

Public consultation paper

December 2015

Proposed discontinuation of the Registration standard: Endorsement for scheduled medicines (rural and isolated practice)

To provide feedback, please provide your comments **in a word document¹** by email to nmbafeedback@ahpra.gov.au **by close of business on 22 February 2016**

Public consultation

The Nursing and Midwifery Board of Australia (NMBA) is releasing the attached consultation paper on the review of the registration standard Registration standard: Endorsement for scheduled medicines (rural and isolated practice)

How your submission will be treated

Submissions will generally be published unless you request otherwise. The NMBA publishes submissions on its website to encourage discussion and inform the community and stakeholders. However, the NMBA retains the right not to publish submissions at its discretion, and will not put on its website, or make available to the public, submissions that contain offensive or defamatory comments or comments that are outside the scope of the consultation.

Before publication the NMBA will remove personally identify 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 accept 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 These submissions will not be published on the website or elsewhere.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 (Cwlth)*, 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.

More information about this is available on the [AHPRA website](#)

Overview of consultation

The Nursing and Midwifery Board of Australia (NMBA) has powers under section 38 of the *Health Practitioner Regulation National Law Act* as in force in each state and territory (National Law) to develop, consult on and recommend registration standards to the Australian Health Workforce Ministerial Council (AHWMC).

Registration standards are relevant to the:

- eligibility of individuals for registration in the nursing and midwifery profession, or
- suitability of individuals to competently and safely practise the profession.

Since the introduction of the National Scheme in 2010, the National Board has established a systematic process to review, consult on and develop all registration standards.

In 2010 the National Board developed the *Registration standard for endorsement of registered nurses (rural and isolated practice)* (the RIPEN endorsement standard). The standard was developed under sections 38 and 94 of the National Law and approved by the Australian Health Workforce Ministerial Council (Ministerial Council). Since July 2010 registered nurses have been able to apply to the NMBA for endorsement if they met the requirements of the RIPEN endorsement standard.

The RIPEN endorsement standard describes the required qualification and experience that a registered nurse must demonstrate when applying for this endorsement.

As a part of the required revision of the RIPEN endorsement standard, the NMBA initially identified that there was a need to consider expanding the standard beyond registered nurses in rural and isolated practice areas. The NMBA conducted preliminary and public consultation with stakeholders about a proposal to expand the current endorsement for scheduled medicines registration standard.

The feedback received from both the preliminary and public consultations to the proposal to expand the registration standard was mixed. However, the general feedback was that there was no requirement for the RIPEN endorsement standard as the state and territory drugs and poisons legislation enables registered nurses to obtain, supply and administer scheduled medicines in accordance with the relevant drug therapy protocol, therefore a specific registration standard for this purpose was no longer required.

The NMBA is therefore now consulting on the discontinuation of the RIPEN endorsement standard and invites comments and feedback from interested parties.

Background

In March 2010, the Ministerial Council in accordance with section 14 of the National Law, approved the NMBA proposal for an endorsement in relation to scheduled medicines for registered nurses (rural and isolated practice) (Attachment 1). The approval was for the following:

Class of health practitioner: any person registered as a registered nurse under the National Law whose registration has been endorsed by the NMBA in accordance with section 94 of the National Law.

Type of use: endorsed as qualified to obtain, supply and administer, a class of scheduled medicines.

Class of scheduled medicines: Schedule 2, 3, 4 and 8 medicines for nursing practice in a rural and isolated area.

The NMBA has powers under:

section 38 of the National Law to develop and recommend registration standards to the Ministerial Council about issues relevant to the eligibility of individuals for registration in the nursing and midwifery professions, and

section 94 of the 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.

During the transition to the National Registration and Accreditation Scheme ([National Scheme](#)), the NMBA identified that there were endorsements in place in both Victoria and Queensland that enabled registered nurses who worked in rural and remote areas to supply scheduled medicines under protocol². The role of registered nurses with an endorsement for scheduled medicines to supply medicines in rural and isolated practice was first established in Queensland in the 1990s.

