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| Registered Nurse Prescribing Accreditation Standards |
| Consultation Paper |

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| **Endorsed By** | ANMAC PRG | **Date:** 6 March 2019 |
| **Responsible Officer** | PRG Chair & Director, Accreditation Services | |
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## Project Title

Development of Accreditation Standards for Registered Nurse Prescribing.

## Background

On 15 November 2018, the Nursing and Midwifery Board of Australia (NMBA) formally requested the Australian Nursing and Midwifery Accreditation Council (ANMAC) commence development and consultation on the Registered Nurse Prescribing Accreditation Standards (RNPAS). The Accreditation Standards will be developed through a robust and streamlined review process overseen by a Professional Reference Group (PRG) and informed by a literature review, stakeholder feedback and advice sought via public consultation. The project will also:

* Establish the educational requirements within the NMBA’s newly proposed Registration Standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership[[1]](#footnote-2).
* Ensure the proposed Accreditation Standards incorporate the current NPS: National Prescribing Competency Framework[[2]](#footnote-3).
* Consider consultation, undertaken by ANMAC in 2013-2014 and June -July 2018, on prescribing for graduates of an entry-to-practice program, as part of the review and development of the Accreditation Standards for Programs Leading to Endorsement for Scheduled Medicines for Midwives 2015[[3]](#footnote-4) and draft Registered Nurse Accreditation Standards (RNAS) 2019.

## Objectives

The aim of this project is to develop a set of Accreditation Standards that are:

1. Contemporary and aligned with emerging research, policy and best practice
2. Acceptable to the profession and relevant stakeholders
3. Able to:
   * ensure registered nurses are suitably educated and qualified to practice in a competent, safe and ethical manner
   * support continuous development of a flexible, responsive and sustainable Australian health workforce
4. Supportive of:

* innovation in the education of registered nurses
* safe accessible quality care for consumers and the community

## Scope

To inform the development of the RNPAS a targeted literature review was conducted exploring peer reviewed journals and relevant secondary sources. A review of several key reports, competency and practice standards and documents arising from the introduction of registered nurse prescribing in partnership was undertaken throughout December 2018 and January 2019 and included (but was not limited to) the:

* NMBA’s Proposed registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership 2018
* NPS: Prescribing Competency Framework 2012
* Health Workforce Australia: Health Professionals Prescribing Pathway (HPPP) Project Final Report 2013
* NMBA Public Consultation Paper – Proposed Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership July 2018
* Department of Health – Final outcomes report: registered nurse/midwife prescribing symposium May 2017
* Joint NMBA ANZCCNO Discussion paper – Registered nurse and midwife prescribing October 2017[[4]](#footnote-5)
* NMBA Registered nurse standards for practice 2016[[5]](#footnote-6)
* ANMAC Endorsed Midwife Accreditation Standards 2015

## Professional Reference Group

ANMAC’s Chief Executive Officer (CEO) convened the PRG to work with the appointed Chairperson, Director of Accreditation Services and Project Lead to guide the review. The PRG reports and provides expert advice to the ANMAC CEO on regulation, education, health policy and practice. Nominations were sought from the joint NMBA/Australian and New Zealand Council of Chief Nursing and Midwifery Officers (ANZCCNMO) Prescribing Working Group and key stakeholder organisations. Nominees were required to demonstrate an understanding of contemporary advanced nursing practice and health professional prescribing/quality use of medicines within the Australian health care context.

