Public consultation paper

July 2018

Proposed Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership

You are invited to provide feedback

The Nursing and Midwifery Board of Australia (NMBA) is consulting on the *Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership* and G*uidelines for registered nurses prescribing in partnership* and invites comments and feedback from interested parties.

Making a submission

The NMBA seeks your feedback to the public consultation paper and is interested in feedback particularly to specific questions. You can participate by

- completing the online survey or
- emailing your comments **in a word document**[1] to nmbafeedback@ahpra.gov.au **by close of business on 21 September 2018**

How your submission is treated

The NMBA publishes submissions on its website to encourage discussion and inform the community and stakeholders. However, the NMBA will not publish on its website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.

Before publication, the NMBA may remove personally-identifying information from submissions, including contact details. The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the NMBA.

The NMBA also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let the NMBA know if you do not want your submission published, or want all or part of it treated as confidential.

[1] You are welcome to supply a PDF file of your feedback in addition to the word (or equivalent) file, however we request that you do supply a text or word file. As part of an effort to meet international website accessibility guidelines, AHPRA and National Boards are striving to publish documents in accessible formats (such as word), in addition to PDFs.
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Executive summary

The NMBA has powers under section 94 of the *Health Practitioner Regulation National Law Act* as in force in each state and territory (National Law) to endorse the registration of a registered health practitioner registered by the National Board as qualified to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicines or class of scheduled medicines.

On recommendation from the former Health Workforce Principal Committee (HWPC) in 2016, the NMBA has worked with the Australian and New Zealand Council of Chief Nursing and Midwifery Officers (ANZCCNMO) to explore potential models of prescribing to determine a model for an endorsement to enable registered nurses (RNs) to prescribe scheduled medicines. The NMBA and ANZCCNMO have consulted with governments, key nursing stakeholders, nurses and consumers to formulate the basis for the proposed new registration standard.

Challenges with access to health care services, the impact of an ageing population and the increasing level of chronic and complex disease are placing greater demand on available health services. RNs are the largest cohort of regulated health practitioners; they have a broad scope of practice and work in all sectors of health care service delivery in all parts of Australia. RNs demonstrate the flexibility to progress their scope of practice to ensure that health care is provided to consumers in a safe, quality, timely and appropriate way. RNs are integral in the delivery of all facets of care, working in the health care team.

The NMBA is proposing the registration standard **Endorsement for scheduled medicines for registered nurses prescribing in partnership**, which captures Model 2 of the Australian Health Ministers Advisory Committee (AHMAC) endorsed Health Professionals Prescribing Pathway (HPPP) – Prescribing under designation/supervision. This model would enable RNs to prescribe within their scope of practice under the designation/supervision of another authorised health practitioner[2].

Background

In March 2010, the COAG Health Council in accordance with section 14 of the National Law, approved the NMBA proposal for a registration standard for endorsement in relation to scheduled medicines for RNs. The *Registration standard: Endorsement for scheduled medicines for registered nurses (rural and isolated practice)* describes the requirements for a RN to be qualified to obtain, administer and supply scheduled medicines for nursing practice in a rural and isolated practice area.

In 2013 the NMBA consulted on a proposal to expand the ability to supply medicines under protocol to RNs and midwives across all areas i.e. not limited to rural and isolated practice settings. This approach was not supported by the majority of jurisdictions, as an endorsement was only used as the mechanism for authorisation for RNs to supply under protocol in two jurisdictions. The consultation feedback demonstrated that the *Registration standard: Endorsement for scheduled medicines for nurses (rural and isolated practice)* was not used consistently nationally and that most jurisdictions had pathways for RNs to safely supply medicines under protocol without the additional need of an endorsement. As a result, in 2015 the NMBA undertook consultation on a proposal to discontinue the endorsement standard. This proposal received support from the majority of stakeholders.

In October 2016, following the NMBA public consultation on the proposal to discontinue the *Registration standard: Endorsement for scheduled medicines for nurses (rural and isolated practice)*, the HWPC recommended to the NMBA that the registration standard be continued for two more years to enable the NMBA to work with the two remaining jurisdictions dependent on the endorsement standard to develop a workable transition solution. HWPC also recommended the NMBA work together with the Australian and New Zealand Council of Chief Nursing and Midwifery Officers (ANZCCNMO) to explore models of prescribing with or without protocol to determine a model that enabled the prescription of scheduled medicines by RNs.

On 21 March 2017, the Commonwealth Chief Nursing and Midwifery Officer held a Registered Nurse and Midwife Prescribing Symposium. The symposium provided the opportunity for a diverse cross section of organisations and health professions to consider the future potential for nurse/midwife prescribing models in Australia. Participants considered a background paper summarising the current national and international literature on non-medical prescribing. Presentations on the day provided participants with an overview of work undertaken previously to underpin the development of the HPPP

[2] **Authorised health practitioner** is a practitioner who is an authorised autonomous prescriber for example a medical practitioner or a nurse practitioner.

and also explored concepts essential to developing a common understanding of 'prescribing' in the Australian context.