To enable these registered nurses to continue to supply medicines after the start of the National Scheme, the Ministerial Council agreed to approve the NMBA proposal for an endorsement in relation to scheduled medicines for registered nurses (rural and isolated practice), and also approved the NMBA's *Registration standard for endorsement for scheduled medicines registered nurses (rural and isolated practice)* (RIPEN endorsement standard). This registration standard was due for review within three years of implementation.

As a part of the revision of the RIPEN endorsement standard, the NMBA initially identified that there was a need to consider expanding the standard to supply scheduled medicines under protocol beyond registered nurses and the rural and isolated practice areas.

The NMBA conducted preliminary and public consultation with stakeholders about a proposal to expand the current RIPEN endorsement standard. The proposed expansion of the registration standard was to broaden current approved arrangements (to supply scheduled medicines under protocol), and develop a registration standard to extend also to midwives and expand the range of practice areas beyond rural and isolated practice.

The feedback received from both the preliminary and public consultations to the proposal to expand the registration standard was mixed. A number of respondents were supportive of the proposal as in their view it increased workforce flexibility and had the potential to enable registered nurses and midwives working in a broader range of health care settings to supply medicines under protocol.

Many other key stakeholders did not support the proposal as it was perceived to be an unnecessary barrier to the expansion to the scope of practice of registered nurses and midwives. This is because there are mechanisms in the drugs and poisons legislation in a number of jurisdictions that authorises registered nurses and midwives to supply medicines in certain circumstances without requiring them to have an endorsement on their registration. The ability to supply scheduled medicines is usually dependent on standing orders or protocols (however termed) approve by the Chief Health Officer (or equivalent) in the relevant state or territory.

The NMBA considered the feedback from both the preliminary and public consultation on the proposed expansion to the registration standard. The NMBA determined that at this time it would not expand the registration standard and in addition, as the state and territory drugs and poisons legislation enables registered nurses and midwives in particular areas to obtain, supply and administer scheduled medicines in accordance with the relevant drug therapy protocol, Chief Health Officer (or equivalent) standing order or health services permit, the RIPEN endorsement standard is no longer required.

The NMBA is interested in comments from stakeholders about the proposal to discontinue the registration standard: *Endorsement for scheduled medicines rural and isolated practice* and invites written submissions. In particular, the NMBA invites stakeholders to respond to the '[Questions for consideration](#)' in this consultation paper.

Summary of issue

Purpose of the proposal

There are currently 928 registered nurses with an endorsement for scheduled medicines rural and isolated practice. This endorsement enables registered nurses to give appropriate access to medicines (in accordance with the protocol) to patients in rural and isolated practice areas in situations where a medical practitioner or nurse practitioner is not available.

In considering the discontinuation of the RIPEN endorsement standard, the NMBA recognises that there will need to be a transition phase to ensure the ongoing appropriate access to medicines for patients in rural and remote areas. When final decisions have been made the NMBA will provide further detail of any transition.

² Note that these registered nurses are not authorised to prescribe, but only to obtain, possess, supply and administer scheduled medicines under protocol.

In recommending the discontinuance of the RIPEN endorsement standard, the need for allocation of responsibility between the regulators, the jurisdictions, employers and the registered nurse has been taken into account.

Options statement

The NMBA has considered two options in developing this proposal.

Option one – Maintain 'as is'

Option one would continue with the existing registration standard: *Endorsement for scheduled medicines rural and isolated practice* (RIPEN endorsement standard). The current RIPEN endorsement standard applies only to registered nurses who work in rural and isolated practice areas.

Maintaining the RIPEN endorsement standard will continue this mechanism for the supply of medicines in rural and remote areas.

The NMBA considers that maintaining arrangements 'as is' does not reflect changes in contemporary nursing and midwifery practice with respect to supply/prescribing of medicines and has the potential to create barriers for a greater flexible approach to supply of scheduled medicines under protocol. It is timely to consider the workability of the ongoing relevance of the current RIPEN endorsement standard and whether there is a need for it in the longer term.

Option two – proposal to discontinue the RIPEN endorsement standard

Option two is that the RIPEN endorsement standard is discontinued and the supply of scheduled medicines by registered nurses and midwives is managed by the states and territories in accordance with the jurisdictional drugs and poisons legislation and approved protocols (however titled).