Members and their nominating stakeholder organisations include:

1. Adjunct Associate Professor Ann Maree Keenan, Deputy CEO and – Chief Nursing and Midwifery Officer, Victoria
2. Ms Melodie Heland, Acting Executive Director, Operations Austin Health – NMBA Board Member
3. Professor Lisa Nissen, Head of School, Queensland University of Technology – Independent Expert
4. Dr Dianne Crellin, Nurse Practitioner, Royal Children’s Hospital, Melbourne and Lecturer, University of Melbourne – Australian College of Nursing
5. Ms Julianne Bryce, Senior Federal Professional Officer and Registered Nurse – Australian Nursing and Midwifery Federation
6. Dr John Smithson, Acting Academic Head, Nursing and Midwifery, James Cook University – Council of Deans of Nursing and Midwifery (Australia and New Zealand)
7. Ms Leanne Boase – Nurse Practitioner and President – Australian College of Nurse Practitioners

Contributions to the project will also be provided by Ms Melissa Cooper, Associate Director and Project Lead ANMAC, Ms Petrina Halloran, Policy Manager Strategy and Policy NMBA and Ms Melanie Schaefer, Administration Officer ANMAC

## Accreditation Standards Framework

As described within the Background section of this Paper, the framework for the Accreditation Standards has been aligned to the proposed RNAS 2019. To inform and determine the new 5-standard framework, ANMAC conducted 3 rounds of extensive national stakeholder consultation on the proposed RNAS from September 2017 to late January 2019. As highlighted through each of the 3 consultation rounds, the new framework provides an opportunity to:

* Introduce a more streamlined structure consistent with other Australian health professional accreditation council standard frameworks.
* Reduce complexity and duplication while enabling flexibility and responsiveness.
* Support innovation while ensuring core nursing knowledge and skills remain paramount.
* Remove the repetition of evidence required in the nine-standard framework.

To assist education providers in understanding and meeting the requirements within the 5-standard framework, stakeholders were invited to contribute to the development of an essential evidence document which, it’s anticipated, will apply to and be customised for all ANMAC Accreditation Standards, including the RNPAS.

## Educational Preparation

The NMBA’s proposed Registration Standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership, currently requires anyone applying for the endorsement to successfully complete and ANMAC accredited and NMBA approved program of study. The NMBA request to ANMAC to develop and operationalise the first national Accreditation Standards for RN prescribing, aligns to this requirement and is supported by the following key recommendation within the HPPP project:

A prescribing education and training program that a health professional undertakes must be part of an accredited program of study to the standards set by the Accreditation Council for the profession and approved by the National Board. Any standard set by the Accreditation Council should require that the prescribing education and training program includes a component of assessment of the essential competencies of the health professional to prescribe[[6]](#footnote-7).

In preparation for the introduction of RN prescribing and to ensure fair and consistent educational preparation for prescribing scheduled medicines across the midwifery and nursing professions, ANMAC conducted:

1. An extensive gap analysis between the NPS: Prescribing Competency Framework, Registered Nurse Accreditation Standards 2012[[7]](#footnote-8) and NMBA’s Registered nurse standards for practice 2016.
2. Consultation, within round 2 of the RNAS review, on the educational preparation within entry-to-practice undergraduate programs to ensure graduates can safely supply and administer medications via protocol and/or standing orders[[8]](#footnote-9).
3. Detailed mapping to the ANMAC Accreditation Standards for Programs Leading to Endorsement for Scheduled Medicines for Midwives 2015.

Key accreditation and program requirements were identified and incorporated into the proposed Accreditation Standards, which require programs are underpinned by the NPS: National Prescribing Competency Framework and incorporate pathophysiology, pharmacotherapeutics and the quality use of medicines.

## Stakeholder Participation

As the proposed Accreditation Standards are aligned to the draft RNAS, ANMAC invites stakeholder feedback on the yellow highlighted adapted criteria related to RN prescribing by:

1. Completing the table provided within Appendix A – Stakeholder Submission.
2. Returning (via email) a word version of Appendix A to [standardsreview@anmac.org.au](mailto:standardsreview@anmac.org.au)
3. Submitting feedback, within the 6-week consultation period from **7 March 2019** to close of business **18 April 2019**

**Note:** Unless specified otherwise, all written submissions will be published on ANMAC’s website. If material is supplied in confidence, it should be clearly identified within the table below. Information that is confidential or submitted in confidence will be treated as such.

A summary of feedback to this consultation paper will be published on ANMAC’s website and a link emailed to stakeholders.

