

## Guidelines

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### For registered nurses applying for and with the endorsement for scheduled medicines – prescribing in partnership

**Effective from:** <<<date>>

#### Introduction

These guidelines provide information about how to meet the Nursing and Midwifery Board of Australia (NMBA) requirements when you are applying for endorsement for scheduled medicines for registered nurses (RNs) prescribing in partnership and when you are endorsed to prescribe in partnership. You are expected to understand and apply these guidelines together with the *Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership* (the registration standard).

#### What is prescribing in partnership?

Prescribing in partnership occurs when an RN with an endorsement for scheduled medicines undertakes prescribing within their level of competence and scope of practice in partnership with a partner prescriber<sup>1</sup>. The RN endorsed to prescribe in partnership (the endorsed RN) has an authorisation to prescribe medicines that is determined by legislation, will meet the requirements of the NMBA related to the endorsement and the policies of the jurisdiction, employer or health service. The endorsed RN is responsible and accountable for prescribing within their scope of practice and authorisation.

#### Do these guidelines apply to me?

These guidelines apply to RNs:

- applying<sup>2</sup> for the endorsement for scheduled medicines for registered nurses prescribing in partnership, and/or
- whose registration is endorsed to prescribe in partnership.

#### Summary

These guidelines help you to understand:

1. the endorsement application requirements, including the supervised practice requirements to become endorsed
2. the requirements of prescribing in partnership, and
3. safe and effective prescribing – what you need to do to administer, obtain, possess, prescribe, supply and/or use scheduled medicines when prescribing in partnership.

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<sup>1</sup> **Partner prescriber** is an authorised health practitioner who is an authorised autonomous prescriber for example a medical practitioner or a nurse practitioner (more than one partner prescriber may work in partnership with the endorsed registered nurse).

<sup>2</sup> Applications for endorsement may be made by registered nurses who hold registration with the NMBA or persons that are in the process of applying for registration as a registered nurse with the NMBA. Registration as a registered nurse must be granted before the endorsement can be granted.

## 1. Applying for the endorsement

You must be able to demonstrate and meet the requirements of the registration standard at the time of your application for endorsement.

If your application for endorsement is successful, you will be endorsed with conditions to complete a period of supervised practice. Following successful completion of the supervised practice you will be eligible for unconditional endorsement.

The period of supervised practice must be completed in accordance with the NMBA supervised practice guidelines and requires that:

- The RN must be supervised by either directly or indirectly by a partner prescriber<sup>3</sup>.
- The period of supervised practice is to be for a minimum of three months full time equivalent (FTE).
- Following the completion of supervised practice the supervisor partner prescriber<sup>3</sup> will be required to formally assess the competence of the registered nurse prescriber against the [National Prescribing Service \(NPS\) Prescribing Competencies Framework](#) and provide a report to the NMBA.

## 2. The requirements of prescribing in partnership

### Scope of endorsement

The scope of the endorsement registered nurse prescribing in partnership indicates that a registered nurse is qualified to **administer, obtain, possess, prescribe, supply** and/or **use** scheduled 2, 3, 4 and 8 medicines for the purposes of practice of nursing. Relevant state and territory legislation authorises the endorsed registered nurse to prescribe in partnership.

### Maintaining competence

The NMBA Recency of practice and Continuing professional development registration standards apply equally to the endorsement to prescribe in partnership. This means that RNs endorsed to prescribe in partnership are required to demonstrate recency of practice relevant to the endorsement to prescribe in partnership when they renew their annual registration and complete an additional ten (10) hours of continuing professional development related to prescribing.

### The governance framework

RNs endorsed to prescribe in partnership are required to be employed in a health service and not working as sole practitioners or in their own private practice. The endorsed RN and the partner prescriber<sup>3</sup> will work in accordance with a clinical governance framework. The clinical governance framework will build on the existing established governance frameworks for the quality use of medicines of the employer organisation to establish the client groups and scope of prescribing of the RN.

It is the employer's responsibility together with the endorsed and partner prescriber<sup>3</sup> to ensure there is an appropriate clinical governance framework in place to support the model of prescribing. State and territory health departments and/or employer organisations will already have governance frameworks for the quality use of medicines (QUM) including prescribing. When implementing prescribing in partnership these may need to be reviewed in order to ensure the introduction of a new model of prescribing is adequately covered. Some examples of an existing clinical governance framework would be:

- a medicines advisory committee to provide expert advice and guidance on prescribing
- local and/or organisational policies related to prescribing
- processes for risk assessment, and
- processes for monitoring, review and audit of prescribing practices.

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To note, the clinical governance framework is not a prerequisite for endorsement by the NMBA.

### 3. Safe and effective prescribing

The RN endorsed to prescribe in partnership is educated to make diagnostic and treatment decisions within their level of competence and scope of practice. The endorsed RN will be able to prescribe scheduled medicines in accordance with the clinical governance framework. The endorsed RN will be responsible for seeking guidance and/or referring patients when their care is outside the RNs agreed clinical governance framework or scope of practice. The endorsed RN is responsible and accountable for the prescribing decisions they make.

The partner prescriber<sup>4</sup> is responsible for working in accordance with the clinical governance framework. The partner prescriber<sup>4</sup> must be aware of the RN's scope of practice in regard to prescribing. The partner prescriber<sup>4</sup> is expected to work in partnership with the endorsed RN and accept any referrals from the RN when the patients in their care are outside their scope of practice.