Feedback provided to the NMBA from stakeholders with respect to the RIPEN endorsement standard is that there are other mechanisms in the drugs and poisons legislation in a number of jurisdictions that authorises registered nurses and midwives to supply medicines in certain circumstances without requiring them to have an endorsement on their registration – the requirement for an endorsement could be considered to be onerous and reduce flexibility in approach to supply of scheduled medicines under protocol.

In addition, the current RIPEN endorsement standard limits the application of the standard to registered nurses only and to those who work in areas identified as rural and isolated – it does not allow a platform for broader options for supply to be considered.

It could be suggested that the RIPEN endorsement standard in its current form is restrictive and does support one of the key objectives of the National Law (section 3(2)(f)), *to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners.*

In addition, to support the development of a future approach to medication management and prescribing the NMBA has agreed to undertake research to explore factors related to nursing and midwifery medication management and prescribing, including the role of the regulator in this area.

Preferred option

The preferred option of the Nursing and Midwifery Board of Australia is **Option two**.

Issues for discussion

Proposal to discontinue current arrangements

The current approved *Endorsement for scheduled medicines rural and isolated practice* (RIPEN endorsement standard) commenced on 1 July 2010, following Ministerial Council approval.

The RIPEN endorsement standard was developed in response to stakeholder feedback received when the NMBA was preparing for the National Scheme and consulting on the proposed registration standards. The RIPEN endorsement standard limits the endorsement for scheduled medicines to registered nurses who work in rural and isolated areas in Australia and to prescribe only under protocol.

The NMBA is of the view, that as a number of jurisdictions that have processes in place to enable registered nurses and midwives to supply medicines under protocol, there is no need for a requirement for a specific scheduled medicines endorsement.

Regulatory impacts

Since the start of the National Scheme in 2010, a number of jurisdictions have amended their drugs and poisons legislation to include the requirement for registered nurses who supply medicines to have scheduled medicines endorsement under section 94 of the National Law. If the proposal to discontinue the registration standard is approved by Ministerial Council these jurisdictions will need to consider amendments to drugs and poisons legislation.

Transitional arrangements

If the proposal to discontinue the RIPEN endorsement standard is approved by Ministerial Council the NMBA will develop transitional arrangements for registered nurses who currently hold an endorsement for scheduled medicines (rural and isolated practice).

Potential benefits and costs of proposal

Benefits

The benefits of the preferred option are that:

- Registered nurses and midwives will have the ability to supply medicines in accordance with state and territory drugs and poisons legislation without the requirement to hold an endorsement for scheduled medicines
- there will not be need for NMBA approved education programs;
- there will be greater flexibility in approach to the supply of medicines under protocol in rural and remote areas; and
- there will be reduced administrative costs i.e. no application fee for an endorsement.

Costs

The costs of the preferred option are:

- that the NMBA and AHPRA will need to clearly advise Registered nurses and other stakeholders, that the RIPEN endorsement has been discontinued, and .
- any transition costs of the discontinuation of the RIPEN endorsement standard.

Questions for consideration

1. Do you support the proposal to discontinue the *Registration standard for endorsement of registered nurses (rural and isolated practice)* (the RIPEN endorsement standard)?
2. If the RIPEN endorsement standard is discontinued will registered nurses in your state or territory be able to appropriately supply medicines under protocol?
3. Are there jurisdiction-specific impacts for health practitioners, or governments or other stakeholders that the NMBA should be aware of, if the RIPEN endorsement standard is discontinued?
4. Are there any implementation or transitional issues the NMBA should be aware of if the RIPEN endorsement standard is discontinued?

Attachments

The NMBA's Statement of assessment against AHPRA's procedures for development of registration standards and COAG principles for best practice regulation is at **Attachment 1**.

Making a submission

The NMBA seeks your feedback on the proposal. Please provide written submissions in Word and PDF format by **4pm on 22 February 2016**.³

Address submissions by:

- email, marked '*endorsement of registered nurses and/or registered midwives to supply and administer scheduled medicines under protocol*' to nmbafeedback@ahpra.gov.au,
- post to **The Executive Officer Nursing and Midwifery Board of Australia, AHPRA, GPO Box 9958, Melbourne, 3001**.