The outcomes of the symposium identified strong support for enhancing the role the nursing and midwifery professions currently play in the management of medicines by expanding the ability to prescribe. Participants highlighted the many ways that nurse/midwife prescribing will enhance access to medicines for Australian communities and contribute to improved health outcomes, particularly for underserved populations such as rural, remote and indigenous communities.

In order to further explore potential models of prescribing by RNs and midwives, a joint working group was established by the NMBA and ANZCCNMO (the working group). A discussion paper developed by the working group was released by the NMBA and ANZCCNMO in October 2017 seeking stakeholder feedback on potential models of prescribing by RNs and midwives. A report summarising the outcomes of the symposium informed the development of the discussion paper.

Three models of prescribing by RNs and midwives were explored in the discussion paper. These models are consistent with the levels of prescribing contained in the final report of the HPPP. The discussion paper explored models that would support the expansion of autonomous prescribing, the development of a designated/supervised prescribing, and prescribing via a structured prescribing arrangement for RNs and midwives. The discussion paper was released for public consultation between October and December 2017.

NMBA/ANZCCNMO discussion paper feedback

With respect to midwifery, the feedback supported the NMBA's current approach to autonomous midwifery prescribing through the *Registration standard: Endorsement for scheduled medicines for midwives* and indicated there was no need to establish another pathway for midwife prescribing i.e. the designated/supervised prescribing model was not needed for midwives.

With respect to RNs there was mixed support for autonomous prescribing for RNs other than nurse practitioners. The NMBA therefore agreed that autonomous prescribing should not be the next step for RNs at this time but may be considered in the future. There was sound support for a supervised/designated prescribing model for RNs – with the preferred term being '*partnership*' given the already established use and meaning of the term '*supervision*' within the nursing profession, and a general misunderstanding of the term '*designated*'. It was also clear from feedback that the use of protocols and standing orders for the supply of medicines is already captured at the undergraduate level of RN education. In addition, the working group also requested advice from the Australian Nursing and Midwifery Accreditation Council (ANMAC) regarding what the current undergraduate RN programs captured with respect to competency to supply under protocol. ANMAC undertook a mapping of the *Registered nurse accreditation standards* (2014) against the National Prescribing Service (NPS) prescribing competencies and determined that graduates from RN programs are equipped with many of the requisite skills and knowledge required to demonstrate competent prescribing under protocol/policy. This assessment will be further explored as a part of ANMAC's current review of the RN accreditation standards. In summary, stakeholder feedback and analysis supports the position that an endorsement is not required to enable RNs to supply under protocol, as the education required for this is captured at the undergraduate level.

Health Professionals Prescribing Pathway (HPPP)

Prescribing has been defined as an iterative process involving the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of medications[3]. A prescriber is defined as a health practitioner authorised to undertake prescribing within their scope of their practice.

In 2013, Health Ministers approved the HPPP[4]. The HPPP was developed to provide a nationally recognised and consistent approach to prescribing by health professionals. The HPPP was informed by Australian research examining existing education frameworks supporting the prescription of medicines by diverse health professions identified by Nissen[5]. Three models of prescribing were

[3] Nissen L, Kyle, G., Stowasser, D., Lum, E., Jones, A., Mclean, C., & Gear, C. Non-Medical Prescribing. An exploration of likely nature of, and contingencies for, developing a nationally consistent approach to prescribing by non-medical health professionals.; 2010.

[4] HWA. Health Professionals Prescribing Pathway (HPPP) Project - Final Report.: Health Workforce Australia; 2013.

[5] Nissen et al

identified by the HPPP, with differentiation between models related to capability to prescribe medicines autonomously (Model 1) compared to prescribing under supervision of an autonomous prescriber (Model 2) or prescribing via a structured arrangement (Model 3).

The HPPP provides overarching guidance that describes the steps required for a health professional to prescribe and considers principles underpinning prescribing practice, requirements for health professions to prescribe, models of health professional prescribing and roles of stakeholders involved in health professional prescribing (Appendix A).

The HPPP models of prescribing are described as follows:

1. **Autonomous prescribing:** Prescribing occurs where a prescriber undertakes prescribing within their scope of practice without the approval or supervision of another health professional. The prescriber has been educated and authorised to autonomously prescribe in a specific area of clinical practice. Although the prescriber may prescribe autonomously, they recognise the role of all members of the health care team and ensure appropriate communication occurs between team members and the person taking medicine. This model of prescribing is currently within the scope of practice of nurse practitioners and endorsed midwives.
2. **Prescribing under supervision:** Prescribing occurs where a prescriber undertakes prescribing within their scope of practice under the supervision of another authorised health professional. The supervised prescriber has been educated to prescribe and has a limited authorisation to prescribe medicines that is determined by legislation, requirements of the National Board and policies of the jurisdiction, employer or health service. The prescriber and supervisor recognise their role in their health care team and ensure appropriate communication occurs between team members and the person taking medicine. This model of prescribing equates with the designated prescribing model for RNs in New Zealand.
3. **Prescribing via a structured prescribing arrangement:** Prescribing occurs where a prescriber with a limited authorisation to prescribe medicines in accordance with legislation, requirements of the National Board and/or jurisdictional or health service policy supplies and administers under a guideline, protocol or standing order. A structured prescribing arrangement should be documented sufficiently to describe the responsibilities of the prescriber(s) involved and the communication that occurs between team members and the person taking medicine. This model of prescribing equates with prescribing under protocol and/or standing orders.

