



Australian College of Nursing

ACN SUBMISSION TO THE NMBA, SEPTEMBER 2018

Nursing and Midwifery Board of Australia (NMBA) Public consultation paper, July 2018 - Proposed Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership

ACN response to NMBA consultation paper questions

What is 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. ACN supports the proposal that registered nurses (RNs) should be able to hold an endorsement to prescribe scheduled medicines in partnership with a partner prescriber. ACN believes expanding nurse prescribing within a prescribing in partnership model will open up significant opportunities throughout the health system to improve equity in health care access, safety, quality, experiences and outcomes particularly in relation to coordination and continuity of health care.

ACN members have also expressed strong support for expanded RN prescribing particularly, in relation to:

- potential for models of care in rural and remote health care settings
- continuity of care in rural and remote health care, palliative health care and for community and residential aged care
- supporting timely treatment and medications management particularly in the context of ever increasing health service demands
- the greater utilisation of existing RN knowledge and competence, especially the knowledge of RNs working in speciality areas at advanced practice levels
- greater scope for RNs to contribute to improved health care and health care outcomes through interdisciplinary models of practice
- potential workforce benefits of improved job satisfaction and expanded career opportunities.

The governance framework

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, ACN recommends that the Guidelines include reference to antimicrobial resistance (AMR). Through the *National Antimicrobial Resistance (AMR) Strategy 2015–2019* (the Strategy), the Australian Government places national priority on addressing AMR. The Strategy notes the importance of educating prescribers and dispensers of antimicrobials about AMR:

Effective communication can help improve understanding of the causes and effects of antimicrobial resistance, support more informed clinical decision making and judicious

antibiotic prescribing and use, and assist in promoting behaviours that minimise the development and spread of resistant organisms... Education is important for all prescribers and dispensers of antimicrobials to ensure they prescribe and dispense appropriately, consider alternatives to antibiotics for the treatment and control of bacterial diseases, and have appropriate supports to assist in communicating with patients, farmers and clients effectively¹.

Endorsed RNs prescribing in partnership may be required to prescribe and administer antimicrobial preparations and therefore are obliged to understand the elements of AMR and AMR stewardship.

While the majority of feedback from ACN members was in support of the RN prescribing in partnership model, members made the following suggestions and queries:

- Credentialing should form part of the ongoing governance requirements to ensure an organisation assesses the need, fit and currency of any RN prescribing. To support the effectiveness of the prescribing model as well as to support endorsed RNs to meet their recency of practice requirements, governance arrangements should include annual pharmacology update requirements or other appropriate education.
- How the model applies within a generalist setting, such as in general practice and community and residential aged care, should be set out in the Guidelines.
- Any implications the endorsement may have for the role of the nurse practitioner (NP) should be outlined within the Guidelines, including potential as a pathway towards NP endorsement.
- Evidence gained from NP literature should be canvassed to inform the implementation and governance arrangements.
- As with any health care service, the implementation of the RN prescribing model should be based on identified service need to avoid over servicing.
- RN prescribing should take place in environments supported by diagnostics and patient monitoring appropriate to the pharmacological intervention.

There is ACN member feedback that the RN prescribing in partnership model will not be practicable or feasible in some health care settings. Additionally, there are concerns that the model will undermine the advanced practice role of the NPs. This feedback suggests there may be value in providing additional guidance to support the implementation of the new registration standard. This may need to be in the form of FAQs, Fact Sheets or an expanded Guideline. ACN appreciates that the proposed standard for endorsement does not prescribe clinical governance or specific practice arrangements nor will it change the NP role. However, to enable its adoption it is important that the prescribing model is well understood.

¹ Australian Government (2015), *Australia's First National Antimicrobial Resistance Strategy 2015-19*, June 2015, <https://www.amr.gov.au/australias-response/national-amr-strategy>

Experience

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?

In line with international practice (as outlined in the Consultation Paper), ACN supports three years full time equivalent post initial registration experience as a requirement for applying for endorsement. As the two-year timeframe has been determined without a relevant evidence base, if adopted, there should be a scheduled review of the two-year post initial registration experience requirement.

ACN members expressed mixed views regarding the sufficient level of experience for applying for endorsement. Of members not in support of the proposed two-year experience stating it was an insufficient some based their views on their clinical management experiences and suggested a range between 3-5 years to allow for the consolidation of medications management knowledge and clinical decision-making skills. Members offered the following comments for consideration:

- The requirement should be that, at a minimum, the two years of experience be gained within the area of clinical speciality.
- To work in an advanced nursing practice role, including prescribing in partnership, at minimum RNs should be required to complete a graduate diploma in their speciality area and then practice in the speciality area for a reasonable period such as the required 5000 hours for NPs.
- Two years does not allow enough time for early career nurses to consolidate their medication management skills and would present a safety and quality risk.
- The 'graduate year' should not be included in the proposed 2-year timeframe, as the RN is not necessarily consolidating their skills in an area of specialty.
- Determining an appropriate level of experience should take into account the clinical area and types of medications to be prescribed within the scope of practice as this may vary in clinical complexity and competency requirements.

