

To: Nursing and Midwifery Board of Australia

From: Professor Carol Grech on behalf of the School of Nursing and Midwifery, University of South Australia

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

Date: 18 September 2018

Thank you for the opportunity to provide feedback on the proposed new model for Registered Nurse (RN) prescribing in partnership. The progression of RN prescribing in Australia is an exciting, significant and important initiative to support the safe and timely provision of healthcare to our community. Also critical is ensuring that the prescribing model introduced has every opportunity for success. It is with this focus at the fore that the following feedback is provided.

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?

COMMENT:

The role of Registered Nurse in prescribing scheduled medicine is supported in principle however, based on the information provided, the partnership model currently being proposed appears to have the potential to establish barriers to nurse prescribing. The role of the partner prescriber is not clearly described and there is the challenge of identifying an endorsed prescriber to participate in this prescribing partnership model.

In reviewing the documents provided the following questions about the model remain unanswered:

- What is the aim of this partnership prescribing model?
- What is the role of the partner authorised autonomous prescriber (mentor, supervisor?)
- Does the partner authorised autonomous prescriber have to practice in the clinical area i.e. can a midwife prescriber provide partnership support to a nurse working in aged care?
- The supervisor partner prescriber role is unclear – will additional information on this role be developed? How will the supervisor partner prescriber be identified and engaged?

The definition of 'approved units of study' for nurses to qualify for endorsement is unclear and inconsistent with the Australian Qualification Framework (AQF) issuance (statement of attainment). The current NMBA endorsement for prescribing for midwives provides a clearer alternate model where the midwife with the endorsement for scheduled medicines can prescribe to scope of practice in both private practice and as an employed midwife.

The introduction of the proposed partnership model for registered nurses will result in a disparity in the prescribing models for the nursing and midwifery professions in Australia. Therefore, the introduction of a consistent model for

endorsement for prescribing for both professions should be considered/explored. This consistent model could include the following requirements:

- *prescribing to scope of practice in a collaborative prescribing model* (in partnership with the patient/client, significant others and other health practitioner colleagues)
- completion of an approved prescribing program aligned to the NPS competency framework and the AQF documented qualifications pathways policy (i.e. an approved program should be at the AQF level 8 to articulate to the AQF level 9 (masters) qualification to allow 'staircasing' into a Master of Nursing: Nurse Practitioner qualification).
- completion of a nominated consistent period of post registration experience (3yrs) with a minimum 2 years consolidation in the context of practice the endorsed RN will prescribe
- a period of supervised practice, as there is evidence of the positive impact of supervised practice on the confidence and competence of prescribers
- adherence to the quality use of medicines.

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

NO

IF YES, PLEASE PROVIDE DETAILS:

There is an incongruence between the requirement for endorsement to prescribe in the registration standard and the guidelines in the following areas:

- There is reference in the guidelines to the requirement for the nurse with an endorsement to prescribe being employed and not working as a sole practitioner or in their own private practice, however, there is no reference to this requirement in the draft registration standard.
- The standard indicates that the requirements for the period of supervised practice are set out in the guideline, however, as previously indicated more information is required to assist all parties to understand and successfully fulfil the requirements.

In addition, more information is required in the guidelines on the partnership prescribing model and role responsibilities of participants in the model.

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.

Reference is made in the discussion paper to the requirement for Nurse Practitioners to have 3 years post graduate experience for endorsement and this appears to be the basis for proposing only 2 years for the registration endorsement requirements for this prescribing model. On review of the Nurse Practitioner endorsement standard the requirement is: *The equivalent of three years' full-time experience (5,000 hours) at the clinical **advanced** nursing practice level, within the past six years (NMBA 2017)*. The emphasis is on advanced clinical practice and therefore equates to many more years than three years post registration.

The 2-year post registration period does not appear sufficient, particularly in view of the proposal to recognise the first/graduate year (Transition to Professional Practice) within post registration experience required. Graduate RN programs normally include 3-4 rotations across different speciality wards/units and provide the opportunity for new graduates to consolidate theory and practice across a variety of contexts. In the proposed prescribing in partnership model, the endorsed RN will be responsible and accountable for prescribing within their scope of practice (and authorisation) and the graduate year will not necessarily adequately prepare the RN to consolidate their scope within an area of practice they will prescribe.

The proposed 2-year post registration period is also inconsistent with the Endorsement for scheduled medicines for midwives post registration experience requirements. Acknowledging that the endorsed midwife works in an autonomous prescribing model within the defined scope of practice of the midwife. The RN, in contrast, has a potentially broad professional scope of practice which is defined by the application of their theoretical knowledge, clinical experience and area of practice. Understanding and developing a scope of practice to support prescribing practice is critical to the success of a prescribing model. Therefore, due to the apparent lack of evidence to support the level of post registration experience required it would seem appropriate to err on the side of caution and set a conservative uniform 3-year level for prescribing models, in line with international and national requirements.

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

NO

IF NO, PLEASE DESCRIBE WHY.

In line with our previous feedback regarding the propose model it is preferable that the educational preparedness for prescribing models in Australia be consistent (or at least have an agreed minimum standard) in accordance with the Australian Qualifications Framework and the qualification issued by an approved higher education provider. The volume and level of "two units of study" is unclear and inconsistent with the AQF documented qualifications pathways policy.

The requirement for the endorsement for midwives is the completion of an approved prescribing program however the programs offered do not all result in a post graduate qualification.

For example, New Zealand Registered Nurses prescribers are required to complete the equivalent of a postgraduate diploma in registered nurse prescribing.

QUESTION 5.

A) SHOULD A PERIOD OF SUPERVISED PRACTICE BE REQUIRED FOR THE ENDORSEMENT?

YES MAYBE NO

COMMENT:

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 MAYBE NO

Evidence exists that supervision and mentoring improves the confidence and ability of the trainee/learner prescriber (Hopia et al, 2017, Lim et al., 2017, Maddox et al., 2016, Small et al 2016).

Challenges associated with this partnership prescribing model is the identification of an authorised prescriber supervisors to support the model and the provision of quality supervision.

A mitigation strategy would be clearly describing both the prescribing partnership and supervision models including the defined measurable outcomes. This would assist the partner prescriber and the RN prescriber to understand their roles and responsibilities and establish the foundation for evaluation of the nurse prescriber and supervision models. The New Zealand (NZ) Nursing Council has developed these resources to support their RN prescribing model.

In relation to the period of supervision, as there are examples of similar nurse prescribing models internationally it would assist, to making an informed decision, to understand if and/or what supervision requirements were included in these models and the outcomes of any associate evaluation. In addition, if the program of study leading to endorsement includes supervised practice then this may negate (or reduce) the requirement for further supervision post endorsement.

As outlined previously, the NZ RN prescribing model requires the completion of a postgraduate diploma in registered nurse prescribing, this program includes a prescribing practicum component and provides comprehensive preparation to support RN prescribing (Nursing Council of NZ 2018).

QUESTION 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

NO

COMMENT:

Please see previous comments above in Q2.

QUESTION 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

NO

COMMENT:

Since the introduction of National Registration and Accreditation in Australia we have had registration Endorsement Standards for Nurse Practitioners and Midwives that support prescribing and yet, as reported in the consultation paper, we do not understand what level of educational and post registration experience is required to support prescribing models. The guidelines and consultation paper outline the requirements and important role of organisations, jurisdictions and education providers in supporting this model, however, there is no advice on how the impact of the nursing and midwifery prescribing models will be evaluated by the NMBA.

QUESTION 8.

DO YOU HAVE ANY ADDITIONAL COMMENTS ON THE PROPOSED REGISTRATION STANDARD OR GUIDELINES?

There are significant barriers to non-medical health practitioner prescribing in Australia which are outside of the regulatory framework, including but not limited to:

- Access to MBS and PBS
- Collegial support

How will these issues be addressed to support the success of nursing and midwifery prescribing models?

In addition, the discontinuation of the Endorsement for Scheduled Medicines Registered Nurses (Rural and Isolated Practice) is discussed in the consultation paper and reference is made to undergraduate programs preparing nurses and midwives to supply and administer medication understanding order and protocol. The issue with this Standard has been that this endorsement infers that this is a form of prescribing, when in fact it is no different from following any other medication order and safely supplying and administering medication prescribed and approved by an authorised

prescriber. When the majority of jurisdictions support this practice through existing governance processes, and nurses and midwives perform this practice routinely, it is unclear why additional educational preparation should now be required and why clarity is being sought from ANMAC.

References:

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