ANMF (Vic Branch) Submission to Nursing and Midwifery Board of Australia

Public consultation on proposed discontinuation of the registration standard: endorsement for scheduled medicines (rural and isolated practice)

Lisa Fitzpatrick, Secretary

22 February 2016
Introduction

The Australian Nursing and Midwifery Federation (Victorian Branch) (ANMF) was established in 1924. The ANMF (Vic Branch) is the largest industrial and professional organisation in Australia for registered nurses and midwives, with Branches in each state and territory of Australia.

ANMF (Vic Branch) has more than 74,000 members. Our members are employed in a wide range of enterprises in urban, rural and community care locations. The ANMF (Vic Branch) participates in the development of policy relating to nursing and midwifery practice, professionalism, regulation, education, training, workforce, and socio-economic welfare, health and aged care, community services, veterans’ affairs, occupational health and safety, industrial relations, social justice, human rights, immigration, foreign affairs and law reform.

We represent registered nurses and midwives working across all areas of health and community services, including, but not limited to, the specialist mental health sector, aboriginal health, aged care, alcohol and other drug services, community health, district nursing (including the RDNS Homeless Person Program), emergency departments, general hospitals, local councils, maternal and child health, midwifery services, nurse-on-call, occupational health, palliative care, primary health and general practice clinics, private hospitals and healthcare, prisons and the justice system, rehabilitation services and schools. ANMF is well placed to contribute to the consultation, and welcomes the opportunity to provide a response to the Nursing and Midwifery Board of Australia (NMBA) proposal to discontinue the registration standard: endorsement scheduled medicines (rural and isolated practice).

The consultation paper presents four 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)?**

ANMF (Vic Branch) does not support the proposal to discontinue the RIPEN registration standard.

The ANMF (Vic Branch) is however in support of the NMBA option one – maintain ‘as is’, for the reasons outlined in this submission.

Registered nurses who are endorsed to supply and/or administer scheduled medicines are referred to as rural and isolated practice endorsed registered nurses (RIPENs) in Victoria. These registered nurses have met the educational preparation and regulatory requirements set by the Nursing and Midwifery Board of Australia and have a scheduled medicines endorsement on their registration. This endorsement enables RIPENs to use and supply a specific range of medicines where there is no, or limited, access to general practitioners, nurse practitioners, paramedics or pharmacists.

Rural and isolated Victorian health services that employ registered nurses who are endorsed to supply and/or administer scheduled medicines have come to recognize that the nurses’ role is critical in their ability to maintain and provide essential clinical health care and services. The intent of the advanced nursing practice and function of these nurses is to continue to provide and improve access for patients to timely, safe and appropriate care.

In many Victorian rural communities, health consumers often have to travel long distances to access services and to receive the care, treatment and medicines they require.
Doctors, nurse practitioners and pharmacists may not be located in rural and isolated communities or may operate within very limited time frames and therefore access to general and specialised health care is not always easily achieved.

Advancing nursing practice is an important strategy for positioning health services to respond to the growing demands of an ageing population and diminishing health workforce. Advancing nursing practice ensures that nurses are enabled to achieve and extend their clinical potential, and that this means patients have access to a consistent level of safe and quality emergency care as close to their homes as possible. This was one of the drivers for the introduction of this role when it was established in 2010.

The RIPEN extended scope of practice is generally limited to urgent care or emergency settings. These nurses are employed in designated rural health settings for the purpose of administering and/or supplying a limited range of medicines in specific and particular clinical presentations/circumstances within a specific setting.

The Victorian Health Minister has approved a list of Schedule 2, 3, and 4 poisons for administration and/or supply by registered nurses with a RIPEN endorsement in Victorian rural and isolated health services. The particular clinical circumstances in which RIPEN can administer and/or supply medicines will be clearly identified within health services' policies and protocols which incorporate the Primary clinical care manual 8th edition.

