Australian Nursing & Midwifery Federation

Submission to the Public Consultation by the Nursing and Midwifery Board of Australia and the Australian and New Zealand Council of Chief Nursing and Midwifery Officers on the Registered nurse and midwife prescribing – Discussion paper

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Introduction

Established in 1924, the Australian Nursing and Midwifery Federation (ANMF) is the largest professional and industrial organisation in Australia for nurses, midwives and assistants in nursing. With Branches in each State and Territory, the core business of the ANMF is the professional and industrial representation of our members and the professions of nursing and midwifery.

With a membership now standing at over 270,000 nurses, midwives and assistants in nursing, our members are employed across all urban, rural and remote locations, in both the public and private health and aged care sectors.

The ANMF takes a leadership role for the nursing and midwifery professions by participating in the development of policy relating to: nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare; health and aged care, community services, veterans' affairs, workplace health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

The Federation welcomes the opportunity to provide response to the Nursing and Midwifery Board of Australia (NMBA) and Australian and New Zealand Council of Chief Nursing and Midwifery Officers (ANZCCNMO) public consultation on the *Registered nurse and midwife prescribing – Discussion paper.* It is imperative that there be a consistent and standard approach to prescribing for all health practitioners with prescribing rights. The ANMF supports reforms that enable all nurses and midwives to operate to their full scope of practice.

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.

The ANMF's feedback is provided against the questions posed in the NMBA and ANZCCNMO Discussion paper for this consultation.

ANMF Response to Consultation Questions

Question 1

Should the NMBA and ANZCCNMO explore the expansion of the model of autonomous prescribing for registered nurses beyond nurse practitioners and endorsed midwives? If so, what would be the advantages of expanding this model?

Independent or autonomous prescribing is the remit of nurse practitioners and midwives with scheduled medicines endorsement. As all registered nurses are autonomous health practitioners, it is the view of the ANMF that this level of prescribing should be referred to as independent prescribing. The existing NMBA endorsement process for independent prescribing by nurse practitioners and midwives is supported.

Before a model of independent prescribing for registered nurses could be considered, there would need to be a nationally agreed mechanism by which it is possible to determine that the registered nurse is working as an advanced practice nurse. A national framework to support advanced practice needs to be established as the foundation for a move to broadening independent prescribing.

Registered nurses and midwives with an endorsement that permits them to prescribe should be paid an allowance in addition to any other payment or allowance.

Once this advanced practice framework is in place, benefits to expanding the model of independent prescribing for registered nurses could be realised and the advantages would include: person-centred care; reduced wait times; system efficiency; cost effectiveness; workforce flexibility; job satisfaction; and improved workforce retention.

This expanded model of independent prescribing would have immense potential to improve timely access for all to high quality, safe health care.

Question 2

Would a model of prescribing under supervision/designated prescribing (however termed) by RNs and midwives provide increased access to health services for consumers?

A partnership model of prescribing by registered nurses, to be undertaken in conjunction with an independent prescriber, would improve access to health services for consumers. Partnership prescribing is the preferred descriptor of this level of prescribing as this more accurately reflects the relationship between the registered nurse with limited authorisation to prescribe and the authorised independent prescriber, whether that be a nurse practitioner or a medical practitioner.

The use of the terms 'prescribing under supervision' or 'designated prescribing' are potentially misleading and may act as a barrier to registered nurses working to their full scope of practice. Registered nurses, as autonomous health practitioners, are not 'supervised' by other health practitioners. They work collaboratively and in partnership with their health practitioner colleagues, for the benefit of the persons for whom they provide care.

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.

A partnership model of prescribing by midwives would not be necessary. Within the defined scope of practice of the midwife, the pre-registration education requirements clearly meet the NMBA Model 3 prescribing (ANMF Level 1 – see Q4 response). Current post-registration education requirements for midwives clearly lead to NMBA Model 1 (ANMF Level 3 – see Q4 response).

Question 3

a) ***What should the prerequisites, competence, regulatory policy and governance be for prescribing under supervision/designated prescriber for an RN and midwife?***
b) ***Should there be prerequisites for prescribing under supervision/designated prescriber, and if so, what should they be?***

All post-graduate programs leading to endorsement as a prescriber must be accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and approved by the NMBA. Registered nurses with at least two years' experience should be eligible to enter an ANMAC accredited and NMBA approved program (Post Graduate Certificate or equivalent level) leading to endorsement as a partnership prescriber. Successful completion of this program should enable prescribing in partnership with a health practitioner authorised to prescribe independently, such as a nurse practitioner. It would be appropriate for the NMBA to require registered nurses with an endorsement as a partnership prescriber to undertake an additional 10 hours of continuing professional development relating to prescribing medicines, each year.

A *Prescribing Competencies Framework*[1] was developed by NPSMedicineWise, in November 2012, which promotes quality use of medicines across all prescribing professions. Consistent with the Australian Government *National Medicines Policy*, the Framework describes the competencies that health professionals require to prescribe medicines judiciously, appropriately, safely and effectively in the Australian healthcare system[2]. The NPSMedicineWise *Prescribing Competencies Framework* should be used to develop or revise prescribing curricula.