In November 2013, AHMAC endorsed the HPPP as the way for health practitioners (other than medical practitioners) to prescribe medicines. The HPPP provides a prescribing framework that addresses the following five steps:

- Education and training requirements
- Recognition of competence to prescribe by the National Board
- Authority to prescribe
- Prescribe medicines within scope of practice, and
- Maintain and enhance competency to prescribe.

Nurse prescribing in Australia

Nurse prescribing in Australia commenced with the introduction of nurse practitioners in the late 1990s. As of December 2017 there are 1,604 nurse practitioners (0.6% of the RN workforce) currently endorsed to practice in Australia. In addition, there are 1,132 RNs who are not nurse practitioners but are endorsed to supply medicines under the *Endorsement for scheduled medicines for nurses (rural and isolated practice) registration standard* in a rural and isolated setting, which represents 0.4% of the RN workforce.

Nurse practitioners

Nurse practitioner (NP) is a protected title under the National Law. NPs are advanced practice RNs who have been endorsed by the NMBA to practice in an expanded clinical role. They have extensive clinical experience and have completed an approved masters degree through an accredited program of study. The masters degree includes pharmacology and pharmacotherapeutics, the use of advanced clinical diagnostic modalities, as well as advanced health assessment and diagnostic strategies. NPs are able to practice independently and are authorised to autonomously prescribe scheduled medicines within their scope of practice. NPs practise in diverse health care settings and contexts of practice. They can independently request and interpret diagnostic pathology and imaging, as well as autonomously refer patients to allied health and medical specialists to facilitate diagnosis and care planning. They are capable of managing whole episodes of care and may be the primary provider of care or work as part of a multidisciplinary team. Consumers choosing a NP as their healthcare provider have access to a limited number of subsidised items on the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS). NPs providing care subsidised by the MBS and PBS must have a collaborative arrangement with a medical practitioner.

Registered nurses – Endorsement for scheduled medicines for nurses (rural and isolated practice)

The *Endorsement for scheduled medicines for nurses (rural and isolated practice)* (the endorsement to supply) relates only to the qualifications and other requirements authorising an RN to obtain, supply and administer scheduled medicines. Most Australian jurisdictions safely authorise and enable RNs to supply and administer scheduled medicines according to protocol/policy without the need for the RN to be endorsed.

The NMBA does not set standards for education or endorse RNs in specialised areas of nursing practice. It is important to note the endorsement to supply does not imply an RN's competence to work in rural and isolated practice, only that they are qualified to obtain, supply, and administer scheduled medicines under protocol.

In the jurisdictions that require the endorsement to supply scheduled medicines, RNs holding the endorsement are able to administer or supply medicines in accordance with the Primary Clinical Care Manual, in health services approved by the Minister for Health, when there is not a medical practitioner or nurse practitioner available to provide a prescription or medication order. This endorsement is limited to the administration and supply of medicines only and only applies to RNs working in approved rural and remote health services. The endorsement is intended to facilitate access to medicines for urgent and/or acute care presentations, but also allows for the supply of medicines for limited long-term health conditions.

As indicated above in the background section, the NMBA in 2013 consulted on a proposal to expand the ability to supply medicines under protocol across all areas, which was not supported. The NMBA therefore in 2015 consulted on the proposal to discontinue the endorsement, as it is not required nationally. This was again supported by the majority of jurisdictions. The NMBA's decision has been further supported by the clear evidence from the feedback to the 2017 discussion paper and ANMAC that RN education to supply of medicines via approved protocol/policy is captured at the RN undergraduate level.

The NMBA has been consulting with the two jurisdictions that require the endorsement to supply to ensure that they have an alternate mechanism to authorise rural and isolated practice RNs to supply under protocol/policy. The NMBA has agreed with the jurisdictions that it will not discontinue the endorsement to supply until an appropriate alternate mechanism is in place, in order to prevent any impact on health service delivery. Given the agreed intention to discontinue the endorsement to supply, the NMBA has encouraged the jurisdictions to develop alternate mechanisms as required.

In addition, once the registration standard and guidelines for the proposed model for RN prescribing in partnership have been agreed by the COAG Health Council and accreditation standards for the education requirements for the units of study established, possible transition pathways (which are likely to require additional education) can be logically developed from the *Endorsement for scheduled medicines for nurses (rural and isolated practice) registration standard* to the *Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership.*

International prescribing models

Prescribing by nurses and midwives is well established internationally. Prescribing by NPs was introduced in the United States (US) in the 1960s, and is a role that has been successfully implemented in a number of countries[6]. Prescribing by nurses in either autonomous or collaborative prescribing models is legislated in the US, Sweden, United Kingdom (UK), Canada, Ireland, New Zealand (NZ), the Netherlands and Australia.