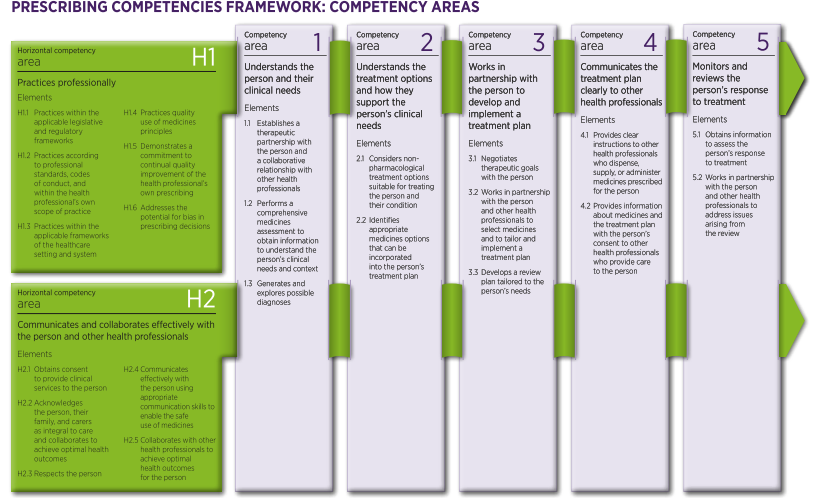
Due to project timelines, extensions to the consultation closing date cannot be granted.

## Appendix A – Stakeholder Submission: Proposed Registered Nurse Prescribing Accreditation Standards 2019

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| **In Confidence Material**  Please select one of the following:  This is a public submission. It does not contain ‘in confidence’ material and can be loaded on the ANMAC website  This submission contains ‘in confidence’ material and cannot be loaded on the ANMAC website. | | | |