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 post-graduate program to enable them to supply medicines under protocol, should not be disadvantaged under any regulatory prescribing reforms. These registered nurses should have their endorsement recognised for the life of their registration and 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.

State and Territory Drugs and Poisons legislation and regulations must enable, or be amended to support, partnership prescribing by registered nurses.

As stated above in response to Question 2, given their scope of practice is clearly defined, there should be no need for this level of partnership prescribing by midwives.

Question 4

Will a framework encompassing three forms of prescribing meet all public and private health service requirements?

It is the view of the ANMF that the proposed three levels of prescribing for registered nurses would meet the needs of public and private health service requirements. The three levels proposed for registered nurses are:

Level 1 - Structured prescribing (NMBA Model 3)

Prescribing occurs where a prescriber with a limited authorisation to prescribe medicines by legislation, requirements of the national Board and policies of the jurisdiction or health service, prescribes medicines under a guideline, protocol or standing order.

Level 2 - Partnership prescribing (NMBA Model 2)

Prescribing occurs where a prescriber undertakes prescribing within their scope of practice in partnership with an authorised independent prescriber. The partnership prescriber has been

educated to prescribe and has a limited authorisation to prescribe medicines by legislation, requirements of the national Board and policies of the jurisdiction, employer or health service. The partnership prescriber recognises their role in the health care team and ensures appropriate communication occurs between team members and the person taking the medicine.

Level 3 - Independent prescribing (NMBA Model 1)

Prescribing occurs where a prescriber undertakes prescribing within their scope of practice without the approval or supervision of another health practitioner. The prescriber has been educated and authorised to independently prescribe in a specific area of clinical practice. Although the prescriber may prescribe independently, they recognise the role of all members of the health care team and ensure appropriate communication occurs between team members and the person taking the medicine. This model of prescribing is currently within the scope of practice of nurse practitioners and midwives with scheduled medicines endorsement.

Question 5

Are there areas of patient and/or service need that will not be met by developing this framework for RN and midwife prescribing?

The ANMF is concerned that accessibility to health care for people in rural and remote areas would be impacted by the transition to the new prescribing reforms, particularly in Queensland and Victoria. There are currently 1,117 registered nurses across the country with scheduled medicines endorsement for rural and isolated practice, allowing them to supply under protocol. There are 820 with this endorsement in Queensland and 173 in Victoria. It is essential these registered nurses retain this endorsement for the life of their registration. This will ensure there is no gap in service provision during transition.

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 partnership prescribing. However, all RIPERN's 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.

Question 6

Does this table accurately reflect the possible future direction of RN prescribing?

See response to question 4.

Question 7

Should the framework described in Table 2 apply to midwives?

If not, what alternative approach is suggested?

As midwives' scope of practice is more clearly defined, there is no need for partnership prescribing. The two levels proposed for midwives are:

Structured prescribing (NMBA Model 3)

Prescribing occurs where a prescriber with a limited authorisation to prescribe medicines by legislation, requirements of the national Board and policies of the jurisdiction or health service, prescribes medicines under a guideline, protocol or standing order.

Independent prescribing (NMBA Model 1)

Prescribing occurs where a prescriber undertakes prescribing within their scope of practice without the approval or supervision of another health practitioner. The prescriber has been educated and authorised to independently prescribe in a specific area of clinical practice. Although the prescriber may prescribe independently, they recognise the role of all members of the health care team and ensure appropriate communication occurs between team members and the person taking the medicine. This model of prescribing is currently within the scope of practice of midwives with scheduled medicines endorsement.

The existing NMBA endorsement process for independent prescribing by midwives is supported. Independent prescribing remains the remit of midwives with scheduled medicines endorsement.

As is currently the case, midwives with at least three years' experience should be eligible to enter an ANMAC accredited and NMBA approved program (Post Graduate Certificate or equivalent level) leading to endorsement as an independent prescriber. However, it is the view of the ANMF, given the 21.9 average weekly hours worked by midwives[3], that the requirement for 5,000 hours over this three year period (which is full-time), is excessive and should be reduced to 3,500 hours over this same period.

Conclusion

The ANMF welcomes the opportunity to provide feedback through this submission to the public consultation on the NMBA and ANZCCNMO *Registered nurse and midwife – Discussion paper*.

We acknowledge the extensive amount of work that has been undertaken to date, and will be needed in the immediate future, to realise these prescribing reforms. The ANMF looks forward to further assisting the Board in on-going clarification and refinement of a prescribing model for registered nurses and midwives that improves person-centred care and allows them, as qualified, regulated health practitioners, to work to their full scope of practice for the benefit of the Australian community.

References

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2. Department of Health and Ageing. (2011). *National Medicines Policy. Quality use of medicines (QUM).* Available at: http://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm
3. Australian Government. Department of Health. (2016) *Midwives National Health Workforce Data Set (NHWDS) 2016 Fact Sheet*. Available at: http://hwd.health.gov.au/publications.html#part-2