



australian
nursing federation

Submission to Australia's Health Pty Ltd in response
to the second round consultation for the Medication
Management in Residential Aged Care Facilities Project

December 2011

Lee Thomas
Federal Secretary

Yvonne Chaperon
Assistant Federal Secretary

Australian Nursing Federation
PO Box 4239 Kingston ACT 2604

T: 02 6232 6533

F: 02 6232 6610

E: anfcanberra@anf.org.au

<http://www.anf.org.au>

1. Introduction

With a membership of over 214,000 nurses, midwives and assistants in nursing, the Australian Nursing Federation (ANF) members are employed across all geographical locations, in both the public and private health and aged care sectors. Registered and Enrolled nurse members play a significant role in medicines management and therefore can greatly influence quality use of medicines.

The ANF is particularly concerned that changing staff profiles in aged care facilities (decreasing numbers of registered and enrolled nurses and increasing numbers of assistants in nursing – however titled) may compromise quality use of medicines. Assistants in nursing are increasingly engaging in medicines related activities in aged care. This is often in the absence of any educational preparation for this role. Accordingly the ANF is seeking licensing of assistants in nursing which would ensure a professional practice framework, inclusive of minimum education standard and requirement for continuing professional development. In the interim, the ANF has supported the incorporation of a medicines management module in the Certificate III qualification for assistants in nursing (it should be noted that this qualification level is not currently a mandated national education requirement). This module provides rudimentary understanding of the use of medicines in treatment regimes.

A detailed submission was provided in response to the first round of consultation for the *Medication Management in Residential Aged Care Facilities Project*. This submission to the second stage consultation will highlight areas for amendment to strengthen the revised draft *Guiding principles for medication management in residential aged care* (Guiding Principles).

2. General comments

2.1 Nurses in residential aged care facilities

The Guiding Principles document refers throughout to 'staff' (for example 'facility staff', 'RACF staff'). Whilst one could assume that this means nurses on staff, the language needs to be much more explicit to distinguish nurses (who are clearly engaged in medicines administration) and assistants in nursing (who may assist with self-administration) from other facility staff such as the cleaner, gardener or chef (who are clearly not engaged in medicines management).

Accordingly, the ANF requests that there be an entire edit of the Guiding Principles document such that wherever 'staff' appears this be amended to read 'nurses'. The rationale for this is that nurses are the only Residential Aged Care Facility (RACF) staff who are legally entitled to administer medicines. The use of the term 'staff' is ambiguous; and, 'nursing staff' implies that all workers involved in direct nursing care are legally able to administer medicines. This is not the case as outlined in an extract from the revised *Nursing Guidelines for the Management of Medicines in Aged Care* (ANF and Royal College of Nursing, Australia – due for release in 2012) explaining the differentiation between Registered nurses, Enrolled nurses and Assistants in nursing in relation to quality use of medicines:

Registered nurses are educated to be aware of the benefits and potential hazards in the use of medicines and to administer medicines safely, as well as monitoring their efficacy and identifying any adverse effects. Additionally, registered nurses have the necessary skills to assess the changing needs of the older person and their care; evaluate the person's response to medicines; and accurately communicate that information. In this way, registered nurses provide a vital link between the older person and other health professionals such as medical practitioners, pharmacists, enrolled nurses and allied health professionals.

Enrolled nurses work under the direction and supervision of registered nurses and practice within the following requirements. Under the Health Practitioner Regulation National Law Act 2009 (the National Law), all enrolled nurses may administer medicines except for those who have a notation on the register against their name which reads 'Does not hold Board-approved qualification in administration of medicines' (NMBA, 2010). Employers and facility staff need to be aware of national legislation and state and territory drugs and controlled substances legislation relating to enrolled nurses and medicines administration, as well as professional scopes of practice.

The role of assistants in nursing (however titled) in medicines use is that of assisting older people with self-administering their medicines from pre-packaged dose administration aids. They should not be directed to practice outside of this role.

In relation to Enrolled nurses, the ANF suggests the inclusion of a footnote (or similar) where the term is first used in the Guiding Principles, as follows:

Enrolled nurses have completed the education to allow them to administer medicines. Those who are not educated to this level will have a notation on their registration which prohibits them from administering medications.