Victoria does not have provisions in the current Drugs, Poisons and Controlled Substances Act (1981) and Regulations 2006, [amended 2013, and 2015] to obtain, supply or administer schedule 2, 3, and 4 medicines under protocol for rural and isolated practice unless the registered nurse holds a NMBA authorization, i.e. RIPEN. In addition, whilst there had been ability for nurses in Victoria in certain emergency situations to be authorised through ‘standing orders’ identified on the health service permit to administer certain identified drugs without the presence of a medical authority, this creates two major problems. Firstly, the Secretary for the Victorian Department of Health is no longer issuing any standing orders on health service permits because of concerns in relation to the legality of such processes, and secondly, this was a process established for emergency situations only. RIPEN nurses are able to supply and administer in circumstances that are not life threatening or emergency situations, yet none the less cause patients pain and inconvenience, and delay the time for healing.

If the current arrangements for endorsement of registered nurses to supply and/or administer scheduled medicines are discontinued by the NMBA, there will be a pronounced ripple effect in rural and isolated communities. It would have a severe impact on the ability of health services to provide high quality and timely care to their communities, resulting in a direct effect on patient care, especially where the health services have limited or no access to a medical practitioner or nurse practitioner.

The RIPEN role has emerged as the lynchpin in service provision, as the role enables emergency and primary healthcare to people within these communities who make unplanned presentations to the emergency or urgent care areas of Victorian rural hospitals.

In 2010 the implementation of national registration and regulation provided the regulatory framework to ensure that the rural and isolated practice nurse function complies with the law. The Health Practitioners Regulation National Law 2009 gives the NMBA the power to grant endorsements.

Since July 2010 the NMBA has provided a Scheduled Medicines (Rural and Isolated Practice) Endorsement for registered nurses who have completed a program of study approved by NMBA.
In accordance with the Act, the NMBA specifies the nurses’ responsibilities regarding maintaining his or her clinical competence, in relation to their registration and endorsement.

For registered nurses to be authorised to work as a RIPEN in rural and regional Victoria, they must first complete a program of study that has been approved by the Nursing and Midwifery Board of Australia (NMBA) and is taught by an approved education provider. Currently, Queensland Health, the University of Southern Queensland and La Trobe University in Victoria are authorised to provide RIPEN education programs.

Education providers who prepare registered nurses seeking to become eligible for endorsement as a RIPEN understand that the course has a sound clinical governance foundation at its core. RIPENs are accountable for providing timely, appropriate and safe care to patients, and this is fundamental to continuous improvement in patient safety. Moreover, public health services must comply with the Victorian clinical governance policy framework. This framework, together with the NMBA registration standard: endorsement of scheduled medicines (rural and isolated practice), provides the transparent clinical governance elements required to support the safe and high quality function of endorsed nurses.

The advanced level of clinical and theoretical knowledge and skills required to supply and/or administer medicines (without the presence of medical practitioners or nurse practitioners) is not included in the current undergraduate nursing and midwifery curricula. The ANMF (Vic Branch) acknowledges and supports the additional education that is necessary to ensure that registered nurses and midwives are educationally prepared and competent to supply and administer medicines to the health consumer and that any such education should be recognised and nationally consistent. The ANMF (Vic Branch) supports strengthening the capacity for nurses and midwives to broaden their scope of practice within an educational framework, in relation to the supply and administration of scheduled medicines.

There has been no evidence provided to identify why this category of practitioner is no longer required and more importantly, if the suggestion is that registered nurses can undertake this function without endorsement and authorisation, or indeed without the educational requirement, how is the public interest protected? Simple removal of this type of practitioner with no means to fill the gap could not be seen as in the public interest.

At the time of implementation of national registration and accreditation for health practitioners in 2010, the Australian Nursing and Midwifery Accreditation Council (ANMAC) became the body responsible for the accreditation of education programs leading to registration for nurses and midwives. It is the role of ANMAC to accredit programs/content/modules for current and future registered nurses and midwives seeking endorsement as nurse practitioners and eligible midwives.

