



Registered Nurse and Midwife Prescribing

Prescribing is an iterative process involving the steps of information gathering, clinical decision making, communication, and evaluation that results in the initiation, continuation, or cessation of a medicine.¹

Independent prescribing by registered nurses commenced in 2000, with the establishment of nurse practitioners. In 2010, midwives with scheduled medicines endorsement were also permitted to prescribe independently. For decades, registered nurses and midwives have engaged in structured prescribing through the use of nurse/midwife-initiated medicines, standing orders and protocols, in accordance with the relevant state or territory drugs, poisons and controlled substances legislation and regulations.

A *Prescribing Competencies Framework*² (the Framework) was developed by NPS MedicineWise, in November 2012, which promotes quality use of medicines across all prescribing professions. Consistent with the *Australian Government National Medicines Policy*³, the Framework describes the competencies that health practitioners require to prescribe medicines judiciously, appropriately, safely and effectively in the Australian healthcare system.

The Australian Nursing and Midwifery Federation supports reforms that enable all nurses and midwives to operate to their full scope of practice. This may mean some state and territory governments will need to amend legislation, where necessary, to ensure the definition of 'prescribe' and 'prescriber' align with the definition above. In some states and territories, educational preparation to prescribe still requires authorisation under regulation.

It is the position of the Australian Nursing and Midwifery Federation that:

1. Nurses and midwives uphold the principles of quality use of medicines, namely: selecting management options wisely; choosing suitable medicines if a medicine is considered necessary; and, using medicines safely and effectively.⁴
2. There be a consistent and standard approach to prescribing for all health practitioners with prescribing rights.
3. The NPS_MedicineWise *Prescribing Competencies Framework* be used to develop or revise prescribing curricula.
4. Registered nurses and midwives currently safely prescribe medicines under a structured prescribing arrangement through the use of nurse/midwife-initiated medicines, standing orders and/or protocols. Nurse practitioners and midwives with scheduled medicines endorsement safely prescribe independently.
5. 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/or protocols.
6. Registered nurses should be permitted to prescribe in partnership with an independent prescriber once they have met the new registration standard developed by the Nursing and Midwifery Board of Australia (NMBA leading to endorsement, once approved).
7. All postgraduate 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' clinical experience should be eligible to



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- enter an ANMAC accredited and NMBA approved program (Post Graduate Certificate or equivalent level) leading to endorsement as a partnership (designated) registered nurse prescriber. Successful completion of an approved program should enable prescribing in partnership as a designated registered nurse prescriber, with a health practitioner authorised to prescribe independently, such as a nurse practitioner.
8. 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.
 9. 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 postgraduate program to enable them to supply medicines under protocol, should:
 - a. not be disadvantaged under any regulatory prescribing reforms;
 - b. have their endorsement recognised for the life of their registration;
 - c. be provided with the opportunity to convert to endorsement as a partnership (designated) prescriber following completion of an ANMAC accredited and NMBA approved bridging program, at no cost or disadvantage.
 10. 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.
 11. State and Territory Drugs and Poisons legislation and regulations should enable, or be amended to support:
 - a. structured prescribing by registered nurses and midwives; and
 - b. partnership prescribing (designated) by registered nurses.

Glossary of terms:

Administering medicine

The process of giving a dose of medicine to a person or a person taking a medicine.⁵

Prescribing

Prescribing is an iterative process involving the steps of information gathering, clinical decision making, communication, and evaluation that results in the initiation, continuation, or cessation of a medicine.⁶

Structured prescribing

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.⁷

Partnership prescribing

Prescribing occurs where a prescriber undertakes prescribing within their scope of practice in partnership (designated) 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 (designated) prescriber recognises their role in the health care team and ensures appropriate communication occurs between team members and the person taking the medicine.⁸



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Independent prescribing

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.⁹

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