In the US, prescribing by nurses has been in place since the 1960s, is regulated at state level, and is limited to legislated advanced practice registered nurses (APRNs), which include NPs, nurse anaesthetists, clinical nurse specialists, and nurse midwives[7]. Nurse prescribing was introduced in Sweden in 1994 when aged care and district nurses gained the authority to prescribe over-the-counter medications. In 2000, the right to prescribe was extended to other specialist nurses working in community care or home nursing who have completed education at the post graduate diploma level.

In the UK, various forms of prescribing have been in place since 1994, when a health visitor formulary was introduced. An expanded prescribing formulary was introduced in 2002 facilitating forms of nurse prescribing in other health settings. In 2006, this formulary was superseded by legislation that enabled independent nurse prescribers, who have completed specific prescribing training (also required for dentists, independent prescribing pharmacists and optometrists), to prescribe from the entire British National Formulary (BNF) within their scope of practice.

In 2012, the Canadian federal government made changes to regulations under the Controlled Drugs and Substances Act that enabled NPs in Canada to prescribe controlled drugs and substances. Similar to Australia, as a Federated nation aspects of health care are regulated by the provinces and territories in Canada, and thus NPs in some provinces may not be legislatively able do so. Some Canadian provinces are also currently working on the development of other models of RN prescribing.

In Ireland, nurse prescribing was introduced in 2007 with prescribers gaining the regulated title “Registered Nurse Prescriber”. RN prescribing is conducted within employment models, in hospital, nursing home, clinic or other health service settings and requires a collaborative practice agreement (CPA) between a medical practitioner, the health service and the Registered Nurse Prescriber.

In NZ, nurse prescribing coincided with the development of the NP role in 1999, although initially NP prescribing was limited to a set formulary of drugs. Since legislative changes made in 2014 and enacted in 2016, NPs are now authorised prescribers and can prescribe all medicines within their scope of practice.

In 2011, NZ legislation enabled diabetes specialist RNs to prescribe 26 medicines related to diabetic patient care. In 2013, further amendments extended prescriptive authority to other health practitioners under either designated or delegated authority. In 2016, regulations for other RN prescribers came into force enabling RNs practising in primary health and specialty teams who meet educational requirements of the Nursing Council of New Zealand (NCNZ) to prescribe under the designated authority criteria. The prescriptive authority of Designated Prescriber: Registered nurse practising in primary health and specialty teams now also incorporates RNs prescribing in diabetes health. These RN prescribers predominately work with people with common, chronic and long term conditions in order to improve timely access to care. The model enables appropriately qualified and experienced RNs to prescribe from a limited formulary independently and within their scope of practice for patients under their care.

These international examples of nurse prescribing models provide valuable guidance to inform the future development of prescribing by RNs and midwives in Australia. Many of these models of prescribing were developed to support health reform objectives, improve safe timely access to medicines for consumers and to improve access to care for consumers. The evidence from evaluation of these models is that nurses who are educated to prescribe do so safely and effectively within their scope of practice[8].

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[6] Background paper: Registered Nurse and Midwife Prescribing Symposium March 2017.

[7] Consensus Model for APRN Regulation: www.ncsbn.org/Consensus_Model_for_APRN_Regulation_July_2008.pdf

[8] Smith A, Latter, S and Blenkinsopp, A. Safety and quality of nurse independent prescribing: a national study of experiences of education, continuing professional development clinical governance. Journal of advanced nursing. 2014;70(11):2506-17, Pritchard A, & Kendrick, D. Practice nurse and health visitor management of acute minor illness in a general practice. Journal of Advanced Nursing. 2001;36(4):556-62, Hart M. Investigating the progress of community matron prescribing. Primary Health

Rationale for registered nurse prescribing in partnership

While Australians in general have reasonable access to health care services, it is widely acknowledged there are many people who are underserved because they live in areas or in circumstances where access to health care is challenging. Further, the impact of an ageing population and the increasing level of chronic and complex disease places greater demand on available health services.

The Australian Institute of Health and Welfare publication *Australia's health 2018* estimates the population is currently at 25.2 million with 15% of the population aged over 65. The population of persons aged over 65 is projected to increase to 22% in 2061, and the number of people over the age of 85 is expected to increase to 5% of the population by 2061. The projected growth in the aged has implications for growing demands upon the health care system, with expected increases in those with chronic conditions such as coronary heart disease, dementia and stroke.

RNs comprise the largest number and proportion of health professionals regulated under the National Registration and Accreditation Scheme (236,948 in 2016). Data from the 2016 nursing and midwifery workforce survey demonstrates that RNs work in all sectors of health care, with 18% working in either outer regional, remote or very remote locations.

Providing equity of access to health care for all consumers requires new ways of delivering that care. Within existing pre-registration education programs RNs are provided with foundational skills and knowledge to competently supply under protocol/policy and to build further capabilities in the safe management of medicines. The additional knowledge and skills gained in meeting the requirements for an endorsement for the prescription of scheduled medicines will support additional flexibility within the nursing profession to meet identified needs within the community.