ANMF (Vic Branch) recommends that ANMAC plays a role in course accreditation for education providers who aim to deliver RIPEN education for registered nurses. ANMAC’s role could be extended to accredit programs/content/modules and education that leads to nurses and midwives being prepared to supply medicines to patients/client/residents and this would provide a nationally consistent approach. This would ensure that all nurses and midwives supplying and administering medicines do so with the same underpinning education framework, providing for safe and high quality care. The current situation in other states and territories, which allow for individual health services to determine how and when registered nurses can supply and/or administer medicines, does not provide for a consistency in this practice within a quality and safety framework. Any person attending a health service anywhere in Australia should have the confidence to know that nursing activities are consistent across all states and territories and are underpinned by the same educational preparation and not based on the whim of a health service.
The ANMF (Vic Branch) maintains that the accrediting bodies for the regulation of health professionals need to work together to ensure consistency of approach for education programs. A consistent approach to the accreditation of education across health professions does not necessarily mean that programs need to be identical in format across the disciplines. However, having consistent themes and processes is an effective strategy and will ensure a greater degree of safety in nursing practice.

2. If the RIPEN endorsement standard is discontinued will registered nurses in your state or territory be able to appropriately supply medicines under protocol?

No.

In Victoria, the scheduled medicines (rural and isolated practice) endorsement brings with it specific legislative and clinical governance responsibilities for the health services that utilise the services of the endorsed nurses, and for the nurses themselves. The Secretary for the Victorian Department of Health is no longer issuing any standing orders on health service permits because of concerns in relation to the legality of such processes. In the circumstance that the RIPEN endorsement standard is discontinued, registered nurses in Victoria will no longer be able to appropriately obtain, supply or administer medicines under a drug therapy protocol (DTP) which is built into the Primary Clinical Care Manual (PCCM).

The number of RIPEN registered and endorsed in Victoria currently sits at 123. Victoria has the second greatest number of endorsed registered nurses in Australia after Queensland which has 794.

The NMBA proposal to discontinue the RIPEN endorsement standard will certainly limit rural and remote health service provision and the individual registered nurses’ ability to work to their full scope of practice, and will significantly affect patients/clients who present to health services, emergency care/urgent care centres as there may not be any suitably qualified and experienced health practitioner on site to provide any form of pain relief or emergency/urgent intervention that requires the use of a medicine.

ANMF (Vic Branch) is concerned that the feedback to the previous preliminary and public consultations suggested that this endorsement was an unnecessary barrier to the expansion to the scope of practice of registered nurse and midwives. This suggestion that the various state and territory drugs and poisons legislation enables registered nurses to obtain, supply and administer scheduled medicines in accordance with the relevant protocols is incorrect. This view is at odds with the specific requirements outlined in the legislation in Victoria and Queensland.

*Drugs, Poisons and Controlled Substances Act 1982*

**APPROVAL UNDER SECTION 14A**

1. **Under section 14A(1) of the Drugs, Poisons and Controlled Substances Act 1981 (‘the Act’) I, David Davis, Minister for Health, approve the Schedule 2, 3 and 4 poisons listed in column 1 of the tables at clause 3 for this approval for the purposes of the following authorisation under section 13(1)(bb):**

   a) **In relation to any registered nurse whose registration is endorsed under section 94 of the Health Practitioner Regulation National Law as qualified to obtain, sell, supply and use Schedule 2, 3, 4 and 8 medicines, in the lawful practice of his or her profession as a registered nurse, for nursing practice in a rural and isolated practice area, subject to the restrictions in columns 4 and 5 of the tables in clause 3 of this approval, and provided that the relevant poisons are obtained, sold, used and**
supplied in accordance with columns 2 and 3 of the tables at clause 3 of this approval;

Note: this authorisation and approval includes use of the relevant Schedule 2, 3 or 4 poisons for the purposes of administering the relevant poison in accordance with columns 2 and 3, 4 and 5 of the tables at clause 3 of this approval.

