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and Medicine**

18 September 2018

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

This response is provided on behalf of the Nursing Discipline at the School of Health Sciences, University of Tasmania after consultation with academic nursing staff.

The Nursing Discipline members agreed that there was a need for a nurse prescribing model to be introduced in Australia given growing health care demands and future workforce projections. It was agreed that registered nurses (RNs) would have the flexibility to increase their scope of practice to include prescribing in practice, and that RNs were well placed to improve consumer's timely and safe access to medications.

Nursing Discipline members preferred Option 2 – prescribing under supervision - as the most appropriate for RNs. This model will provide safety for both RNs and consumers, while also providing enough flexibility to improve health services' capacity to deliver improved services. Autonomous prescribing was felt to be best suited to a more intensive level of education as received by Nurse Practitioners, and the structured prescribing arrangement described in Option 3 was felt to be lacking in flexibility. De-prescribing was also discussed as an important aspect of prescribing that should be given equal weight.

Several issues were raised that would need consideration.

Undergraduate Education implications. Concerns were raised about the possible implications for Bachelor Nursing entry standards with a query as to whether the additional content would require revised course entry requirements if applied to all students. Suggest increased emphasis on foundational pharmacodynamics and pharmacokinetics in the UG curriculum which can be built upon post registration as a RN.

Postgraduate Education implications. Discussion around implementation identified that the current workforce would need time to upskill through postgraduate study. Again questions were raised as to whether this would be best left as an optional qualification for those interested, or whether there would be a certain timeframe given with all RNs ultimately needing to acquire the prescribing qualification. Overall preference was for the prescribing qualification to be an optional element of the RN scope at least initially. Therapeutic medication management subjects

will be required to be successfully completed for all RN wishing to apply for endorsement to prescribe. This can be incorporated for all specialty postgraduate courses and offered as an elective component. There will also be a requirement to offer the subjects as a non-award offering as an upskilling module or micro-credentialing course.

Workforce implications Services will start to have a mix of nurses with and without the qualification – will workplaces be able to manage this, and will some workplaces require the qualification? Legislative issues on a State-by State basis will need to be addressed to enable RN prescribing. A number of other workforce initiatives may need to be implemented to facilitate the uptake of the Prescribing endorsement such as organisational governance, local / regional collaborative processes, exploration of professional indemnity for all prescribers involved in the partnership. Questions were raised as to whether this would make scheduling of rosters difficult or whether some areas would require prescribing and others would not. Given New Zealand has recent experience with adopting the prescribing model, the Discipline members felt that there should be clear strategies to discover the lessons learnt by other countries.

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