Education

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. It is essential that national consistency be achieved in relation to course content, outcomes, standards and academic rigour to support safe RN prescribing. This has been demonstrated through NP programs of study, which should be examined to inform appropriate units of study.

ACN members provided a range of views including that:

- It must be clear what the two units would be equivalent to, for example a graduate certificate level.
- Education for RN prescribing in partnership should include advanced pharmacology that expands on the undergraduate curriculum focusing on the specialised area of practice and include demonstration of competence against a set range of required case studies.
- There must be national consistency in relation to course content with the appropriate inclusion of relevant anatomy, physiology, pathophysiology, pharmacology, pharmacodynamics, pharmacokinetics, Quality Use of Medicines (QUM) and legislative and regulatory matters. It is queried whether two units of study can comprehensively cover the required range of topics for safe competent practice.

Supervised practice

Question 5

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

Yes, with the addition of an exemption policy. ACN supports the requirement for a period of supervised practice following endorsement to consolidate learnings and to build confidence in the practice setting. It is noted that, within the current endorsement proposal, the period of proposed supervised practice will occur after prescribing in partnership competence has been recognised through the completion of the relevant program of study. Despite this, ACN sees a period of supervised practice as beneficial to the consolidation of skills in the practice setting.

There is rationale for including an exemption process for supervised practice as part of the endorsement policy. There will be RNs who will not require a dedicated period of supervised practice. For example, experienced RNs working in advanced nursing practice in established working relationships with their partner prescribers. In these circumstances, a mandated period of supervised practice may present an unnecessary barrier to the timely adoption of the prescribing in partnership model.

If the NMBA adopts the prerequisite for two years' full time equivalent experience to apply for endorsement, there will be RNs seeking endorsement relatively early in their careers and professional development. In these cases, a period of supervised practice would be appropriate. There could be significant variance in the experience of RNs who are eligible for endorsement to prescribe in partnership. Therefore, consideration should be given to a process that allows RNs to demonstrate that they have in-depth experience as well as support from their prescribing partners and service providers to apply for an exemption from a period of practice supervision to expedite their endorsement process.

ACN members made the following additional comments:

- Undertaking supervised practice will present challenges in rural and remote settings. The requirements must be suitably flexible to avoid creating barriers to achieving the endorsement in rural and remote settings.
- The prescribing in partnership concept is already based on a supervised practice model; therefore, additional supervision is unnecessary.

- There is a fundamental difference between theory and practice and a period a supervised practice would allow for a safer transition.

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, dependent on an assessment of competence. As noted above, ACN supports the development of an appropriate exemption policy that could include proposals for complete or part exemption from supervised practice. Additionally, the process for addressing unsuccessful supervised practice should be addressed within the guidance materials. While the majority of ACN members who responded agreed that a minimum of three months full time supervised practice would be sufficient, others noted that the period should be longer or determined on a case-by-case basis depending on a supervisee's experience and the complexity of the prescribing arrangements.

Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership

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. While overall the content and structure is clear and relevant, ACN notes the following for consideration:

- Regarding point 2 on page 2 under *What are the other requirements for endorsement* the use of 'immediately' in the following sentence is queried: *The equivalent of two year's full-time post initial registration clinical experience (3,800 hours), immediately prior to the date when the complete application seeking endorsement as a registered nurse prescribing in partnership is received by the NMBA.* This sentence needs further clarification as it could be interpreted to mean that to seek endorsement, an RN must have submitted an application *immediately* after completing 3,800 practice hours.
- Some minor comments in relation to the *Definitions*,
 - It is queried whether it is more accurate to expand the definition of Endorse registered nurse as follows: 'Endorsed registered nurse means the person is qualified to administer, obtain, possess, supply and prescribe certain scheduled medicines in partnership with a partner prescriber.
 - That the full name of the Council of Australian Government be included not just the acronym COAG within the definition of Ministerial Council.
 - The following inclusion of *NMBA* is recommended within the definition of Prescribing in partnership, 'Prescribing in partnership means when a registered nurse with a Nursing and Midwifery Board of Australia endorsement for scheduled medicines...'

Guidelines for registered nurses applying for endorsement for scheduled medicines - prescribing in partnership

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. However, some ACN member feedback suggests that it is not entirely clear what the final process is for determining that the endorsement has been successful. A minor edit is required under *1: Applying for endorsement*, the first 'by' should be deleted within the first dot point. Additionally, *RNs endorse to* is used several times where it should read *RNs endorsed to*.

Regarding the content under *Self-prescribing*, this information may need to be strengthened. If it is not permitted in law, then the NMBA should provide the essential information rather than advise against self-prescribing.

General comments

Question 8

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

It is unclear in the context of the draft Standard and its Guidelines what the requirements will be if an RN who is endorsed to prescribe in partnership for a limited range of conditions *changes* their role and effectively their scope of practice. If an RN is required to re-apply for a new endorsement or if there is a process for recognition of prior learning, this should be clarified within the proposed Standard and its Guidelines.

Additional explanation may be required in relation to NPs seeking RN prescribing in partnership endorsements outside of their scope of practice and the potential for RNs to obtain and hold multiple endorsements.