2. Under section 14A(1A) of the Act, for the purposes of the above authorisation under section 13(1)(bb), I approve:

(a) the health services listed in clause 4 of this approval as the health services in which the Schedule 2,3 and 4 poisons listed in the tables below can be used, sold or supplied; and

(b) that the clinical circumstances and the route of administration in which the listed Schedule 2,3 and 4 poisons are to be used, sold or supplied are as set out in the tables at clause 3 of this approval

Note: in the tables at clause 3 of this approval, ‘PCCM’ refers to the Primary Clinical Care Manual 8th Edition 2013 written by Queensland Health and the Royal Flying Doctor Service (Queensland Section) at http://www.health.qld.gov.au/pccm/ and as amended from time to time and published by the Queensland Government.

Note: a later edition of the PCCM is not to be taken as an amendment of the PCCM 8th edition.

This approval takes effect from the date of publication in the Victoria Government Gazette.

Specifically, the Victorian Department of Health has defined the circumstances that apply to the majority of authorised registered nurses practising in rural hospitals. The term ‘authorised registered nurse’, means a registered nurse (Division 1) whose registration is endorsed under x.94 of the Health Practitioner Regulation National Law with the scheduled medicines (rural and isolated practice) endorsement in Victoria.

Victoria does not have provisions in the current Drugs, Poisons and Controlled Substances Act (1981) and Regulations 2006, [amended 2013, and 2015] to obtain, supply or administer schedule 2, 3, 4 and 8 medicines under protocol for rural and isolated practice unless the registered nurse is RIPEN endorsed.

The defined circumstances in which an authorised registered nurse is authorised to obtain, possess, use, sell or supply any Schedule 2, 3, 4 or 8 poison approved by the Victorian Minister for Health in the lawful practice of their profession is under the following circumstances:

- The nurse is a registered nurse (Division 1), and the registration is endorsed for Scheduled Medicines (Rural and Isolated Practice).

- The nurse is employed and practising within a health service or class of health services approved by the Minister for Health.

- The nurse is acting under clinical circumstances approved by the Minister for Health, incorporating relevant health management protocols that set out the conditions and restrictions applying to the use and supply of medicines, as described in the eighth edition of the Primary clinical care manual. The approved medicines, health services, clinical
The health services approved by the minister to engage the services of authorised registered nurses are certain rural hospitals in Victoria. Each rural hospital has a health services permit (HSP) that authorises the hospital to possess Schedule 4 poisons for the provision of health services.

Each HSP contains conditions that are specific to the type of health service – for example, the conditions for a hospital differ from those of a bush nursing centre. Each HSP has a corresponding poisons control plan, which contains details of the manner in which the permit holder has undertaken to comply with legislative requirements.

Health services engaging the services of authorised registered nurses should update their current poison control plan to include Part 6, which applies to the use of authorised registered nurses.

Authorised registered nurses should refer to the HSP and the poisons control plan of the participating rural hospital to examine details of how the permit holder must comply with legislative requirements.

The director of pharmacy and/or the director of nursing commonly manage the HSP and the poisons control plan.

In Victoria, there are limited provisions under regulation 5(3) Drugs, Poisons and Controlled Substances Regulation 2006, and the approval of the Minister for Health, for a registered nurse to practice, supply and administer medicines: under a sexual health program; an immunisation program within specific circumstances and the administration of amiodarone and adrenaline in the absence of a medical officer in a cardiac arrest.

ANMF (Victoria Branch) contends that these limited provisions do not allow for a RIPEN nurse to practice to their full scope of practice if the RIPEN endorsement is removed; therefore a specific registration standard for this purpose is required in Victoria to allow this activity to continue.

3. Are there jurisdiction-specific impacts for health practitioners, or government or other stakeholders that the NMBA should be aware of, if the RIPEN endorsement standard is discontinued?