In the ever changing health care environment, nursing continues to demonstrate the flexibility to progress its scope of practice to ensure that health care is provided to consumers in a timely and appropriate way. RNs have a broad scope of practice and are the largest group of regulated health professionals in Australia. They work as a part of multidisciplinary teams and currently have a role in administering, supplying and titrating medicines. As RNs are integral in the delivery of all facets of health care, expanding the scope of practice of RNs to prescribe in partnership with an authorised health practitioner[9] provides opportunity to develop innovative models of care that deliver safe, timely and effective access to health care for consumers. RNs endorsed to prescribe in partnership will be functioning as a member of a team e.g. within an acute or aged care setting, within a general practice, community health or as a remote area nurse where teams are co-located or geographically dispersed.

Proposed model of RN prescribing in partnership

The NMBA has considered evidence from the national and international literature, feedback from stakeholders at the Symposium and responses to the discussion paper. It has decided to consult on a model of prescribing for RNs called *prescribing in partnership* that aligns with the *prescribing under supervision* (Model 2) in the HPPP. As indicated above, similar models of prescribing have been in place for RNs internationally for many years and the evidence from evaluation of these models is that RNs who are educated and authorised to prescribe, do so safely and effectively within their scope of practice[10].

The NMBA is of the view that RNs have a considerable role in the assessment, diagnosis, management and evaluation of care provided for consumers. The ability for RNs to prescribe a range of medicines has the potential to enhance timely access to health services for consumers.

The key focus of the proposed **Endorsement for scheduled medicines for registered nurses to prescribe in partnership** is that it promotes safe, timely and improved access to medicines for communities, and promotes workforce flexibility to meet consumer needs.

Care,. 2013;23(2):26-31 and Fong J, Buckley, T., & Cashin, A. Nurse practitioner prescribing: an international perspective. Journal of Nursing Research and Reviews. 2015;5:99-108.

[9] **Authorised health practitioner** is a practitioner who is an authorised autonomous prescriber for example a medical practitioner or a nurse practitioner.

[10] Consultation document on two proposals for registered nurse prescribing – community nurse prescribing and specialist nurse prescribing, Nursing Council of New Zealand, February 2013.

Table 1 below compares the models of RN supply and prescribing of medicines including the proposed model of prescribing in partnership.

Table 1 – Comparison of RN supply and prescribing

	RN prescribing via a structured prescribing arrangement (existing)	**RN endorsed to prescribe in partnership (proposed)**	**Nurse practitioner– autonomous prescriber (existing)**
Scope of prescribing	Able to identify the need for and supply medicines via approved protocol/policy.	Able to diagnose and prescribe scheduled medicines for a limited range of conditions within their scope of practice in a formalised partnership with a partner prescriber[11].	Able to autonomously diagnose and prescribe scheduled medicines within their scope of practice. Collaborates with other health practitioners as required for PBS subsidy of medicines.
Education and experience	Included as a part of the undergraduate RN curriculum.	Post graduate units in prescribing, including pathophysiology, assessment and pharmacotherapeutics, based on the NPS prescribing competencies and quality use of medicines (QUM). Minimum two years' full time equivalent (FTE) post registration clinical experience working as a RN.	Postgraduate qualification in a relevant specialty area prior to enrolment in a NP education program. Master's degree from an accredited education program prior to endorsement by the NMBA. Additional 300 hours of integrated professional practice before they are eligible for endorsement. Three years' FTE post-registration experience working clinically at the advanced practice nursing level.
Prescribing authority	Limited to agreed medicines as per approved protocol/policy.	Authorised to prescribe in partnership in accordance with state and territory poisons legislation /regulations.	Authorised prescriber in accordance with state and territory poisons legislation/regulations.
Regulation	State and territory health department and local policies.	Endorsement by the NMBA. State and territory legislation and local policies. Additional ten (10) hours of continuing professional development (CPD) hours relating to prescribing and administration of scheduled medicines.	Endorsement by the NMBA. State and territory legislation and local policies. Additional ten (10) hours of CPD relating to prescribing and administration of scheduled medicines, diagnostic investigations, consultation and referral

[11] **Partner prescriber** is an authorised health practitioner who is an authorised autonomous prescriber for example a medical practitioner or a nurse practitioner (more than one partner prescriber may work in partnership with the endorsed registered nurse).

What is prescribing in partnership?

Prescribing in partnership occurs when an RN with an endorsement for scheduled medicines undertakes prescribing within their level of competence and scope of practice in partnership with a partner prescriber[12] in a governance framework. All RNs use clinical decision making and critical thinking when providing care to consumers. RNs endorsed to prescribe in partnership will have additional education and a period of supervision, to further develop these skills and appropriately apply them when making prescribing decisions.

The RN endorsed to prescribe in partnership:

- will have an authorisation to prescribe medicines by relevant state and territory legislation
- will meet the requirements of the prescribing in partnership endorsement, as set by the NMBA's registration standard and guidelines, and
- will meet the policies of the jurisdiction, employer or health service.

The RN endorsed to prescribe in partnership is responsible and accountable for prescribing within their scope of practice and authorisation.

Question 1

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?

Yes No

Comment:

The governance framework

RNs endorsed to prescribe in partnership are required to be employed, and not working as sole practitioners or in their own private practice. The RN endorsed to prescribe in partnership and the partner prescriber[12] will work in accordance with a clinical governance framework. The clinical governance framework will build on the existing established governance frameworks for the QUM of the employer organisation to also establish the client groups and scope of prescribing of the RN within the employing organisation. RNs endorsed to prescribe in partnership will need to meet organisational credentialing requirements.