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| **Proposed Registered Nurse Prescribing Accreditation Standards 2019**  **Standard 1: Safety of the public** |
| 1.1 The program’s guiding principle is safety of the public. |
| 1.2 The program is delivered in Australia to prepare graduates for safe, legal and ethical practice. |
| 1.3 The education provider undertakes screening and management of students who present with an impairment[[9]](#footnote-10) and reports to the NMBA as required. |
| **Proposed:** 1.4 Program admission requirements are fair, equitable and transparent. Before accepting an offer of enrolment applicants must be:   1. informed of NMBA requirements for endorsement for scheduled medicines for RN prescribing in partnership[[10]](#footnote-11) 2. informed of and meet the program’s inherent requirements |
| **Please provide comment on the proposed criterion:**  COMMENT: ACN is supportive of the proposed criterion 1.4, as it clearly specifies the expectations and process for successful and equitable enrolment in the program; and provides suitable accountability for the education provider and applicant. |
| **Please provide suggestions for essential evidence to meet this criterion:**  EVIDENCE:It is essential that appropriate documentation for the admission and enrolment process are certified and signed. In addition, it is important that the requirements for professional development and hours of clinical practice required for competency are identified and assessed. |
| **Proposed Registered Nurse Prescribing Accreditation Standards 2019**  **Standard 2: Governance** |
| 2.1 Academic governance arrangements for the program of study includes:   1. current registration by the Tertiary Education Quality and Standards Agency as an Australian university or other higher education provider 2. current accreditation of a nursing program by the Australian university, or TEQSA for non-self-accrediting higher education providers, detailing the expiry date and any recommendations, conditions and progress reports related to the school 3. mechanisms to meet relevant national or state regulatory requirements 4. listing on the Australian Qualifications Framework National Registry for the award of a Graduate Certificate (Level 8) or credit towards such a program as a minimum. |
| **Proposed:** 2.2 The governance structure for the provider and the school conducting the program ensures academic oversight of the program and promotes high-quality teaching and learning experiences for students to enable graduate competence. |
| **Please provide comment on the proposed criterion:**  COMMENT: ACN believes criterion 2.1. is appropriate, however would further suggest multidisciplinary involvement with other members of the health care team. In particular, those who are already involved in medication prescribing and supply (e.g. general practitioners, Nurse Practitioners, advanced practice nurses, pharmacists). |
| **Please provide suggestions for essential evidence to meet this criterion:**  **EVIDENCE: It is essential that the education provider of the program is monitored by the relevant accreditation body for compliance; the education provider provides an overview of their program, graduate achievement and feedback; and the educational qualifications of academics providing the program to students is of a high calibre. It would also be ideal for the teaching of RNs around prescribing to be led by advanced practice nurses (including Nurse Practitioners) or other endorsed RN prescribers, given prescribing is within their scope of practice.** |
| **Proposed:** 2.3 Relevant input to the design and ongoing management of the program is provided by active consultation and collaboration with representatives from:   1. the Nursing School, who are registered nurses with the NMBA, without conditions on their registration relating to conduct, and holding relevant qualifications and experience 2. the nursing profession, including endorsed Nurse Practitioners and RN prescribers[[11]](#footnote-12) 3. external community representatives including consumers, students, Aboriginal and/or Torres Strait Islander peoples and other relevant stakeholders. |
| **Please provide comment on the proposed criterion:**  COMMENT: ACN believes criterion 2.3 is appropriate and concise, however would suggest explicitly identifying all the relevant stakeholders including general practitioners and pharmacists. |
| **Please provide suggestions for essential evidence to meet this criterion:**  **EVIDENCE: It is essential there is appropriate documentation from stakeholders, representatives and consumers as to their reasons and interest in being involved in the management of the program. Champions from the medical and pharmacy professions who support and can see value in this prescribing are needed for the long-term success of this program.** |
| 2.4 All entry pathways for which students receive block credit or advanced standing (other than on an individual basis) are identified and allow graduates to meet the NPS: National Prescribing Competency Framework. |
| 2.5 Program quality improvement mechanisms addresses:   1. risk assessment of student learning environments 2. student evaluations 3. internal and external, academic and health professional evaluations 4. evidence-based developments in health professional education 5. evidence-based developments in health, health care and aged care. |
| **Proposed Registered Nurse Prescribing Accreditation Standards 2019**  **Standard 3: Program of Study** |
| 3.1 The curriculum document articulates the educational philosophy and how it is practically implemented into the program of study. |
| **Proposed:** 3.2 Teaching and learning reflects contemporary practices in health and education and responds to emerging trends based on research, technology and other forms of evidence. |
| **Please provide comment on the proposed criterion:**  COMMENT: ACN believes criterion 3.2 is appropriate, concise and underpins safe practice/best practice. |
| **Please provide suggestions for essential evidence to meet this criterion:**  **EVIDENCE: It is essential that the current evidence is based on organisational, national, international, and peer-reviewed literature.** |
| **Proposed:** 3.3 Program content and unit learning outcomes ensures:   1. graduate achievement of competencies described in the NPS: National Prescribing Competency Framework 2. preparation of students to prescribe scheduled medicines 3. legal / medicolegal principles and legislative frameworks that enable RN prescribing relevant to each state and territory 4. ethical and professional obligations of prescribing and (defining) scope of RN prescribing practice 5. principles of developing collaborative professional relationships including referral obligations and models of practice 6. knowledge of relevant medicine funding models in Australia 7. a prescribing practice learning plan. |