ANMF (Vic Branch) has identified a number of jurisdiction-specific impacts for health practitioners, or government or other stakeholders if the RIPEN endorsement standard is discontinued. These matters of importance have been described below.

Currently there are 217 rural hospital and areas of local government in Queensland and Victoria supported legislatively for RIPEN, as per the Queensland Health (Drugs and Poisons) Regulation 1996 (HDPR 1996), and the Victorian Government gazetted approval which will be affected if the RIPEN endorsement is removed.

Queensland has the majority of RIPEN endorsed registered nurses, with approximately 794 and Victoria has 123 of the 1010 registered nurses with an endorsement for scheduled medicines in rural and isolated practice.
ANMF (Vic Branch) has had consistent feedback from the members working with the RIPEN endorsement across the state in response to the consultation paper, clearly reiterating their support for this endorsement standard to continue. Since the announcement of this review, we have been contacted by a number of rural chief executive officers and directors of nursing who have expressed their own operational concerns about the proposal to discontinue the RIPEN endorsement. Furthermore, registered nurses working in these areas of practice have all stated without exception, to the ANMF that if the RIPEN endorsement is removed, there will be realised consequences for their individual work roles and ability to practice in rural and remote areas, and for the survival of the health service more broadly. These factors all greatly impact on the public interest.

The following points describe these concerns:

- RIPEN registered nurses without the current endorsement would not be covered and authorised to practice under the approval of the Victoria Minister for Health within the defined circumstances of the approved health service. In Victoria, if the NMBA discontinue the endorsement for registration standard for RIPEN the Drugs, Poisons and Controlled Substances Act 1981 would require changes to allow RIPENs to supply and administer under protocol. This process (if agreed to by the State Government Minister) would take a considerable period of time and in Victoria, a potential gap in service delivery to the public would result in rural and isolated areas. There are not enough general practitioners and nurse practitioners to close this gap in service delivery.

- The proposal by NMBA to discontinue the RIPEN registration standard would require all jurisdictions to make changes to the Drugs, Poisons and Controlled Substances legislation in order to provide consistency across all states and territories. The majority of RIPEN work in isolated rural areas is adjacent to state and territory borders. The proposal to allow the supply and administration of medicines under protocol could lead to different systems, processes and protocols within each state and territory health service resulting in inconsistent standards and providing a barrier to workforce mobility in rural, remote areas and interstate. Currently states and territories all manage this process differently, so the suggested cessation of this endorsement without a proposed alternative does not serve the public interest.

- Registered nurses or RIPENs will not be able to supply medicines for predominantly Category 1, 2, and 3 patients either under the law or via standing orders and would need to contact a medical officer, which would restrict their practice and increase the burden on the scarce number of medical officers and nurse practitioners in the rural and remote areas in Victoria.

- The Primary Clinical Care Manual (PCCM) is the clinical governance standard which provides the evidence based guidelines and approved medicines for RIPEN practice. If the PCCM was no longer used, and standing orders replace it, there would be significant inconsistencies in treatment management across Victoria and potentially across Australia.

- The PCCM is updated in line with Cochrane Library data and other evidence-based medicine sources every two years. This manual is currently linked to the approved medicines, health services, clinical circumstances and route of administration published in the Victorian Government Gazette.

- If NMBA discontinue the endorsement for registration standard for RIPEN then the PCCM may not be able to be used as a guideline for the supply of medicines.
• The suggestion that nurse practitioners can remedy the gap in service demand if the RIPEN registration standard is discontinued is unrealistic. Currently in Victoria there are very few nurse practitioners working in rural and isolated practice and nurse practitioners work within specific clinical settings, so there are even less nurse practitioners who would be able to work in this emergency/urgent care setting.