It is the employers responsibility together with the RN endorsed to prescribe in partnership and partner prescriber[12] to ensure there is an appropriate clinical governance framework in place to support the model of prescribing. State and territory health departments and/or employer organisations will already have governance frameworks for the QUM including prescribing. When implementing prescribing in partnership these may require review in order to ensure the introduction of a new model of prescribing is adequately covered. Some examples of an existing clinical governance framework would be:

- a medicines advisory committee to provide expert advice and guidance on prescribing
- local and/or organisational policies related to prescribing
- processes for risk assessment
- processes for monitoring, review and audit of prescribing practices.

To note, the clinical governance framework is not a prerequisite for endorsement by the NMBA.

[12] **Partner prescriber** is an authorised health practitioner who is an authorised autonomous prescriber for example a medical practitioner or a nurse practitioner (more than one partner prescriber may work in partnership with the endorsed registered nurse).

Question 2

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?

Yes No

If yes, please provide details:

Experience

In relation to the required clinical experience prior to undertaking prescribing education, in most comparable countries with Australia, three years' full time post registration experience is required to be eligible to undertake post graduate prescribing specific education and subsequent endorsement. However, this seems to be based on precedent rather than evidence to support the requirement. The NMBA requirement for endorsement as a nurse practitioner is three years' full time equivalent experience.

The NMBA has determined that an RN applying for an endorsement to prescribe in partnership must have a minimum of two years' full time equivalent post initial registration experience. This recognises that the level of prescribing and scope of practice is less encompassing than that of an NP, which is an autonomous nursing role with enhanced responsibilities and accountabilities reflected by their additional experience, educational and practice requirements. It is expected that RNs who are endorsed to prescribe in partnership will be employed as part of a health care organisation where there are appropriate governance arrangements to support this model of prescribing. These RNs will be practicing as a member of a clinical team and will be prescribing in partnership with a partner prescriber[13].

As such, the NMBA proposes that two years' experience[14] in conjunction with the educational requirements for endorsement is sufficient to ensure the RN is able to achieve competence as a prescriber in partnership rather than as a fully autonomous prescriber as in the case of NPs.

Question 3

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?

Yes No

If no, please describe why and include reference to any supporting evidence.

Education

Undergraduate programs leading to registration as a RN in Australia include sufficient education in pharmacology for RNs to administer and supply medicines under protocol/policy. In order to become endorsed to prescribe in partnership, RNs must successfully complete NMBA-approved post graduate units of study in RN prescribing that address the requirements of prescribing in partnership. There are currently no accreditation standards developed for RN prescribing (at this level) and if this proposal is successful the NMBA will ask ANMAC to develop and consult on accreditation standards. The accreditation standards will address the relevant National Prescribing Service (NPS) Prescribing Competencies Framework. This framework describes the competencies required to prescribe medicines, safely, appropriately and effectively. The NMBA expects that this level of education and model of prescribing will form a career path for RNs, support further development of the nurse practitioner workforce and enhance service delivery to meet health care needs.

[13] **Partner prescriber** is an authorised health practitioner who is an authorised autonomous prescriber for example a medical practitioner or a nurse practitioner (more than one partner prescriber may work in partnership with the endorsed registered nurse).

[14] Benner, P. (1984). From novice to expert: Excellence and power in clinical nursing practice. Menlo Park: Addison-Wesley, pp. 13-34.

Question 4

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?

Yes No

If no, please describe why.

Supervised practice

The NMBA is proposing that RNs endorsed to prescribe in partnership will initially have a condition on their endorsement to compete a period of supervised practice under the direct or indirect supervision of a partner prescriber[15]. The purpose of the period of supervision is for the RN to consolidate their prescribing skills. The period of supervised practice is to be for a minimum of three months FTE. Following the completion of the supervised practice the partner prescriber[15] will be required to assess the competence of the RN against the relevant NPS prescribing competencies. The completed report will be provided to the NMBA and the conditions on the endorsement removed.

Question 5

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

Yes No

Comment:

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

Yes No

If no, please describe why

Examples of models of care for prescribing in partnership

Potential models of care where prescribing in partnership may occur include:

- An endorsed RN works in a health service as a part of a multidisciplinary team providing care to persons with a specified long-term health condition, such as diabetes or heart failure. The RN monitors the person in the outpatient clinic on a monthly basis, and undertakes prescribing relating directly to their long-term health condition. On a routine patient visit, the RN conducts an assessment to determine whether the person's long-term health condition is stable, and titrates medicines, in accordance with the health service's governance framework. The RN regularly discusses the client's health status with the partner prescriber[15], and escalates care when any changes are identified in the patient's health status. The partner prescriber[15] now sees the patient in collaboration with the RN every two months, instead of monthly. This allows the partner prescriber[15] to concentrate on more complex cases, as well as helping to increase clinic efficiency by decreasing patient waiting times to be seen and assessed.