This statement highlights to the reader that not all Enrolled nurses are authorised by the Nursing and Midwifery Board of Australia to administer medicines, and obviates the need to use a qualifier every time 'Enrolled nurse' is used, to explain this difference. The term 'endorsed' should then be removed wherever it appears in the Guiding Principles document.

Providing the above descriptions for nursing staff in the Guiding Principles document under the "Roles and Responsibilities in Medication Management" gives a clear understanding of the roles each can legally be expected to perform in the aged care setting. In this way both residents and the nurses and assistants in nursing are protected in ensuring quality use of medicines. This also creates consistency between the *Guiding Principles and the Nursing Guidelines for the Management of Medicines in Aged Care* (ANF and RCNA).

The rationale for the distinction about which staff administer medicines is the fact that quality use of medicines in a RACF is the responsibility of health professionals. In aged care, the only health professional who is a member of facility staff is the nurse. The title 'nurse' is a protected title under the National Registration and Accreditation Scheme for the health professions and the Guiding Principles need to ensure that there is no ambiguity with respect to which facility staff hold the responsibility for the safe and quality use of medicines within the facility.

2.2 Tripartite approach

As noted in our previous submission the ANF considers that a major strength of the original APAC Guidelines document was that it brought together the three principle health professional groups who can influence quality use of medicines in the residential aged care sector: nurses, medical practitioners and pharmacists. This was clearly demonstrated in the original Guidelines by the inclusion of the specific guidelines documents for each of these disciplines.

The Guiding Principles outline the partnership approach of many players: 'the resident and their carer, RACF providers, managers and staff, visiting health care professionals, such as medical practitioners, pharmacists and allied health providers...'. The concept of the critical nature of having a close working relationship between the health professional groups, however, is unfortunately diminished in the new document, and we believe this is at odds with the intent of the document.

Now that the discipline specific guidelines have been relegated to a referenced resource it would be beneficial to have a statement in the introductory section which highlights the importance of a close working relationship between nurses (including Nurse Practitioners), medical practitioners and pharmacists. This could be in the third paragraph under 'Purpose and scope' where it outlines the partnership approach among the broad range of players, and then there could be the mention of how it is especially important for a close working relationship between the key health professional groups involved in quality use of medicines.

3. Specific comments

The comments below on specific issues throughout the Guiding Principles will mostly be noted in point form. Some editing issues already raised with the consultants in a face-to-face meeting may not have been repeated in this submission.

3.1 Introduction

Overall the revised introduction reads well. The positioning of the National Medicines Policy at the commencement of the document highlights the importance of the Policy in quality use of medicines in all care settings.

Purpose and Scope:

- Include 'Nurse Practitioners' in the list of visiting health care professionals, in the third paragraph.
- Wherever the term 'medical practitioner' is used in the document in terms of being the prescriber, this should be amended to read 'prescribing practitioner' to cover the fact that doctors, nurse practitioners or dentists may prescribe medicines.
- Highlight the need for nurses and pharmacists to read the Guiding Principles in conjunction with their profession specific guidelines.
- Staffing profiles are changing: amend to read – "With decreasing numbers of registered and enrolled nurses in the sector and a corresponding increase in numbers of assistants in nursing and personal care workers (however titled), the role of assisting residents with self-medication is increasingly being delegated to this latter category of care worker".

Evidence for action:

- Insert a new paragraph under ‘Health system reform’ about Nurse Practitioner, which in the aged care sector has been a response to continuing problems with access to GPs and a means of improving access to timely and appropriate care intervention. Suggested wording:

An important initiative of the Australian Government’s Health Reform Agenda was the introduction of legislation in 2010 enabling nurse practitioners to access Medicare Benefits Schedule (MBS) rebates and Pharmaceutical Benefits Scheme (PBS) subsidies on medicines for the people for whom they provide care. Nurse practitioners are registered nurses with the education and extensive experience required to perform in an advanced clinical role, a complementary role to registered nurses. The scope of practice of nurse practitioners extends beyond that of the registered nurse and is determined by the context in which they are authorised to practise. In aged care settings, nurse practitioners have an important role in providing support and direction to registered nurses and enrolled nurses in the complex care needs and chronic disease management of residents such as diabetes, respiratory conditions, urinary conditions, and cardiac disease, and providing timely intervention to prevent unnecessary admission to tertiary health care facilities (including alteration of medicines regimes or prescribing of new medicines).

