

The Nursing and Midwifery Board of Australia and the Australian and New Zealand Council of Chief Nursing and Midwifery Officers consultation regarding registered nurse and midwife prescribing

22 December 2017

The Australian Primary Health Care Nurses Association (APNA) welcomes the opportunity to contribute to the consultation regarding potential models of prescribing by RNs and midwives. We are providing this submission on behalf of our membership, Australian primary health care nurses. Primary health care nursing refers to nursing that takes place within a range of primary health care settings, each sharing the characteristic that they are part of the first level of contact with the health system. Primary health care nurses are skilled, regulated and trusted health professionals who work in partnership with their local communities to prevent illness and promote health across the lifespan. In Australia, nurse practitioners, registered nurses (RN) and enrolled nurses (EN) practice in primary health care in a range of clinical and non-clinical roles, in urban, rural and remote settings.

APNA Submission

Options for models for prescribing under a nationally consistent framework

The pressure on Australia's primary health care services is rapidly increasing due to an ageing population, rising patient expectations and increasing rates of chronic disease. This increased demand for healthcare services is resulting in a growing burden of healthcare costs, particularly in the hospital system.

Greater use of the primary health care nursing workforce and innovative models of care are vital if Australia is to successfully address these issues. One of the ways in which nurses can contribute to improved health outcomes and efficiencies is through prescribing within their scope of practice. Registered nurse prescribing should include those working in settings outside of the acute sector, such as community health, general practice, domiciliary, education and occupational settings.

APNA supports the expansion of the model of prescribing for registered nurses beyond nurse practitioners and endorsed midwives. Allowing appropriately trained and supported nurses to

prescribe within their scope of practice in primary health care settings is likely to reduce the pressure on Australia's health care system and increase timely access to care and medications. For example, greater flexibility in prescribing and creative models of care are more likely to meet the needs of disadvantaged Australians and communities who do not always access mainstream services, such as those in homeless shelters, youth venues and patient homes. Registered nurse prescribing, particularly outside of the acute setting, will facilitate flexible service delivery to meet client and patient needs. This approach is in line with current health reform initiatives such as Health Care Homes which aims to provide better coordinated and more flexible care for Australians who are living with chronic and complex health conditions.

APNA broadly supports the proposed framework for registered nurse prescribing as outlined in table one of the *Registered nurse and midwife prescribing - Discussion paper*. However adequate training and education in pharmacology and quality use of medicines will be an essential component underpinning all three models of prescribing. Initially this will require a multipronged approach to upskill and endorse registered nurses currently in the workforce. It will also be important to ensure that all registered nurses completing their undergraduate training are familiar with the NPS *Competencies required to Prescribe Medicines* and undertake relevant training such as the NPS on line modules on quality use of medicines. There should also be consistency across all state and territory undergraduate and post graduate education requirements.

Furthermore, access to prescribing education and continuing professional development should be fair and equitable. Education that is expensive or requires nurses in rural and remote areas to attend metro education sessions is unlikely to increase access. Nurses who serve these communities often experience similar challenges as their clients and therefore low cost, quality online education programs will be required.

It should be noted that various aspects of registered nurse training and experience, across all areas of primary health care nursing, currently align with the NPS *Competencies required to Prescribe Medicines*. By way of example Appendix One provides a summary table showcasing the alignment between the Nursing and Midwifery Board of Australia's (NMBA) Registered nurse standards for practice, the Australian Nursing and Midwifery Federation's (ANMF) National Practice Standards for Nurses in General Practice and the NPS *Competencies required to Prescribe Medicines*. This highlights that registered nurses are already well placed to broaden their scope of practice to include prescribing under the relevant model.

APNA's Career and Education Framework describes the primary health care registered nurse scope across all three levels of expertise (Foundation, Intermediate, Advanced) within five domains: Clinical Care, Education, Research, Optimising Health Systems and Leadership. APNA suggests that registered nurse prescribing under the designated prescribing and autonomous prescribing model would align with experience and practical hours consistent with intermediate and advanced levels of practice.

