Napranum (Malakoola) Primary Health Care Centre
Moun-ding Street
Napranum

[redacted]

Nursing and Midwifery Board of Australia
GPO Box 9956 Melbourne
Victoria 3001

To whom it may concern,

We write to you in reply to the July 2018 Public Consultation Paper titled: **'Proposed Registration Standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership'.**

We, the nurses who currently work at Napranum Primary Health Care Centre in the Torres and Cape Hospital and Health Service (TCHHS) as current, practicing Rural and Isolated Practice Endorsed Nurses (RIPEN) do not support the Nursing and Midwifery Board of Australia (NMBA) proposal for Model 2 of the Health Professionals Prescribing Pathway (HPPP).

As experienced RIPENs we feel as a collective, that removing the endorsement and introducing Model 2 of the HPPP would reduce the scope of practice of the nurse; consequently, interrupting the provision of health care to the patient. We use the example supplied by you on page 13 of the above-named document as our reasoning for this. Please see the below table outlining the specific examples within the one scenario of the vaccination clinic at the Homeless Shelter.

Scenario	Scope as RIPEN	Scope in Model 2 HPPP
RN Immuniser	No additional education required. This qualification is covered within the RIPEN studies. Able to administer the immunisation from the current RIPEN DTP	RN is required to work from a MO or NP order, or a facility standing order
Opportunistic management of genitourinary symptoms	RIPEN is able to assess, diagnose, administer and supply the management for a potential sexually transmitted infection, without involvement of a MO or NP	RN would need to video or teleconference with a MO or NP for management – delaying time to treatment for the patient
Follow up	Can be arranged directly with the RIPEN, no involvement of MO or NP	Needs to be completed with MP or NP advice

It is evident from the above example provided by the NMBA, that the scope of clinical practice (SoCP) of the RIPEN will be significantly reduced by the introduction of HPPP (Model 2). As a consequence of the reduction of SoCP, this necessitates the involvement of more health care professionals in the occasion of service, causing a delay in time to treatment for the patient, potentially having a negative impact on patient outcomes.

The RIPEN staff at the Napranum PHCC would like to express our support in making the RIPEN qualification National, however we do not support the implementation of HPPP Model 2, due to the reduction in the SoCP. As an alternative, we believe a more appropriate pathway would be Model 1: Autonomous Prescribing. This Model is more reflective of the current RIPEN SoCP and would not impact on patient time to treatment.

To further make comment on the Consultation Paper, we would like to highlight the error on page 6 in fourth paragraph. The sentence reads *"...RNs holding the endorsement are able to administer or supply medicines in accordance with the Primary Clinical Care Manual... when there is not a medical practitioner or nurse practitioner to provide a prescription or medication order."* This statement is not documented in any legislation and would be best clarified so as to not cause confusion to RIPENs or their colleagues. The RIPEN qualification is certainly used in the Napranum PHCC when there are medical officers and nurse practitioners both present at the facility, as well as available over the telephone.

We look forward to a final resolution to the RIPEN endorsement in the near future.

Yours sincerely,
Napranum PHCC RIPENs

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