Critically their role also includes educating service providers, consumers and other nurses about the quality use of medicines; being involved in quality improvement activities, such as the review and evaluation of medicine systems; and providing support and direction to registered nurses and enrolled nurses in the administration and quality use of medicines.

- An additional suggested component in the evidence to action section is “Non-medical prescribing”. Suggested wording:

In order to better meet the needs of the community in all geographical areas and across all population groups – particularly aged care, there is a need for legislative changes to enable nurses to extend their current scope of practice in relation to medicines. The international trend of introducing non-medical prescribing beyond nurse practitioners, to registered nurses, pharmacists and other allied health groups would greatly enhance the timeliness of care interventions and quality use of medicines in aged care facilities.

3.2 Roles and responsibilities in medication management

- The fourth paragraph requires amendment for accuracy as assistants in nursing are not currently covered by regulation or a professional practice framework, such as applies to registered or enrolled nurses. Due to this assistants in nursing have a ‘role’ rather than a ‘scope of practice’. Suggested rewording:

All regulated health professions (includes pharmacists, General practitioners, Nurse Practitioners, Registered nurses, and Enrolled nurses) have professional practice standards and guidelines; Codes of Ethics and Professional Practice/Conduct; and professional practice standards that govern their practice generally. These Standards and Codes define the minimum standards, competencies, level of competence and scope of practice for the health professionals providing care to residents in RACFs and specifically in relation to their roles and responsibilities in medicines management.

The role of assistants in nursing (however titled) in medicines’ use is that of assisting older people with self-administering their medicines from pre-packaged dose administration aids. They should not be directed to practice outside of this role.

3.3 The Guiding principles for medication management in residential aged care

The 17 Guiding Principles, as outlined on pages 9 and 10, are supported, including the three new principles: numbers 3, 9 and 17. Specific comments for amendment are provided to both strengthen and ensure accuracy to some of the principles.

Guiding Principle 1: Medication Advisory Committee

Due to the concern expressed by ANF members that nurses are not always included in MACs, we request that in the list of those people comprising a MAC (under Implementation Guide) the words 'facility staff' be amended to 'nurses' so that the requirement for input from the nurses in the facility, is explicit and endorsed.

Guiding Principle 5: Nurse-initiated Non-prescription

Removal of 'the medical practitioner' from the fifth paragraph under Context and Definition and replace with 'the prescriber'.

Guiding Principle 14: Administration by RACF Staff

The ANF requests that this Principle be re-written.

- The title needs to be amended to read: *Administration by RACF Nurses*. It is only Registered and Enrolled nurses who are qualified and legally able to administer medicines (noting the already mentioned conditions place on some Enrolled nurses). As previously argued 'RACF staff' is ambiguous and may give the misleading impression that assistants is nursing (however titled), or indeed any other staff, are able to **administer** medicines.
- The principle as it stands is contradictory as it includes both statements which imply that **any** nursing staff can administer medicines, and statements on the specific legally sanctioned role of Registered and Enrolled nurses. The ANF requests removal of the last two paragraphs on page 41 "The RACF should be aware..." and "Staff administering...". All Registered nurses are legally able to administer medicines and so their qualifications in this regard are already known. And, the statement on page 42 covers the legal status of Enrolled nurses in relation to medicines administration.

Guiding Principle 15: Dose Administration Aids

The first sentence under Assessment of resident need and ability to safely and effectively use a DAA should be amended to read: *Residents should be formally assessed **by the prescribing practitioner** for their suitability and capacity to use a DAA to assist self-administration*. The ANF maintains that the purpose of DAAs is to assist a resident with self-administration of medicines. They should not be used to **administer** medicines to a resident, by an unqualified care worker (such as an assistant in nursing). Medicines administered to a resident must be able to be individually recognised by the health professional undertaking medicines administration (including the knowledge of the positive and adverse effects of the medicine).

Guiding Principle 16: Alteration of oral formulations

The argument for amendment to the wording in this principle is the same as for Guiding Principle 14. That is, nurses are the only staff within RACFs who are legally able to administer medicines and thus the wording of the principle should reflect this:

The RACF should ensure that residents, their carers and nurses administering medicines know which medicines can and cannot be altered...

Other nursing staff – Assistants in nursing (however titled) should only be assisting a resident who is able to self-administer and not be involved in altering the form of a medicine.

