

The Nursing and Midwifery Board of Australia's consultation regarding Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership and Guidelines for registered nurses prescribing in partnership

27 September 2018

The Australian Primary Health Care Nurses Association (APNA) welcomes the opportunity to contribute to the consultation regarding Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership and Guidelines for registered nurses prescribing in partnership. We are providing this submission on behalf of our membership, Australian primary health care nurses. Primary health care nursing refers to nursing that takes place within a range of primary health care settings, each sharing the characteristic that they are part of the first level of contact with the health system. Primary health care nurses are skilled, regulated and trusted health professionals who work in partnership with their local communities to prevent illness and promote health across the lifespan. In Australia, nurse practitioners, registered nurses (RN) and enrolled nurses (EN) practice in primary health care in a range of clinical and non-clinical roles, in urban, rural and remote settings.

APNA Submission

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?

APNA supports the expansion of the model of prescribing for experienced registered nurses to prescribe scheduled medicines in partnership with a registered prescriber. Allowing appropriately trained and supported nurses to prescribe within their scope of practice in primary health care settings is likely to reduce the pressure on Australia's health care system and increase timely access to care and medications. For example, greater flexibility in prescribing and creative models of care are more likely to meet the needs of disadvantaged Australians and communities who do not always access mainstream services, such as those in homeless shelters, youth venues and patient homes. Patient access to nurse prescribers also has the potential to alleviate the pressure on access to

medical appointments, particularly in areas of workforce shortage. Registered nurse prescribing, particularly outside of the acute setting, is likely to facilitate flexible service delivery to meet client and patient needs. This approach is in line with current health reform initiatives such as Health Care Homes which aims to provide better coordinated and more flexible care for Australians who are living with chronic and complex health conditions.

If the full benefits of this standard are to be realised, the registered nurse prescribing standards should be practically applicable to those working in settings outside of the acute sector, such as community health, general practice, domiciliary, education and occupational settings. For instance, in some of these situations registered nurses may not always have access to a partner prescriber (i.e. medical practitioner or nurse practitioner) employed within the service. APNA believes the model should allow for appropriately trained and qualified registered nurses to establish agreements with prescribers outside their employment relationship if required.

There may need to be some additional consideration given to professional indemnity requirements for nurse prescribers.

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?

The proposed standards indicate that “it is the employer’s responsibility together with the RN endorsed to prescribe in partnership and partner prescriber to ensure there is an appropriate clinical governance framework in place to support the model of prescribing”. APNA believes that high quality and safe care are paramount for any healthcare related activity. APNA would suggest that the standards require employers, registered nurses endorsed to prescribe and partner prescribers to document their clinical governance framework. The NMBA may wish to guide this process with tools and templates as onerous paperwork and regulation is unlikely to result in effective implementation of this standard.

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?

APNA supports the proposal of two years full time equivalent post initial registration experience as a foundational requirement for endorsement. The NMBA may wish to consider extending this for a further 12 months full time equivalence if an area of speciality of practice is required.

It should be noted that adequate training and education will also be an essential component of registered nurse prescribing. A multipronged approach will be needed to upskill and endorse registered nurses currently in the workforce and those completing their undergraduate training. There should also be consistency across all state and territory undergraduate and post graduate education requirements.

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?

APNA believes that two units of study that address the NPS Prescribing Competencies Framework would appropriately prepare a registered nurse to prescribe in partnership. However access to prescribing education and continuing professional development should be fair and equitable. For example, education that is expensive or requires nurses in rural and remote areas to attend metro education sessions is unlikely to increase access. APNA believes that a variety of training modes should be available including low cost quality online education programs.

Furthermore, consideration should be given to encouraging employers to support nurses to undertake training, particularly in small practices/ organisations. Paid study leave or backfilling payments to practices/ organisations may be helpful incentives that increase uptake of this standard in a diverse range of settings.

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

APNA supports a period of supervised practice for endorsement however believes it will be important to ensure that flexible models of supervision are employed. Many nurses in primary health care settings work in isolation and will require indirect supervision methods such as webinars and teleconference.

Given that the partner prescribers will be required to assess the competence of the registered nurse following completion of the supervised practice, APNA suggests that the NMBA consider developing a minimum set of criteria for practitioners to become partner prescribers. Partner prescribers should be required to have a certain base level of knowledge and experience prior to supporting a registered nurse to obtain endorsement.

Incentives may also be required for partner prescribers, particularly in settings such as general practice, to supervise registered nurses.

If a period of supervised practice was required for the endorsement, would a minimum of three months full time equivalent supervised practice be sufficient?

It is difficult to determine what timeframe may be sufficient for supervised practice. Many nurses working in primary health care settings are employed part-time and therefore a supervised practice period of three months full time may be equivalent to approximately six months part time. The number of instances an individual nurses may prescribe in partnership could vary significantly during this timeframe. For instance, one nurse may prescribe five medications in three months and another may prescribe forty medications. Therefore APNA suggests consideration be given to supervision period that is focused on supervised prescribed events (e.g. 15 episodes of practice) rather than an arbitrary time period of supervision.

APNA also suggests that informal supervision continue to be available to registered nurse prescribers following the formal supervision period. This would need to be built into organisational clinical governance models.

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?

APNA believes the proposed Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership is clear and relevant.

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?

APNA believes the proposed Guidelines for registered nurses applying for endorsement for scheduled medicines -prescribing in partnership is clear and relevant.

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

APNA strongly supports the proposal to develop a registration standard for the endorsement for scheduled medicines for registered nurses prescribing in partnership. The standards, including training and supervision requirements, should ensure that nurses in all settings, such as those working in community, general practice, domiciliary, educational and occupational settings, can practically attain endorsement.

APNA believes that the development of a prescribing formulary for registered nurse endorsed prescribers may be a useful complement to the proposed standards and guidelines.

About APNA

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care. APNA champions the role of primary health care nurses; to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care.

APNA is bold, vibrant and future-focused. We reflect the views of our membership and the broader profession by bringing together nurses from across Australia to represent, advocate, promote and celebrate the achievements of nurses in primary health care.

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