

Australian Nursing and Midwifery Federation submission to the

# AUSTRALIAN GOVERNMENT DEPARTMENT OF HEALTH REVIEW OF THE NATIONAL MEDICINES POLICY

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Australian  
Nursing &  
Midwifery  
Federation



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## INTRODUCTION

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The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of more than 300,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

Nurses and midwives, as registered health practitioners involved in medicines management and quality use of medicines, have a key role and responsibility in ensuring programs, systems and initiatives concerning medicines support all people living in Australia to achieve optimal health. Therefore, the ANMF welcomes the opportunity to provide feedback to the Australian Government Department of Health for the review of the National Medicines Policy (NMP) on behalf our members.



## RESPONSE TO TERMS OF REFERENCE

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***Terms of Reference 1: Evaluate the current NMP objectives and determine whether these should be modified or additional objectives included. This includes consideration of the proposed Principles to be included within the NMP.***

The ANMF supports the continued use of the current NMP objectives. The objectives are relevant, clear, concise and outline the overarching themes involved in medicines oversight.

The ANMF also supports the inclusion of the proposed principles with one addition, medicines safety. Although safety is an explicit element of objectives 2 and 3, it should also be included as a new principle in the revised NMP. Medicines safety and governance of medicines with an intent to minimise and prevent harm must be core to the planning, design and implementation of programs and systems addressing access to and use of medicines. Whilst inherent in the objectives, at every level of the health system, the goal of implementing the NMP is to protect individuals and this should be clearly identified in the guiding principles, not merely implied. It is recommended that medicines safety is a new standalone principle of the revised NMP.

***Terms of Reference 2: Consider the definition of medicines and whether the NMP needs to be expanded to include health technologies.***

The current NMP terms “medicine” to include prescription and non-prescription medicines, including complementary healthcare products. It is the view of the ANMF that the focus of the revised NMP should remain on medicines and vaccines rather than on medical devices/products. The definition used for medicines should be inclusive of medicines used for both prevention and treatment. The NMP should articulate the established process for health technologies assessment under Australia’s Health Technology Assessment (HTA) Framework.

***Terms of Reference 3. Assess the NMP’s utility in the context of rapidly evolving treatment options, population changes, interconnected relationships, and system-wide capacities.***

The NMP must detail the essential elements required to enable the objectives of the policy to be met at every level of the health system. Whilst recognising the NMP is a high-level policy document, the integration of policy into practice, particularly with regards to quality use of medicines, needs to be a greater focus in the NMP in order for there to be meaningful influence to effect judicious medicines oversight into the future.



The ANMF recommends expanding the current NMP to identify the enablers and barriers to the objectives being achieved. This will assist health practitioners and people taking medicines to better understand quality use of medicines, access to medicines and clinical trials, research and evidence, and the integration of digital health systems for improved health outcomes.

As identified in the paper, medicines policy is becoming increasingly complex. This complexity and the fast pace at which medicines technology is being developed challenges medicines regulation and policy to remain current and effective in part due to the associated emerging bioethical issues. Having the ability to provide a medicine/treatment doesn't necessarily support the objectives of the NMP or may result in unintended consequences that raise further ethical questions. These issues are not addressed in the current NMP. Nor are there any mechanisms identified to review the NMP or measure the extent to which the objectives are being met in the face of rapidly evolving science. Attempting to future proof the NMP for a further 20 years is unrealistic and doesn't acknowledge the need for periodic review to assess whether the objectives remain fit for purpose and are being upheld. It is essential the updated NMP includes both bioethical considerations as they relate to advances in medicines and processes to review the effectiveness of the NMP over time.

***Terms of Reference 4: Consider the centrality of the consumer within the NMP and whether it captures the diversity of consumers' needs and expectations.***

Individual and community engagement and participation in health care, and by extension medicines use, is a key principle underpinning high quality, safe and effective health care and the shift to a consumer centric focus for the NMP is welcomed. However, the ANMF recommends the term consumer be replaced by person/people. This language is more inclusive and is applicable regardless of the healthcare setting. It also supports the intent to incorporate the premise of person-centred care into the revised NMP.

The revised NMP must also highlight populations at risk of medicines inequities, misuse, and abuse such as, but not limited to those who are frail, Aboriginal and Torres Strait Islander peoples, migrants and refugees, and people with mental illness, disability and chronic conditions. This also relates to our feedback to Terms of Reference 3. Identifying enablers and barriers to the objectives of the NMP being achieved aids the development of more effective initiatives and systems to address and improve medicines use in the Australian context.



***Terms of Reference 5: Identify options to improve the NMP's governance; communications, implementation (including enablers) and evaluation.***

The current review to ensure an up to date, evidence-based NMP is essential. The revised NMP, identifying the core objectives and contemporary principles, along with clear links to the relevant programs and partnerships should be the foundation document for access to and appropriate use of medicines in Australia. A comprehensive communication strategy with NMP partners should be developed and implemented once the review is completed to ensure awareness, engagement and use is maximised.

Further, the NMP Administrative and Advisory structures, listed on page 18 of the discussion paper, does not include a structure to address the specific issue of safety and quality in medicines administration. As nurses are the key workforce engaged in administration of medicines, it is essential nurses participate on reference groups/structures tasked specifically with:

- reviewing and implementing best practice guidance;
- engagement with key stakeholders to address quality and safety concerns detected through surveillance measures;
- advocacy in medicines administration; and
- workforce requirements for quality use of medicines, particularly for medicines administration.

***Terms of Reference 6: Review the NMP partners and provide options for building greater accountability including addressing conflicts of interest.***

It is noted the current NMP can lack clarity in defining desired outcomes with respect to accountability and partnerships. For example under *Making the partnership work: A responsible and viable medicines industry*, Governments' role is to promote "*sensible regulatory and reimbursement regime for medicines*" p. 5.

The ANMF recommends removing ambiguity from the NMP in relation to accountability and transparency. Instead of broad, indefinable terms such as sensible (above), identify specific enablers and barriers to effective partnerships, accountability and transparency. This will inform development of systems and review processes that uphold the NMP objectives.

The ANMF notes that under quality, safety and efficacy, health practitioners are listed as partners with respect to '...supplying or administering medicines...'. The ANMF recommends health practitioner partnership, specifically nurse partnership, in medication administration be highlighted as a key component of quality and safety, and not incorporated with other measures. The current wording and structure detract from the necessary focus on policy and governance in administration.



## **CONCLUSION**

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Thank you for the opportunity to provide feedback to the Australian Government Department of Health's discussion paper for the review of the NMP. Prioritising a person-centred approach must continue to be a focus of the review with greater emphasis given to how the NMP objectives translate to practice. How the objectives should be evaluated should also be more thoroughly explored. The ANMF looks forward to participating further in the development of the revised NMP.