How your submission will be treated

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Attachment 1

National Board's Statement of assessment against the AHPRA *Procedures for development of registration standards and COAG principles for best practice regulation*

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the development of registration standards* which are available at: www.ahpra.gov.au

These procedures have been developed by AHPRA in accordance with section 25 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law) which requires AHPRA to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (National Scheme) operates in accordance with good regulatory practice.

Below is the Nursing and Midwifery Board of Australia's (NMBA) assessment of the proposed discontinuation of the *Registration standard for endorsement of registered nurses (rural and isolated practice)* (the RIPEN endorsement standard) against the three elements outlined in the AHPRA procedures.

1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law

Board assessment

The NMBA considers that the discontinuation of the RIPEN endorsement standard meets the objectives and guiding principles of the National Law and will support workforce flexibility.

In addition, the following were considered in determining if there is a need for the endorsement:

- circumstances in which a registered nurse and/or midwife would supply medicines
- the drugs and poisons legislative requirements in the states and territories
- risks associated with the supply of medicines under protocol, and
- the education required to supply medicines.

2. The consultation requirements of the National Law are met

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards and proposals to discontinue a registration standard. The National Law also requires the NMBA to consult other National Boards on matters of shared interest.

The NMBA is ensuring that there is public exposure of its proposal and there is the opportunity for public comment by undertaking an eight week public consultation process. This process includes the publication of the consultation paper (and attachments) on its website.

The NMBA has drawn this paper to the attention of the 13 other National Boards, and key stakeholders. The NMBA will take into account the feedback it receives when finalising its proposal for submission to the Ministerial Council for approval.

3. The proposal takes into account the COAG Principles for Best Practice Regulation

Board assessment

In considering the discontinuation of the [RIPEN endorsement standard](#), the NMBA has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

As an overall statement, the NMBA has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The NMBA makes the following assessment specific to each of the COAG Principles expressed in the AHPRA procedures.

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

Board assessment

It is the NMBA's view that the discontinuation of the [RIPEN endorsement standard](#) is the best option for achieving the stated purposes.

The NMBA considers the discontinuation of the [RIPEN endorsement standard](#), if approved, would allow supply under protocol to continue to members of the public in accordance with relevant state and territory drugs and poisons legislation – which is currently standard practice, managed by the oversight of the relevant state health department. It will reduce the current onerous requirements to be endorsed to supply under protocol in rural and remote areas. It would have a minor impact on the nursing profession, the number of registered nurses with an endorsement is 928 (0.03%) of the Register. These nurses will continue to be able to supply under protocol in accordance with the relevant state and territory drugs and poisons legislation.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

Board assessment

The NMBA considered whether the discontinuation of the [RIPEN endorsement standard](#) could result in an unnecessary restriction of competition among health practitioners. The NMBA considers the discontinuation of the standard will not result in a restriction of competition.

C. Whether the proposal results in an unnecessary restriction of consumer choice

Board assessment

The NMBA considers consumer choice will not be restricted by the discontinuation of the registration standard. Consumers will continue to have the opportunity to have medicines safely and appropriately supplied under protocol, by a registered nurse and/or midwife in accordance with state and territory legislation.

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

Board assessment

The NMBA considered that the overall costs of the discontinuation of the [RIPEN endorsement standard](#), if approved by the Ministerial Council, to members of the public, registrants and governments will be minimal. Any likely costs are appropriate when offset against the cost benefits realised as a result of the discontinuation of the [RIPEN endorsement standard](#), for example reduction in need for formally approved education programs, greater flexibility in approach to the supply of medicines in rural and remote areas and no administrative costs i.e. no application fee for an endorsement.

E. Whether the requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

Board assessment

The NMBA considers that the information about the discontinuation of the RIPEN endorsement standard has been written in plain English that will enable health practitioners to understand.

However, the NMBA is open to hearing from stakeholders about whether the clarity can be improved.

F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

Board assessment

If approved, the NMBA will monitor the impact of the discontinuation of the RIPEN endorsement standard and consider in the future whether there is a role for the NMBA in facilitating broader prescribing for nurses and midwives.