- An endorsed RN working in an aged care facility notes that a long-term resident with severe osteoarthritis requires repeat prescriptions used to treat their severe, chronic pain. Unfortunately, the resident's general practitioner (GP) cannot be contacted, and a long-weekend is quickly approaching. After assessing the resident and ensuring the resident's pain continues to be well-controlled, the RN writes the necessary ongoing prescriptions in accordance with facility guidelines on prescribing in partnership. The resident is able to receive uninterrupted and

[15] **Partner prescriber** is an authorised health practitioner who is an authorised autonomous prescriber for example a medical practitioner or a nurse practitioner (more than one partner prescriber may work in partnership with the endorsed registered nurse).

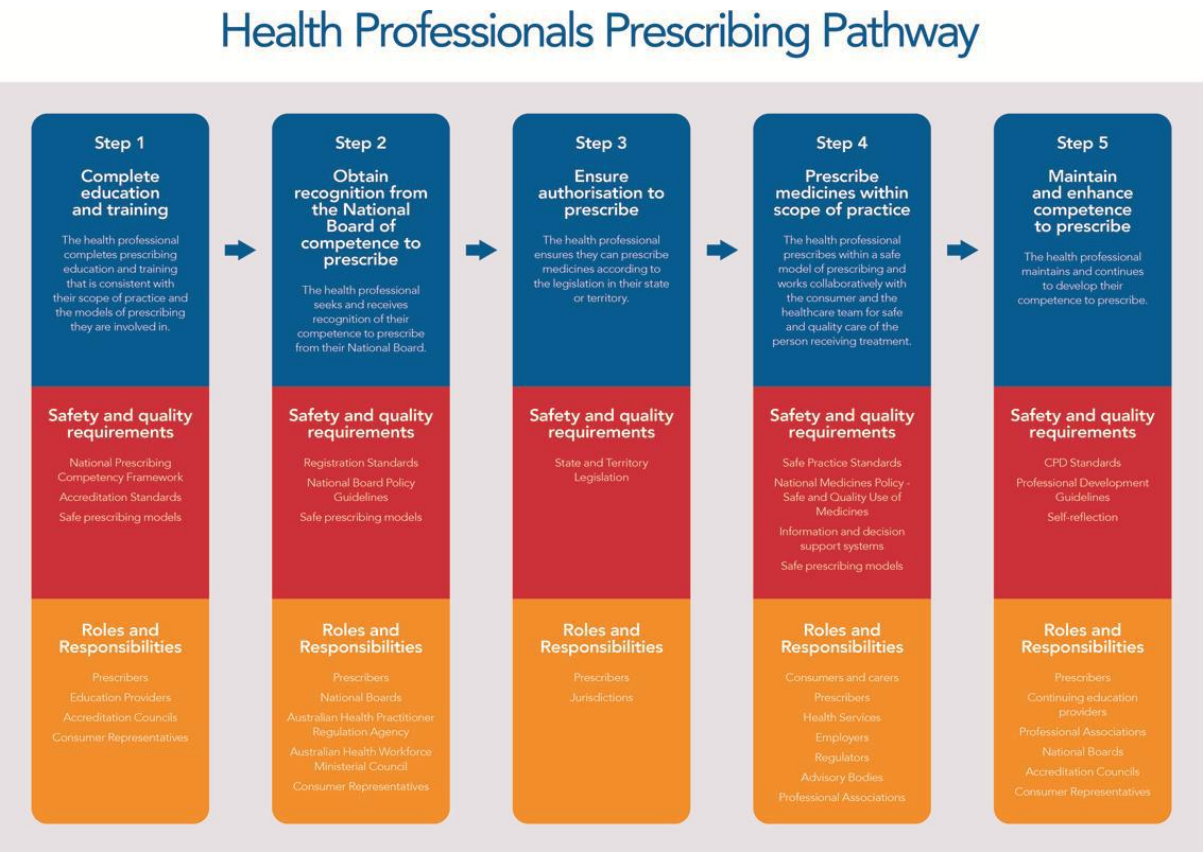
appropriate pain control until the GP is next scheduled to visit, immediately after the long weekend. The RN notifies the GP of the repeat prescriptions and on the GPs next visit discusses the ongoing management of the resident's pain.

- An endorsed RN is working in a clinic for the homeless during the flu vaccination season. The RN's partner prescriber[16] visits the clinic once a week for a half-day session, and several regular clients have presented today requesting a flu shot. The RN (who is also authorised to immunise) prescribes and administers the flu vaccines, along with any other required opportunistic vaccinations. During one of the flu vaccinations, one of the longstanding clients mentions that he has had genitourinary symptoms consistent with a sexually transmitted infection (STI). The RN conducts a video consultation with the partner prescriber[16] and the client. Following this consultation the partner prescriber[16] and the RN discuss the management and required medicines which the RN is then able to prescribe to enable the client to begin treatment immediately. The RN ensures the client's health record is updated to reflect the agreed approach to care. Follow up with the client is arranged with the partner prescriber[16] at their next clinic visit so that the RN can provide feedback and effectiveness of treatment can be evaluated.

The NMBA believes that prescribing in partnership as demonstrated by examples such as these will support improved timely access to medicines for consumers and also meet safety and quality standards. The NMBA is interested in comments about the proposed *Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership* and invites written submissions. In particular, the NMBA invites responses to the 'Questions for consideration' in this consultation paper.

