



Australian
College of
Nursing

Australian College of Nursing submission to the
Nursing and Midwifery Board of Australia (NMBA)
consultation on the review of the Registration
standard: Endorsement for scheduled medicines
(rural and isolated practice)

To whom it may concern

Re: Nursing and Midwifery Board of Australia public consultation on the proposed discontinuation of the Registration standard: Endorsement for scheduled medicines (rural and isolated practice)

The Australian College of Nursing is pleased to provide a joint response in partnership with the Australian College of Mental Health Nurses (ACMHN), the Australian Primary Health Care Nurses Association (APNA) and the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) to the NMBA public consultation paper on the **proposed discontinuation of the Registration standard: Endorsement for scheduled medicines (rural and isolated practice)**.

The Australian College of Nursing (ACN) is the national professional organisation for all nurse leaders and its aim is to ensure that the Australian community receives quality nursing care now and in the future. ACN is a membership organisation with members in all states and territories, health care settings and nursing specialties. ACN is also the Australian member of the International Council of Nurses headquartered in Geneva.

I thank you for the opportunity to respond to the Nursing and Midwifery Board's **proposed discontinuation of the Registration standard: Endorsement for scheduled medicines (rural and isolated practice)** and hope that the feedback offered by our members proves useful.

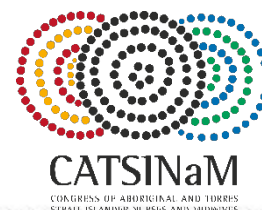
Please do not hesitate to contact me if you require any further information or clarification of the information provided.

Yours sincerely



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

The National Board developed the Registration standard for the endorsement of registered nurses (rural and isolated practice) (the RIPEN endorsement standard) in 2010 to describe the minimum standard of education and experience a registered nurse must demonstrate when applying for this endorsement. The development of the standard during the transition to the National Registration and Accreditation Scheme (National Scheme) was to enable registered nurses working in rural and remote regions to continue to obtain, possess, supply and administer scheduled medicines under protocol, a practice which registered nurses have been undertaking since the 1990s. It is understood that the Ministerial Council agreed to the development of the standard with a review period within three years of implementation.

This submission recognises it has been approximately six years since the standard was developed, and acknowledges that this significant period of time has presented jurisdictions across Australia time to plan, consider and prepare for the inevitable review of the standard.

Consultation with membership has raised concerns regarding the proposed discontinuation of the RIPEN endorsement standard. It is clear that in a number of jurisdictions, drugs and poisons legislation enables registered nurses and midwives in particular areas to obtain, supply and administer scheduled medicines in accordance with relevant protocols and standing orders approved by the Chief Health Officer (or equivalent). However, there are still some jurisdictions where this practice continues to rely on the RIPEN endorsement standard, including Western Australia and Victoria, or that require nurses to undertake the existing RIPEN pharmacotherapeutic education modules in order to supply scheduled medicines under protocol such as the Northern Territory.

Members are of the view that the National Board should actively engage with jurisdictions who are yet to ensure registered nurses are able to provide appropriate access to medicines (in accordance with protocol) to patients in rural and isolated practice areas in situations where a nurse practitioner or medical practitioner are not available to do so. The National Board should form a collaborative plan with these jurisdictions so that in the event the standard is discontinued, this occurs in parallel with the development of local arrangements or the implementation of a nationally consistent non-medical prescribing pathway. This is necessary to ensure patients are not disadvantaged or placed at risk by the loss of access to nurse initiated medication under protocol and that the skills of registered nurses developed to meet the RIPEN standard are maintained.

Members' feedback from jurisdictions where relevant legislation and or policy is in place to permit registered nurses to obtain, possess, supply and administer scheduled medicines is generally supportive of the standard being discontinued. However, in areas where registered nurses rely on the RIPEN endorsement standard to undertake this practice, feedback is of the strong view that the scope of practice of these nurses will be restricted and that patients will be further disadvantaged in their ability to access medicines in a safe and timely manner.

There are also concerns from membership that unless the National Board, in collaboration with relevant workforce and jurisdictional stakeholders, expedites a plan to consider if and how an appropriate model of non- medical prescribing is to be implemented, the skills and study undertaken by registered nurses currently

endorsed under the RIPEN endorsement standard may become irrelevant. This leads to further concerns that registered nurses will be unable to receive recognition of prior learning under any proposed model of non-medical prescribing. Without an articulated need for education to prepare registered nurses in this space, the demand for education currently provided through approved programs of study will likely reduce, resulting in the cessation of courses that may have had the potential to be modified to support the education of registered nurses in a smooth transition to a nationally consistent non-medical prescribing model. This is an important consideration in light of recent experience in Australia after the introduction of prescribing for eligible midwives, where there was a considerable lag in availability of approved courses to support the endorsement to prescribe.

Members also raised concerns that discontinuing the RIPEN standard may increase the risk of there being no consistent mechanism to ensure registered nurses undertake relevant continuing professional development to maintain the knowledge and skills required to support this practice.

Members also call for a coordinated, responsive and nationally consistent approach to the expansion of the registered nurse scope of practice in relation to the supply, possession, administration and potential prescription of scheduled medicines by registered nurses in Australia. This work must be collaborative and incorporate a wider understanding of how nurses undertake their work across a variety of contexts to ensure that the nursing scope of practice is not unduly restricted by changes to regulation, particularly in light of the current health reform agenda.