| **Please provide comment on the proposed criterion:**  COMMENT: ACN believes criterion 3.3 is appropriate, clearly written and essential to defining scope of practice. However, ACN has previously expressed its preference for national consistency (rather than understanding individual jurisdictional requirements) to be achieved in relation to course content, outcomes, standards and academic rigor to support safe RN prescribing. This has been demonstrated through NP programs of study, which should be examined to inform appropriate units of study.  In terms of course content, ACN members have also expressed strong support for expanded RN prescribing, particularly in relation to:  • potential for models of care in rural and remote health care settings  • continuity of care in rural and remote health care, palliative health care and for community and residential aged care  • supporting timely treatment and medications management particularly in the context of ever increasing health service demands  • the greater utilisation of existing RN knowledge and competence, especially the knowledge of RNs working in specialty areas at advanced practice levels  • greater scope for RNs to contribute to improved health care and health care outcomes through interdisciplinary models of practice  • potential workforce benefits of improved job satisfaction and expanded career opportunities |
| **Please provide suggestions for essential evidence to meet this criterion:**  **EVIDENCE: ACN believes education for RN prescribing should include advanced pharmacology that expands on the undergraduate curriculum focusing on the specialised area of practice and include demonstration of competence against a set range of required case studies. More so, there must be national consistency in relation to course content with the appropriate inclusion of relevant anatomy, physiology, pathophysiology, pharmacology, pharmacodynamics, pharmacokinetics, Quality Use of Medicines (QUM) and legislative and regulatory matters.** |
| 3.4 Program content and subject learning outcomes integrate principles of interprofessional and intra-professional learning and practice. |
| 3.5 Program content and subject learning outcomes integrate cultural diversity and cultural safety. |
| 3.6 Research and evidence-based inquiry underpinning all elements of the curriculum content and delivery. |
| **Proposed:** 3.7 Program resources are sufficient to facilitate student achievement of the National Prescribing Competency Framework, with attention to human, physical and financial resources supporting all teaching and learning environments. |
| **Please provide comment on the proposed criterion:**  COMMENT: ACN believes criterion 3.7 is appropriate and concise, however would suggest reference to electronic and paper-based prescribing resources and mentorship. |
| **Please provide suggestions for essential evidence to meet this criterion:**  **EVIDENCE: There are specific differences between workplaces, whether it be use of electronic or paper-based prescribing forms, which affect the workflow within a particular organisation. It is essential that program resources cover both forms of prescribing.**  **In addition, in order to bridge the gap between theory and practice it would be ideal for program resources to cover ongoing mentorship or supervision in the first three months of RN prescribing.** |
| 3.8 Staff teaching into the program:   1. are qualified and experienced to deliver the units they teach 2. hold one qualification higher than the program of study being taught. |
| **Proposed Registered Nurse Prescribing Accreditation Standards 2019**  **Standard 4: Student Experience** |
| 4.1 Program information provided to students is relevant, timely, transparent and accessible. |
| 4.2 The education provider identifies and supports the academic learning needs of students. |
| 4.3 Students are informed of, and have access to, effective grievance and appeals processes. |
| 4.4 Students are informed of, and have access to, pastoral and/or personal support services. |
| 4.5 Students are represented on program advisory and decision-making committees. |
| 4.6 Principles of equity and diversity are evident in student and/or staff interactions and teaching and learning materials. |
| 4.7 Student experiences across all teaching and learning environments are monitored and evaluated regularly with outcomes informing program quality improvement. |
| **Proposed Registered Nurse Prescribing Accreditation Standards 2019**  **Standard 5: Student assessment** |
| 5.1 Program learning outcomes and assessment strategies are aligned. |
| 5.2 Unit learning outcomes, with associated unit assessments, are clearly mapped to the NPS: National Prescribing Competency Framework. |
| 5.3 Validated assessment tools, modes of assessment, sampling and moderation are used to ensure integrity of assessments. |
| **Proposed:** 5.4 Assessments include the evaluation of the prescribing process, underpinned by the quality use of medicines and the NPS: Prescribing Competency Framework. |
| **Please provide comment on the proposed criterion:**  COMMENT: ACN believes criterion 5.4 is appropriate, however would suggest specifying the assessing body. |
| **Please provide suggestions for essential evidence to meet this criterion:**  [ASPRINH Prescribing Assessment Toolkit](https://www.nps.org.au/the-asprinh-project-s-prescribing-assessment-toolkit)  **EVIDENCE: ACN believes assessments need to be time allocated for completion, and it would be ideal that there is governance from an independent body to ensure there is an adequate and equitable prescribing process.** |
| 5.5 Formative and summative assessments are used across the program to enhance learning and inform student progression. |
| **Proposed:** 5.6 The education provider is ultimately accountable for ensuring mechanisms are in place for assessing student’s prescribing practice in theoretical and practice contexts. |
| **Please provide comment on the proposed criterion:**  COMMENT: ACN believes criterion 5.6 should be amended. ACN believes there is a requirement for supervised practice as there is a fundamental difference between theory and practice. A period a supervised practice (in addition to accountability by the education provider) would allow for a safer transition. |
| **Please provide suggestions for essential evidence to meet this criterion:**  **EVIDENCE: ACN supports the requirement for a period of supervised practice following completion of a relevant program of study. ACN sees a period of supervised practice as beneficial to the consolidation of skills and building confidence in the practice setting. ACN acknowledges that in some settings (for example rural and remote settings), undertaking supervised practice may present challenges due to location. It would be necessary for a strategy to be in place to ensure supervised practice is readily available in these settings, so that RN prescribers can utilise their skills and work to their full scope of practice in a timely manner.** |

