

ANMF Submission to NMBA Public consultation paper

PROPOSED REGISTRATION STANDARD: ENDORSEMENT FOR SCHEDULED MEDICINES FOR REGISTERED NURSES PRESCRIBING IN PARTNERSHIP

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INTRODUCTION

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 275,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a trade union and professional organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The Federation welcomes the opportunity to provide a response to the Nursing and Midwifery Board of Australia (NMBA) - Public consultation paper *Proposed Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership*. For decades, registered nurses and midwives have engaged in structured prescribing through the use of nurse/midwife-initiated medicines, standing orders and protocols. Current Bachelor of Nursing, Bachelor of Midwifery and Postgraduate Diploma of Midwifery programs provide the underpinning education required to enable registered nurses and midwives to safely administer and prescribe medicines through the use of nurse/midwife initiated medicines, standing orders and protocols.

Nurse practitioners and midwives with scheduled medicines endorsement safely prescribe independently. The existing NMBA endorsement process for independent prescribing by nurse practitioners and midwives is supported. Independent prescribing remains the remit of endorsed nurse practitioners and midwives with scheduled medicines endorsement.



Partnership prescribing for registered nurses is the missing piece for the profession's role in prescribing and is actively supported by the ANMF. This expanded model of partnership prescribing has immense potential to improve timely access to high quality, safe health care and quality use of medicines. The ANMF therefore supports NMBA's option 2: *the proposal to develop a registration standard for the endorsement for scheduled medicines for registered nurses prescribing in partnership.*

Questions for consideration

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, it is the view of the ANMF that registered nurses should be permitted to prescribe in partnership with an independent prescriber once they have met Nursing and Midwifery Board of Australia (NMBA) requirements to be endorsed at this level.

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. The ANMF supports the importance of health and aged care facilities establishing robust governance arrangements to enable registered nurses to safely and effectively prescribe in partnership, once endorsed. The clinical governance arrangements outlined in the discussion paper and guidelines should be in place. However, in addition, nurse practitioners and registered nurses endorsed to prescribe in partnership should be active participants in clinical governance for prescribing. They should be: active members of medicines advisory committees; and be involved in the development and review of policies for prescribing, processes for risk assessment, and monitoring, review and audit of prescribing practices.

Clinical governance arrangements should involve nurse practitioners and registered nurses to enable safe prescribing by registered nurses rather than creating additional barriers or disincentives. The ANMF is strongly opposed to 'organisational credentialing requirements', as referred to in the consultation paper. An 'organisational credentialing requirement' for registered nurses endorsed to prescribe in partnership adds an entirely unnecessary and unacceptable process. It is, however, acceptable and indeed desirable, for employing organisations to have a clinical privileging process in place to support safe prescribing by all health practitioners authorised to prescribe, either autonomously or in partnership.



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? If no, please describe why.

Yes. The ANMF supports the proposed requirement that registered nurses need a minimum of two years' full time equivalent experience post initial registration before gaining endorsement for scheduled medicines - prescribing in partnership. However, the requirement of 'immediately prior to seeking endorsement' is an unnecessary restriction as there may be legitimate extenuating circumstances which preclude fulfilment of this requirement. The focus of this requirement should be on consolidation of post initial registration experience rather than an arbitrary time frame on application for endorsement.

Please note, the typographical error in relation to the number of required post initial registration clinical experience hours needs to be corrected in the draft registration standard. This figure should be 3,300 not 3,800 hours.

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. The accreditation standards for programs of study leading to registered nurse endorsement for scheduled medicines – prescribing in partnership should be developed by the Australian Nursing and Midwifery Accreditation Council (ANMAC). The ANMF supports the proposal that the approved program should include two units of study that address the NPS Prescribing Competencies Framework. These units of study should include clinical experience to enable students to demonstrate competence for prescribing practice. It is important the approved program of study be at the Australian Qualifications Framework (AQF) level 8 and that it be delivered by a higher education provider.

The ANMF also contends the accreditation standards should enable an education provider to embed the approved program of study leading to registered nurse endorsement to prescribe in partnership, within a postgraduate program. This could be for a particular context of practice, such as a postgraduate diploma in clinical practice, primary health care, emergency nursing, critical care or mental health nursing.



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?

No, a period of supervised practice should not be required for the endorsement. This requirement would create an additional, confusing and costly barrier, further delaying the ability of the registered nurse to practice to their full scope, for no apparent benefit.

The requirements should be clear and simple, for both the registered nurse and their partner prescriber.

Clinical experience for prescribing should be incorporated into the ANMAC accredited and NMBA approved program of study leading to registered nurse endorsement for scheduled medicines – prescribing in partnership. When the program of study has been completed, there should be no additional requirements for supervised practice once endorsed. The program of study leading to endorsement should be of such rigor as to enable assessment of competence.