[16] **Partner prescriber** is an authorised health practitioner who is an authorised autonomous prescriber for example a medical practitioner or a nurse practitioner (more than one partner prescriber may work in partnership with the endorsed registered nurse).

Appendix A


Health Professionals Prescribing Pathway
Step 1
Complete education and training
The health professional completes prescribing education and training that is consistent with their scope of practice and the models of prescribing they are involved in.
Safety and quality requirements
National Prescribing Competency Framework
Accreditation Standards
Safe prescribing models
Roles and Responsibilities
Prescribers
Education Providers
Accreditation Councils
Consumer Representatives
Step 2
Obtain recognition from the National Board of competence to prescribe
The health professional seeks and receives recognition of their competence to prescribe from their National Board.
Safety and quality requirements
Registration Standards
National Board Policy Guidelines
Safe prescribing models
Roles and Responsibilities
Prescribers
National Boards
Australian Health Practitioner Regulation Agency
Australian Health Workforce Ministerial Council
Consumer Representatives
Step 3
Ensure authorisation to prescribe
The health professional ensures they can prescribe medicines according to the legislation in their state or territory.
Safety and quality requirements
State and Territory Legislation
Roles and Responsibilities
Prescribers
Jurisdictions
Step 4
Prescribe medicines within scope of practice
The health professional prescribes within a safe model of prescribing and works collaboratively with the consumer and the healthcare team for safe and quality care of the person receiving treatment.
Safety and quality requirements
Safe Practice Standards
National Medicines Policy - Safe and Quality Use of Medicines
Information and decision support systems
Safe prescribing models
Roles and Responsibilities
Consumers and carers
Prescribers
Health Services
Employers
Regulators
Advisory Bodies
Professional Associations
Step 5
Maintain and enhance competence to prescribe
The health professional maintains and continues to develop their competence to prescribe.
Safety and quality requirements
CPD Standards
Professional Development Guidelines
Self-reflection
Roles and Responsibilities
Prescribers
Continuing education providers
Professional Associations
National Boards
Accreditation Councils
Consumer Representatives

Summary of issue

Options statement

The NMBA has considered two options in developing this proposal:

Option one – status quo

There is currently no Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership.

Option two – proposal to develop a registration standard for the endorsement for scheduled medicines for registered nurses prescribing in partnership

The development of a registration standard for the endorsement for scheduled medicines for registered nurses prescribing in partnership which establishes the NMBA's requirements for an RN to prescribe in a partnership. The registration standard provides assurance that the RN has achieved the required prescribing competencies and is qualified to prescribe in a partnership arrangement.

Preferred option

The preferred option of the NMBA is **Option two**.

Potential benefits and costs of proposal

Benefits

The benefits of the preferred option are that:

- It provides improved access to timely health care for the public by optimising the scope of practice of an appropriately-trained RN to prescribe scheduled medicines.
- RNs endorsed to prescribe in partnership will have the ability to prescribe medicines in accordance with state and territory drugs and poisons legislation and within a partnership prescribing model.
- The registration standard and associated guidelines protect the public by ensuring that only suitably qualified RNs are eligible to have their registration endorsed to prescribe in partnership. The governance framework ensures safe and quality prescribing.
- Creates a pathway to NP endorsement.

Costs

The costs of the preferred option are:

- There will be a cost to RNs to undertake the required education and an endorsement application fee.
- There will be a cost to education providers to develop the required units of education and have them accredited by the Australian Nursing and Midwifery Accreditation Council.
- There will be a time cost for RNs, other stakeholders and AHPRA who will need to become familiar with the registration standard.

Questions for feedback

1. 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?

   Yes No

   Comment:

2. 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?

   Yes No

   If yes, please provide details:

3. 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?

   Yes No

   If no, please describe why and include reference to any supporting evidence.

4. 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?

   Yes No

   If no, please describe why.

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

   Yes No

   Comment:

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

   Yes No

   If no, please describe why

6. 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?

   Yes No

   Comment:

7. 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?

   Yes No

   Comment:

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

Attachments

Attachment 1: *Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership*

Attachment 2*: Guidelines for registered nurses applying for and with the endorsement for scheduled medicines – prescribing in partnership*

Attachment 3*:* The NMBA's Statement of assessment against the AHPRA *Procedures for development of registration standards and COAG principles for best practice regulation*.

Making a submission

The NMBA seeks your feedback on the proposal. Please provide written submissions **in a word document** by **close of business on 21 September 2018**.[17]

Address submissions by:

email, with the subject titled 'Endorsement for scheduled medicines for registered nurses prescribing in partnership' to **nmbafeedback@ahpra.gov.au**

or, post to

The Executive Officer
Nursing and Midwifery Board of Australia,
GPO Box 9958
Melbourne VIC 3001.

[17] You are welcome to supply a PDF file of your feedback in addition to the Word (or equivalent) file, however we request that you do supply a word file. As part of an effort to meet international website accessibility guidelines, AHPRA and National Boards are striving to publish documents in accessible formats (such as word), in addition to PDFs. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx