

## Proposed registrations standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership

### Public Consultation Paper – Torres and Cape Hospital and Health Service Response

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?
<p>Comment:</p> <p>Yes –</p> <p>Within the rural and remote context, TCHHS is of the opinion, that it is more than appropriate for experienced Registered Nurses to be able to expand their scope of clinical practice to include prescribing in partnership.</p> <p>TCHHS recognises the requirements for Registered Nurses to be suitably qualified and to have professional development requirements placed upon them to ensure that they remain competent and current in their practice relating to prescribing.</p> <p>TCHHS believes that scheduled prescribing in partnership should require an additional post graduate qualification.</p> <p>It is our opinion that Drug Therapy Protocols should also be defined for specific practice areas and standardised training programs for the various areas of specialty should be specified and accredited. For example, the current Scheduled Medicines regulation for Rural and Isolated Practice Nurses.</p> <p>In relation to Nurse Practitioners TCHHS supports the use of an Autonomous prescribing model.</p> <p>TCHHS is not of the opinion that all registered nurses require prescribing rights (for example inpatient facilities) and that it is more appropriate for individual agencies or Health Services to develop their own governance structures to support these practitioners, in the format of a health management protocol or standing order.</p>
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?
<p>Comment:</p> <p>Yes</p>

The proposed standard and guidelines are satisfactory and reasonable, however it is important that governance frameworks are developed to support these including collaborative practice arrangements and peer review processes as standard practice

### 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?

Comment:

No

TCHHS is of the opinion that Registered Nurses this early in their career are beginning practitioners and have not developed the assessment and critical thinking skills required to make complex clinical decision, including the determination of differential diagnosis, in order to prescribe the correct treatment options. TCHHS is of the opinion that 4 years post graduate experience would be a more appropriate timeframe.

TCHHS would like it recognised that advanced clinical practice skills and knowledge are required to appropriately treat patients in different clinical contexts. In the remote health context many Registered Nurses work in isolation, and it is not feasible to consult with a Medical or Nurse Practitioner for every instance in which an assessment, treatment plan and supply of medicine would occur. In order to provide best practice care in these circumstances a clinician must have credentialing around recency of practice, high-level knowledge regarding the pathophysiology of conditions, as well as advanced level assessment and diagnostic skills. They must also have access to and confirmed skills in the use of investigative tools to help support their assessment prior to determining management options.

These skills are not taught during undergraduate Registered Nurse program, and are not generally covered in post graduate studies unless at Master of Nursing (clinical practice) or speciality area post graduate studies.

It is also outside of the scope of practice for Registered Nurses to order or conduct investigative process for example x-ray or haematological testing to assist in the determination of treatment options unless they hold Nurse Practitioner registration. It is important that future frameworks or protocols adopted at either a national or state level address these 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?

Comment:

No

The NPS training should be included as a mandatory component of the education program.

TCHHS is of the opinion that education programs should be more inclusive and not only cover prescribing competencies. Treatment and management of patients is more than just prescribing medicines.

Education programs should support structured prescribing arrangements (Health Management Protocols) and provide participants with a comprehensive program which enables the development of advanced practice skills in relation to assessment, diagnosis, condition management and medicine supply related to the specific area of care. It should also teach participants principles relating to collaborative practice, escalation of care and documentation standards.

Appropriate training would include Modules couched around:

- Assessment, deciding between differential diagnoses and initiating treatment
- Medicines legislation, supply, scope of practice, the context (rural and remote if RIPEN) etc.
- Pharmacology (as already indicated), and
- Immunisation, sexual health, contact tracing, management of the cold chains
- Advanced practice clinical skills including intravenous insertion, advanced airway management, suturing and backslab application

#### Question 5

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

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?

Comment:

Indirect clinical supervision would be beneficial and three months is an appropriate timeframe.

The need for this would be reduced if quality education programs are offered and encompass topics addressed in the above question (4) and require competency assessments to be achieved in order to achieve the qualification, however additional resourcing to HHS's would be required.

Individual Agency or Health Service credentialing and auditing activities would ensure the competence of staff partaking in this advanced practice skill.

#### 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?

Comment:

Yes

Well structured, clear and concise

#### 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?

Comment:

Yes

#### Question 8

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

Comment:

no