APNA welcomes prescribing models that reduce inconsistency and confusion to ensure quality care and patient safety. As noted in the discussion paper, a federated governance model currently impacts on prescribing legislation and practices. A consistent approach to education, competence and practice standards in relation to prescribing is an important first step. However standardisation in legislation across all states and territories would further reduce confusion and enhance consistency.

Key elements of a nationally consistent framework of prescribing by registered nurses and midwives

Any change to prescribing practices will require health service and systems change. Therefore APNA believes that 'systems transformation' should be considered an additional key element incorporated as part of a nationally consistent framework of prescribing by registered nurses and midwives. For example, concerns have been raised amongst our nurse practitioner membership that some pharmacists are currently rejecting nurse practitioner prescriptions despite having a current PBS prescriber number and that prescribing being within their scope of practice. This highlights the importance of a clear implementation strategy around prescribing and dispensing requirements to all relevant stakeholders to minimise any ambiguity.

Patient and healthcare team support will also be essential to the success of registered nurse and midwife prescribing. For optimal outcomes, nurses need to be supported by the whole healthcare team to appropriately prescribe within their scope of practice. Any model of supervised prescribing requires the goodwill of a medical practitioner. Concerns regarding medical responsibility for nurses prescribing, particularly in settings outside of the acute sector such as outreach services, will need to be overcome before this model is accepted. A clear communication, education and change management strategy with patients and the broader health care team may assist the transition to any new models of prescribing.

About APNA

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care. APNA champions the role of primary health care nurses; to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care.

APNA is bold, vibrant and future-focused. We reflect the views of our membership and the broader profession by bringing together nurses from across Australia to represent, advocate, promote and celebrate the achievements of nurses in primary health care.

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Alignment between the Nursing and Midwifery Board of Australia’s (NMBA) Registered nurse standards for practice, Australian Nursing and Midwifery Federation’s (ANMF) National Practice Standards for Nurses in General Practice and the NPS Competencies required to Prescribe Medicines.

NPS - Competencies required to Prescribe Medicines	NMBA – Registered nurse standards for practice	ANMF – National Practice Standards for Nurses in General Practice
<p><i>Competency Area 1</i> Assessment: understands the person and their clinical needs</p>	<p><i>Standard 2: Engages in therapeutic and professional relationships</i> 2.2 communicates effectively, and is respectful of a person’s dignity, culture, values, beliefs and rights 2.3 recognises that people are the experts in the experience of their life 2.4 provides support and directs people to resources to optimise health-related decisions 2.5 advocates on behalf of people in a manner that respects the person’s autonomy and legal capacity</p> <p><i>Standard 4: Comprehensively conducts assessments</i> 4.1 conducts assessments that are holistic as well as culturally appropriate 4.2 uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice 4.3 works in partnership to determine factors that affect, or potentially</p>	<p><i>Domain 2, standard 7</i> Undertakes nursing assessment and plans ongoing care.</p>

	<p>affect, the health and wellbeing of people and populations to determine priorities for action and/ or for referral, and</p> <p>4.4 assesses the resources available to inform planning.</p>	
<p><i>Competency Area 2</i> Treatment options: understands the treatment options and how they support the persons clinical needs</p>	<p><i>Standard 1: Thinks critically and analyses nursing practice</i></p> <p>1.1 accesses, analyses, and uses the best available evidence, that includes research findings, for safe, quality practice.</p>	<p><i>Domain 2, standard 6</i> Demonstrates the knowledge and skills to provide safe, effective and evidence based nursing care.</p>
<p><i>Competency Area 3</i> Shared decision making: works in partnership with the person to develop and implement a treatment plan</p>	<p><i>Standard 1: Thinks critically and analyses nursing practice</i> 1.6 maintains accurate, comprehensive and timely documentation of assessments, planning, decision making, actions and evaluations.</p> <p><i>Standard 3: Maintains the capability for practice</i> 3.2 provides the information and education required to enhance people’s control over health</p> <p><i>Standard 5: Develops a plan for nursing practice</i> 5.1 uses assessment data and best available evidence to develop a plan 5.2 collaboratively constructs nursing practice plans until contingencies, options priorities, goals, actions,</p>	<p><i>Domain 2, standard 7</i> Undertakes nursing assessment and plans ongoing care.</p> <p><i>Domain 2, standard 9</i> Empowers and advocates for consumers.</p> <p><i>Domain 2, standard 11</i> Effectively delivers evidence-based health information to improve health literacy and promote self-management.</p>