## Appendix B – NPS: National Prescribing Competencies



1. [Proposed Registration standard for endorsement of scheduled medicines for RNs prescribing in partnership](https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD18%2f25909&dbid=AP&chksum=Ko%2fLA1OZc%2bbQck0yvpLjzw%3d%3d) July 2018 [↑](#footnote-ref-2)
2. [NPS: National Prescribing Competencies Framework 2012.](https://cdn0.scrvt.com/08ab3606b0b7a8ea53fd0b40b1c44f86/682949fec05647bc/2c0de122631e/Prescribing_Competencies_Framework.pdf) [↑](#footnote-ref-3)
3. [Programs Leading to Endorsement for Scheduled Medicines for Midwives Accreditation Standards 2015.](https://www.anmac.org.au/sites/default/files/documents/Accreditation_Standards_for_Programs_Leading_to_Endorsement_for_Scheduled_Medicines_for_Midwives_2015.pdf) [↑](#footnote-ref-4)
4. [Registered nurse and midwife prescribing – Discussion paper October 2017](https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD17%2F24123&dbid=AP&chksum=b4H5gaszG59QP9ZhGSwfVA%3D%3D) [↑](#footnote-ref-5)
5. [Registered nurse standards for practice](https://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD16%2f19524&dbid=AP&chksum=R5Pkrn8yVpb9bJvtpTRe8w%3d%3d) 2016. [↑](#footnote-ref-6)
6. [Health Professionals Prescribing Pathway (HPPP) Project – Final report November 2013](https://s3b11b665d045be96.jimcontent.com/download/version/1456621061/module/5706156713/name/HPPP-Final-Report-November-2013.pdf). [↑](#footnote-ref-7)
7. [ANMAC Registered Nurse Accreditation Standards 2012](https://www.anmac.org.au/sites/default/files/documents/ANMAC_RN_Accreditation_Standards_2012.pdf). [↑](#footnote-ref-8)
8. [ANMAC Consultation Paper 2: Review of Registered Nurse Accreditation Standards, June 2018.](https://www.anmac.org.au/sites/default/files/documents/rnasconsultationpaper2.pdf) [↑](#footnote-ref-9)
9. Definition available from: [https://www.ahpra.gov.au/Registration/Graduate-Applications-for-Registration-FAQs/Registration-Standards-FAQs.aspx#impairment](https://www.ahpra.gov.au/Registration/Graduate-Applications-for-Registration-FAQs/Registration-Standards-FAQs.aspx#canIstillapply) [↑](#footnote-ref-10)
10. Registration Standards: Nursing and Midwifery Board of Australia. Available from: <https://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx> - to reflect finalised NMBA Registration Standard for RN Prescribing. [↑](#footnote-ref-11)
11. ANMAC acknowledges there are currently no endorsed RN prescribers, as the NMBA’s Registration Standard is awaiting implementation, however, their proposed inclusion in this criterion assists in future proofing the proposed Registered Nurse Prescribing Accreditation Standards. [↑](#footnote-ref-12)