Guiding Principle 17: Evaluation of Medication Management

There needs to be a prompt in the Evaluation questions under Guiding Principle 1: Medication Advisory Committee, regarding the composition of the committee. With nurses being listed in the composition this should give greater assurance of their inclusion.

3.4 Glossary

Some amendments need to be made to the information in the Glossary section as outlined below, to strengthen the definitions.

Enrolled Nurse: replace current definition with the following

a person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered by the Nursing and Midwifery Board of Australia to practice as an Enrolled nurse, under the Health Practitioner's Regulation National Law Act 2009 and its Regulations.

Enrolled nurses work under the direction and supervision of registered nurses and practice within the following requirements. Under the Health Practitioner Regulation National Law Act 2009 (the National Law), all enrolled nurses may administer medicines except for those who have a notation on the register against their name which reads 'Does not hold Board-approved qualification in administration of medicines' (NMBA, 2010). Employers and facility staff need to be aware of national legislation and state and territory drugs and controlled substances legislation relating to enrolled nurses and medicines administration, as well as professional scopes of practice.

Nurse: In the current definition it says "*registered nurses perform more complex medical procedures...*". Please delete 'medical' and say '*health care*'.

Nurse practitioner: reword the first sentence to read as follows

a registered nurse endorsed by the Nursing and Midwifery Board of Australia to function autonomously and collaboratively in an advanced and extended clinical role as a Nurse Practitioner, under the Health Practitioner's Regulation National Law Act 2009 and its Regulations.

Nurse prescribing: amend first part to read

refers to the legislated authority of Nurse Practitioners who are permitted and qualified to prescribe independently in accordance with relevant State/Territory or Commonwealth (in relation to the Pharmaceutical Benefits Scheme) legislation...

Personal Care Worker: amend definition title and first sentence to read:

Assistant in Nursing/Personal Care Worker (however titled)

An unlicensed health care worker providing direct care in the aged care environment, who does not meet the requirements for professional regulation, or compliance with professional standards or codes of ethics/conduct. ...

The role of assistants in nursing (however titled) in medicines use is that of assisting older people with self-administering their medicines from pre-packaged dose administration aids. They should not be directed to practice outside of this role.

Resident: amend to read

A recipient of care provided through an aged care service.

Registered Nurse: amend to read:

A person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered by the Nursing and Midwifery Board of Australia to practice as a registered nurse, under the Health Practitioner's Regulation National Law Act 2009 and its Regulations.

Registered nurses are educated to be aware of the benefits and potential hazards in the use of medicines and to administer medicines safely, as well as monitoring their efficacy and identifying any adverse effects. Additionally, registered nurses have the necessary skills to assess the changing needs of the older person and their care; evaluate the person's response to medicines; and accurately communicate that information. In this way, registered nurses provide a vital link between the older person and other health professionals such as medical practitioners, pharmacists, enrolled nurses and allied health professionals.

Additional information requested by the consultants for a differentiation between a 'notation' and a 'condition'.

According to the Australian Health Practitioner Regulatory Agency the following definitions apply:

Notation: Records a limitation on the practice of a registrant.

Condition: A condition may be imposed by the National Board or an adjudication body on the registration of a practitioner or student, or on an endorsement. Examples of conditions include:

- a condition requiring the practitioner to complete specified further education or training within a specified period*
- a condition requiring the practitioner to undertake a specified period of supervised practice*
- a condition requiring the practitioner to do, or refrain from doing, something in connection with the practitioner's practice*
- a condition requiring the practitioner to manage the practitioner's practice in a specified way*
- a condition requiring the practitioner to report to a specified person at specified times about the practitioner's practice*
- a condition requiring the practitioner not to employ, engage or recommend a specified person, or class of persons*

So the differentiation is that the 'notation' section on the registrant database will say yes/no as to whether a person has a limitation on their practice, and then the 'condition' section will describe what the limitation is, as outlined above.

3.5 A guide for residents and carers

The guide for residents and carers is clear and concise. Amendments should be made throughout consistent with the requests outlined previously to designate 'nurses' instead of just 'staff'.

5. Conclusion

The ANF appreciates the opportunity to provide on-going advice to the project to review and revise the *Guiding principles for medication management in residential aged care*.

The forgoing commentary has been provided from our intense interest in ensuring quality use of medicines for the residents of aged care facilities. We look forward to reviewing the final draft of the Guiding Principles prior to finalisation of this important document for the aged care sector.