	<p>outcomes and timeframes are agreed with the relevant persons</p> <p>5.3 documents, evaluates and modifies plans accordingly to facilitate the agreed outcomes</p> <p>5.4 plans and negotiates how practice will be evaluated and the time frame of engagement, and</p> <p>5.5 coordinates resources effectively and efficiently for planned actions.</p>	
<p><i>Competency Area 4</i> Coordination: communicates the treatment plan clearly to other health professionals</p>	<p><i>Standard 2: Engages in therapeutic and professional relationships</i></p> <p>2.6 uses delegation, supervision, coordination, consultation and referrals in professional relationships to achieve improved health outcomes</p> <p>2.7 actively fosters a culture of safety and learning that includes engaging with health professionals and others, to share knowledge and practice that supports person-centred care</p> <p>2.8 participates in and/or leads collaborative practice, and</p> <p>2.9 reports notifiable conduct of health professionals, health workers and others.</p>	<p><i>Domain 4, standard 21</i> Effectively communicates, shares information and works collaboratively with the general practice team.</p> <p><i>Domain 4, standard 22</i> Liaises effectively with relevant agencies and health professionals to facilitate access to services and continuity of care.</p>
<p><i>Competency Area 5</i> Monitors and reviews: monitors and reviews the person's response to treatment</p>	<p><i>Standard 7: Evaluates outcomes to inform nursing practice</i></p> <p>7.1 evaluates and monitors progress towards the expected goals and outcomes</p> <p>7.2 revises the plan based on the evaluation, and</p> <p>7.3 determines, documents and</p>	<p><i>Domain 2, standard 12</i> Evaluates the quality and effectiveness of nursing care.</p> <p><i>Domain 3, standard 16</i> Contributes to quality improvement and research activities to monitor and improve the standard of care provided in general practice.</p>

	communicates further priorities, goals and outcomes with the relevant persons	<i>Domain 3, standard 18</i> Monitors local population health issues to inform care and responds to changing community needs.
<i>Horizontal competency area H1</i> Professional: practices professionally	<i>Standard 6: Provides safe, appropriate and responsive quality nursing practice</i> 6.2 practises within their scope of practice 6.3 appropriately delegates aspects of practice to enrolled nurses and others, according to enrolled nurse's scope of practice or others' clinical or non-clinical roles 6.4 provides effective timely direction and supervision to ensure that delegated practice is safe and correct 6.5 practises in accordance with relevant policies, guidelines, standards, regulations and legislation, and 6.6 uses the appropriate processes to identify and report potential and actual risk related system issues and where practice may be below the expected standards	<i>Domain 1, standard 1</i> Demonstrates an understanding of primary health care principles and nursing in general practice. <i>Domain 1, standard 2</i> Provides nursing care consistent with current nursing and general practice standards, guidelines, regulations and legislation. <i>Domain 1, standard 3</i> Actively builds and maintains professional relationships with other nurses and regularly engages in professional development activities. <i>Domain 1, standard 4</i> Advocates for the role of nursing in general practice. <i>Domain 1, standard 5</i> Demonstrates nursing leadership.
<i>Horizontal competency area H2</i> Communicates: communicates and collaborates effectively with the person and other health professionals	<i>Standard 2: Engages in therapeutic and professional relationships</i> 2.6 uses delegation, supervision, coordination, consultation and referrals in professional relationships to achieve improved health outcomes 2.7 actively fosters a culture of safety and learning that includes	<i>Domain 4, standard 20</i> Builds and maintains professional and therapeutic relationships with consumers, their families and/or support person(s). <i>Domain 4, standard 21</i> Effectively communicates, shares information and works collaboratively with the general practice team. <i>Domain 4, standard 22</i>

	engaging with health professionals and others, to share knowledge and practice that supports person-centred care 2.8 participates in and/or leads collaborative practice, and	Liaises effectively with relevant agencies and health professionals to facilitate access to services and continuity of care.
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