



Merck Sharp & Dohme (Australia) Pty Limited
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Response to Public consultation paper: Proposed Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership

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?

Yes

MSD acknowledges the professional scope of practice of the registered nurses and recognises their importance in an integrated health care environment. There are well-established needs to improve access to scheduled medications for chronic conditions such as diabetes and viral hepatitis¹ in geographically remote areas. MSD supports registered nurses to be endorsed to prescribe scheduled medicines in partnership with an authorised prescriber, to bridge the gap in the diagnosis and treatment rates for these conditions.

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

If yes, please provide details:

It is adequate for the proposed registration standard and guidelines to build upon the current employer and state or territory QUM framework. The partnership between endorsed nurse and the partner prescriber would enable the provision of the most appropriate patient-centred care.

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.

Prior experience in related fields of practice and therapeutic area would be essential as a basis for endorsement of prescribing, on top of the two-years timeframe. For instance, endorsed nurses prescribing for Australians who identify as Aboriginal and Torres Strait Islander and other isolated communities with limited access to an authorised prescriber would require relevant experience and knowledge of the disease epidemiology and therapeutic principles to manage chronic health conditions of these community.

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?

No. NPS Prescribing Competencies Framework is appropriate as a guidance for educating RNs to prescribe in partnership. However, a recommendation of prescribing courses with respect to specific therapeutic areas should be made available for reference. Current courses in the NPS Prescribing modules² contain relevant content for prescribing specific scheduled medicines. For example, training in recognising and prescribing for Hepatitis C Viral (HCV) infections and Type 2 Diabetes management are recommended for all prescribers and should be accessible for the endorsed nurses with an interest in that area of practice. This would adequately equip endorsed nurses for managing these chronic health concerns.

Question 5

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

Yes

The proposal that a period of supervised practice should be required for endorsement is reasonable. Endorsed nurses should practice under the supervision, and be a responsibility of the partner prescriber, until the competency report is assessed by NMBA and relevant supervising bodies and their conditions of practice removed.

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

Three months of supervised practice is appropriate. The degree of supervision should be determined by respective treatment area and level of exposure. For instance, it is recommended in the 2018 consensus statement of monitoring patients with HCV infection taking Direct Antiviral Agents (DAA) that genotyping and liver function test to be done prior to initiation and review LFT at Week 8 or 12 of therapy³. This is within the proposed minimum of three months supervised practice. The endorsed nurses would be able to monitor the patients they have prescribed for to establish confidence and assess their competency in prescribing. Concerns of authority to request medical services would arise after endorsement, as currently nurse practitioners are able to prescribe PBS medicines^{4,5} but yet to authorise for medical services like diagnostic imaging and organ function tests.

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. The proposed Registration Standard for Endorsement is relevant and clear to the intended audience.

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. The proposed Guidelines for registered nurses applying for endorsement are adequate. Partnership between the endorsed nurse and partner prescriber would ensure continuity of care and patient-centred healthcare provision.

Question 8

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

MSD expresses our interest in supporting the proposal of registered nurse endorsement of prescribing in partnership and hope to continue working with NMBA on improving access to medications for the community in need.