#### Quality use of medicines

RNs endorse to prescribe in partnership are to observe the *Quality Use of Medicines (QUM)*<sup>5</sup> principles as they apply to the scope of the endorsement.

Quality use of medicine means:

- a. Selecting management options wisely by:
  - considering the place of medicines in treating illness and maintaining health, and
  - recognising there may be better ways than medicine to manage many disorders.
- b. Choosing suitable medicines (if a medicine is considered necessary) so that the best available option is selected by taking into account:
  - the individual
  - the clinical condition
  - risks and benefits
  - dosage and length of treatment
  - any coexisting conditions
  - other therapies
  - monitoring considerations, and
  - costs for the individual, the community and the health system as a whole.
- c. Using medicines safely and effectively to get the best possible results by:
  - monitoring outcomes
  - minimising misuse, over-use and under-use
  - improving people's ability to solve problems related to medication, such as negative effects
  - managing multiple medications
  - de-prescribing, and
  - undertaking medication reviews.

#### Adverse event reporting

The Therapeutic Goods Administration (TGA) is part of the Australian Government Department of Health, and is responsible for regulating therapeutic goods including medicines, medical devices, blood and blood products.

The TGA also collects reports of adverse events associated with medicines and medical devices. Monitoring of adverse events allows the TGA to investigate and take action on medicines safety issues.

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<sup>5</sup> This can be found at [www.health.gov.au](http://www.health.gov.au).

RNs endorsed to prescribe in partnership can help the TGA in safeguarding public health by reporting all suspected adverse events associated with medicines, particularly those associated with new products.

This information forms an important part of the TGA's monitoring activities and plays a key role in helping identify potential relationships between a therapeutic good and a series of adverse events. When a link can be established, the TGA takes action to ensure that medicines available in Australia continue to meet appropriate standards of safety, efficacy and quality.

Further information can be found on the [TGA website](#).

## Prescriptions

A prescription is a legal document. It is a precise written instruction from a prescriber to a pharmacist for preparing and dispensing a drug for a patient.

The RN endorsed to prescribe in partnership has a duty of care to provide a prescription that is legible; this reduces the potential for errors in treatment. Computer generated prescriptions are generally more legible than those that are handwritten.

Regardless of the format of the prescriptions, endorsed RNs need to constantly check the details of the prescription for appropriateness, completeness and correctness.

The essential information needed for a legal prescription may vary between states and territories. Endorsed RNs need to be aware of these variances if practising in different jurisdictions. The requirements generally include:

- prescribers name, address, telephone number and qualifications
- patient's full name, address and date of birth
- date the prescription is written
- drug name in full
- drug strength
- drug form (e.g. tablet, capsule, or mixture)
- quantity of drug to be supplied
- drug dose, route of administration, frequency, and duration of treatment (if necessary)
- clear instructions for the patient (in English) – it is not appropriate to write 'take as directed'
- any further instructions necessary for the pharmacist, and
- the handwritten signature of the prescriber.

## Self prescribing

The NMBA draws attention to the risks of self-diagnosis, self-treatment and self-prescribing. As such the NMBA strongly advises against RNs endorsed to prescribe in partnership self-diagnosing and then self-prescribing schedule 4 and/or 8 medicines. It is recommended that independent, objective advice is sought when you need health care.

## Supply of scheduled medicines

The NMBA supports the view that the division of responsibility between an RN endorsed to prescribe in partnership who prescribes a scheduled medicine and a pharmacist, who dispenses the scheduled medicine to the patient, provides an important check designed to safeguard patients.

The expertise of the pharmacist in counselling patients is important in the follow-up care of the patient. This includes checking adherence to the prescriber's instructions, confirming administration times and techniques, screening for adverse reactions and referring back to the prescriber for further investigations or advice when required.

In circumstances where the endorsed RN must also supply a scheduled medicine directly to a patient, the supply process must meet the labelling and record-keeping requirements of the jurisdiction in which they

are practising and the endorsed RN must provide counselling about the use of the medicine, its side effects and potential interactions and if available provide a *Consumer Medicines information leaflet*<sup>6</sup>.

### Working with other practitioners

Inherent in the registration standard is the requirement for the endorsed RN, when prescribing, to work in partnership with an authorised health practitioner<sup>7</sup>. To ensure that the role and scope of practice of the RN endorsed to prescribe in partnership is well understood it is critical that there are clear lines of communication between the RN endorsed to prescribe in partnership, the partner prescriber<sup>8</sup> and other members of the health care team including pharmacists.

### Authority

The NMBA has developed these guidelines under section 39 of the National Law.

Guidelines approved by the NMBA may be used as evidence of what constitutes appropriate professional conduct or practice in proceedings against a RN under the National Law, or a law of a co-regulatory jurisdiction.

### Review

The NMBA will monitor this guideline for effectiveness and review it at least every <<x>> years.

Date of issue: <<insert date>>

Date of review: <<insert date>>

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<sup>6</sup> Consumer Medicines information sheets are available at [www.medicines.org.au](http://www.medicines.org.au).

<sup>7</sup> **Authorised health practitioner** is a practitioner who is an authorised autonomous prescriber for example a medical practitioner or a nurse practitioner.

<sup>8</sup> **Partner prescriber** is an authorised health practitioner who is an authorised autonomous prescriber for example a medical practitioner or a nurse practitioner (more than one partner prescriber may work in partnership with the endorsed registered nurse).