the units are primarily around the quality use of medicines/legalities of prescribing?

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

No

We think a mandated period of supervised practice is unnecessary. Particularly as the registered nurse prescribing in partnership will not be an autonomous prescriber, and will always prescribing under a supervision type model.

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?

See above

5. **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?**

No

We think prescribe needs to be more clearly defined – is it writing a prescription for a pharmacist or other RN to dispense; giving an order to another RN to administer or supply; writing an order in a medication chart for others to administer.

More clarify on what prescribing in partnership also required. For example, will a partner prescriber need to be contacted every time the RN prescribes? More clarity needs to be provided on how PiP will be different from the Nurse Practitioner, RIPRN (who is authorised to initiate medicines within their scope), immunisation authorised nurse or practising under a standing order or supplying under doctor's instruction?

6. **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?**

No

The guidelines are vague in describing the scope of the endorsement. It broadly defines the RN as qualified to administer, obtain, possess, prescribe and supply and/ or use scheduled medicines but does not explain how or in what circumstances the endorsed RN performs these functions. It could be interpreted that the RN is practising the same as a Nurse Practitioner albeit called PiP. For example, the second example on page 12 of the Consultation Paper suggests that the endorsed RN is practising autonomously in their decision to prescribe.

How will employers be able to provide a safe clinical governance framework for PiP when the 'authority' of the PiP is not clearly defined?

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

a) Clearer definition of prescribe

More clarity on the definition of prescribe is required, and how it will be used in this model. Prescribe is defined differently in different documents. In our experience, we have

found RNs find terminology confusing, particularly when it has different meanings in different contexts.

For example – the following definitions of prescribe related to this model

NMBA Registration Standard – endorsement for scheduled medicines for registered nurses prescribing in partnership

Prescribe a medicine means to authorise the supply or administration of a medicine to a patient (for example, a nurse who writes a prescription for a patient to be dispensed by a pharmacist is exercising their authority to prescribe)

The Queensland Health (Drugs and Poisons) Regulation 1996

Prescribe means make a written direction (other than a purchase order or written instruction) authorising a dispenser to dispense a stated controlled or restricted drug or stated poison

The NPS Competencies Required to Prescribe Medicines:

Prescribing (is) an iterative process involving the steps of information gathering, clinical decision making, communication, and evaluation that results in the initiation, continuation, or cessation of a medicine

b) Grandfather RIPRNs

An assessment of the current education programs for RIPRNs should be undertaken.

This assessment can then enable 'grandfathering' for RIPRNs to obtain endorsement for prescribing in partnership. Although this endorsement will be more restrictive than the current RIPRN model in rural and remote areas, when RIPRNs move away from rural and remote areas they should have the opportunity to continue to use their skills without unnecessary hurdles.

Note, the Queensland Health RIPRN course already includes advanced pharmacotherapeutics, assessing and diagnosing, quality use of medicines etc.

c) Medicare provider number

RNs who are prescribing in partnership also should have Medicare provider numbers to claim for the consultation and ordering of any diagnostic tests.

The inability to access Medicare funding may pose a barrier to practice for RNs prescribing in partnership. For example, currently in Queensland, even RNs who are authorised immunisers are not able to work to their full scope in GP practices (the patient still needs to see the doctor first), as a nurse consult does not obtain Medicare funding.

Some rural hospitals in Queensland do not allow RIPRNs to practice because a RIPRN consultation does not get Medicare funding.

There has been a move to get Aboriginal and Torres Strait Islander Health Practitioners to have Medicare provider numbers – the same should happened for prescribers in partnership RNs.