• Hospitals and health services do not employ greater numbers of nurse practitioners due to the higher costs associated with pay rates compared with RIPEN nurses. The health services who employ RIPENs are in the public health sector and a nurse practitioner employed in these health services would be classified as a Grade 6, renumeration at this classification. The RIPEN is employed at their substantive rate – for example, associate nurse unit manager – and is entitled to four per cent above the substantive role for the specific RIPEN shifts worked – a much lower rate than the nurse practitioner. Therefore from an economic standpoint, RIPENs are more cost effective in a health environment with limited resources.

• From the individual RIPEN perspective, these practitioners have spent time and money achieving this endorsement and the small remuneration received contributes to offset costs incurred. Removal of the requirement for endorsement will potentially result in reduced income for them.

• Currently these practitioners are identified as having higher qualifications education and expanded scope of practice – the proposed change will result in a potential lack of professional recognition.

• A nurse practitioner is required to have a Master’s degree and five years’ clinical experience in the related area of practice, which is also seen as a significant barrier.

• Nursing is an ageing workforce and many older nurses will not want to invest the time required to become a nurse practitioner – thus this will not be an adequate replacement for this activity.

• A nurse practitioner in the public sector cannot claim under the Medicare Benefits Scheme, or Pharmaceutical Benefits Scheme unless under 19.2 exemption.

• There is a high risk that patient safety will be compromised by removing the educational preparation for using medicines in the RIPEN context.

• Accessibility to healthcare for rural and isolated area populations will be impacted.

• Increased demand for medical practitioners both in hours and out of hours in rural and isolated practice will result in practitioner fatigue.

4. Are there any implementation or transitional issues that the NMBA should be aware of if the RIPEN endorsement standard is discontinued?

ANMF (Vic Branch) has identified a number of implementation and transitional issues which will be highlighted in the following points.
Education

Currently registered nurses are enrolled in courses to commence RIPEN qualifications in 2016. The cost of the course is significant – up to $8,000 – borne by the individual nurse.

If the proposed registration standard is discontinued, these registered nurses will be left with a qualification that they cannot utilise as they will have no authorisation to practice under RIPEN endorsement.

Legislation

In Victoria, if the NMBA discontinues the RIPEN endorsement standard the Drugs, Poisons and Controlled Substances Act 1981 would have to be changed to allow RIPENs to supply and administer medicines under protocol. This would require an extremely long lead time, in some instances up to two years, as the Victorian Government has not indicated that any changes will be made to the Drugs, Poisons and Controlled Substances Act 1981 at this time. Grandfather arrangements potentially could be put in place to allow the RIPENs with the existing endorsement for registration to practice during the legislation changes; however the issue remains that the mechanisms do not exist in Victoria for RIPENs to have authorisation to practice without the endorsement. In addition the grandfather arrangements do not allow registered nurses who obtain RIPEN qualifications to practice after the discontinuation of the endorsement standard and before the new legislation is enacted.

There is a high risk that patient safety will be compromised by removing the educational requirement, preparation and registration standard for nurses being able to supply and administer medicines as is in the current RIPEN context.

The proposal to allow registered nurses and midwives to supply scheduled medicines in accordance with the jurisdictional drugs and poisons legislation and approved protocols developed by the individual health services, in the absence of the NMBA RIPEN standard, will promote a lack of consistency of patient safety and quality related to medicines management across the rural and remote areas of Victoria.

Conclusion

The proposal by NMBA to discontinue the RIPEN endorsement registration standard will have a severe impact on the ability of health services to provide high quality and timely care to rural and isolated communities and result in a direct effect on patient care, especially where the health services have limited or no access to a medical practitioner or nurse practitioner. In the event that the RIPEN endorsement standard is discontinued the registered nurses in Victoria will no longer be able to appropriately obtain, supply or administer medicines under a drug therapy protocol (DTP) which is built into the Primary Clinical Care Manual (PCCM). The consultation paper does not propose a recognized alternative and ANMF cannot support any proposal to discontinue the RIPEN registration standard for endorsement.