Following successful completion of the program of study and endorsement, it is reasonable to expect that there will be a transition period, not dissimilar to other learners expanding their scope of practice, where the endorsed registered nurse and partner prescriber may need to work closely in relation to prescribing. However, this period should not be linked to endorsement or considered ‘supervised practice’. Such a requirement would add a highly restrictive, unnecessary barrier that could potentially prevent registered nurses gaining this endorsement, especially those practicing in rural and remote areas. The transition period immediately following endorsement should be included by organisation’s in their governance arrangements for prescribing in partnership.

Further, the NMBA currently uses the term ‘supervised practice’ to define the process used to re-enter practice. This would not be the purpose of the proposed ‘supervised practice’ for registered nurses endorsed for scheduled medicines – prescribing in partnership. Using the same term to define a different process would be confusing and unhelpful.

6. Is the content and structure of the proposed Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership (at Attachment 1) helpful, clear and relevant?

The proposed registration standard is relevant. The order of the content for the following question, however, ‘*How can I qualify for endorsement?*’ is confusing. The requirements need to be clearly identified in the content. The ANMF suggests the following re-wording:



What are the requirements for endorsement?

You can qualify for endorsement by achieving the following:

- 1. Current general registration as a registered nurse in Australia with no conditions or undertakings relating to unsatisfactory professional performance or unprofessional conduct.*
- 2. The completion of the equivalent of two years' full-time post initial registration clinical experience (3,300 hours), prior to the date the completed application seeking endorsement as a registered nurse prescriber in partnership, is received by the NMBA.*
- 3. Successful completion of either one of the following pathways:*
 - an NMBA-approved program of study leading to endorsement as a registered nurse prescribing in partnership, or*
 - a program of study that is substantially equivalent to an NMBA approved program of study leading to endorsement as a registered nurse prescribing in partnership.*

Please note, the typographical error in relation to the number of required post initial registration clinical experience hours needs to be corrected in the draft registration standard. This figure should be 3,300 not 3,800 hours.

7. Is the structure and content of the proposed Guidelines for registered nurses applying for endorsement for scheduled medicines - prescribing in partnership (Attachment 2) helpful, clear and relevant?

The guidelines provide further information that clearly outlines the requirements of the proposed endorsement. In regards to supervised practice, the ANMF does not support this requirement or the use of this term (see response to question 5 above). Clinical experience for prescribing should be incorporated into the ANMAC accredited and NMBA approved program of study leading to registered nurse endorsement for scheduled medicines - prescribing in partnership.

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

Registration standard: Endorsement for scheduled medicines for nurses (rural and isolated practice)

Registered nurses with an endorsement for scheduled medicines (rural and isolated practice), commonly referred to as 'RIPERN', who have completed an ANMAC accredited and NMBA approved program of study to enable them to supply medicines under protocol, should not be disadvantaged with the introduction of the registration standard scheduled medicines - prescribing in partnership.



There are currently 1,132ⁱ registered nurses across the country with scheduled medicines endorsement for rural and isolated practice, allowing them to supply under protocol. There are 829 with this endorsement in Queensland and 179 in Victoriaⁱⁱ. These registered nurses have invested a significant amount of time and money into completing the additional program of study required to gain NMBA endorsement to supply scheduled medicines under protocol. In addition, they have paid the NMBA for this endorsement. In Victoria, this endorsement is also linked to financial remuneration.

It is fair and reasonable that these registered nurses should have their endorsement recognised for the life of their registration. They should not be disadvantaged by this policy reform. In addition, they should be provided with the opportunity to convert to endorsement as a partnership prescriber, following completion of an ANMAC accredited and NMBA approved bridging program, at no cost or disadvantage.

It is also essential that those registered nurses who choose to remain a rural and isolated practice endorsed registered nurse (RIPERN) should be under no obligation to move to the endorsement for scheduled medicines - prescribing in partnership.

The ANMF is concerned that accessibility to health care for people in rural and remote areas could be impacted by the introduction of this new endorsement, particularly in Queensland and Victoria. It is essential these registered nurses retain this endorsement for the life of their registration, to ensure there is no gap in service provision to their communities during transition.

The NMBA needs to ascertain from state and territory health departments that consultation has occurred with key stakeholders, including the ANMF, and a documented plan for prescribing has been published. This will provide clarity and assurance to the public, and nursing and midwifery registrants, that health service provision will not be adversely impacted throughout the transition period. This plan must include: required changes to state and territory drugs and poisons regulations to reflect changes to prescribing; and a timeline for the implementation of the new registration standard, including education requirements.



CONCLUSION

The ANMF welcomes the opportunity to provide feedback through this submission to the public consultation on the NMBA *Proposed Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership*.

We look forward to further assisting the ongoing process for the development of a prescribing in partnership model for registered nurses. We will continue to advocate for our current members who hold an NMBA endorsement for scheduled medicines for registered nurses (rural and isolated practice) in Queensland and Victoria for no disadvantage and a seamless transition to the prescribing reforms.

i. Nursing and Midwifery Board of Australia. Registrant data Reporting period: 1 October 2017 – 31 December 2017
<http://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx>

ii. Ibid