Regulatory amendments to support the continuing medicines practice of rural and isolated practice registered nurses in Victoria

Consultation paper

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Executive summary

Enabling continuation of medicines practice for the rural and isolated practice registered nurse role

Following national consultation by the Nursing and Midwifery Board of Australia (NMBA), the *Registration standard for endorsement for scheduled medicines registered nurses (rural and isolated practice)* (the endorsement) is no longer required and will be discontinued.

The endorsement recognises registered nurses who are qualified by the NMBA to obtain, supply and administer a range of approved medicines for nursing practice in a rural or otherwise isolated practice area.

In Victoria, this role is currently referred to as a rural and isolated practice endorsed registered nurse (RIPERN).

Victorian legislation references the endorsement – specifically, the *Health Practitioner Regulation National Law (Victoria) Act 2009*, the *Drugs, Poisons and Controlled Substances Act 1981* and the Drugs, Poisons and Controlled Substances Regulations 2017.

This means the Department of Health and Human Services (the department) needs to make regulatory amendments to ensure current and future RIPERNs (referred to now as rural and isolated practice registered nurses – RIPRNs) can continue their medicines practice in Victoria.

The potential way to do this is by amending the Drugs, Poisons and Controlled Substances Regulations 2017. This involves defining a new category of registered nurse: an **approved registered nurse**. The RIPERN/RIPRN role will fall within this new category.

This new category of registered nurse for the RIPRN role will be defined by criteria that specify the scope of medicines practice. It will also specify any associated education, training, experience and other requirements to assure the registered nurse's professional competence to obtain and possess for administration, sale or supply specified scheduled medicines to protocol. **This consultation paper seeks feedback to define the criteria for professional competence.**

Note that existing Victorian RIPERNs will be classified as **approved registered nurses**, and will not be expected to undertake additional education, training or experience to meet this classification. The ongoing requirement for 20 hours of continuing professional development for all registered nurses to maintain registration still applies.

In addition, the NMBA may consider a mechanism to recognise existing endorsed rural and isolated practice registered nurses.

Future-focused models of practice

The proposed amendments to the Drugs, Poisons and Controlled Substances Regulations 2017 also provides scope for future opportunities.

This includes enabling other workers – that is, **approved registered nurses** and **approved registered midwives** – to obtain and possess for administration, sale or supply, specified poisons according to defined health management protocols and in certain circumstances.

This will be authorised through a Secretary Approval by the Secretary of the Department of Health and Human Services.

This proposed amendment will allow future registered nurses and midwives with appropriate capacity and capability to undertake expanded roles. This could improve safe and appropriate access to medicines in certain geographic areas, as well as settings with workforce challenges, to meet the growing demands on the healthcare system.

The proposed expanded scope is targeted at future roles, and will be subject to further stakeholder engagement.

This consultation paper seeks feedback on the opportunity to expand the role of registered nurses and midwives in the future through the proposed amendments to the Drugs, Poisons and Controlled Substances Regulations 2017.

How to participate

The department invites interested parties to comment and provide feedback on two key consultation areas and associated questions:

1. The criteria to define the scope of medicines practice of an **approved registered nurse**. This includes any associated education, training, experience and/or other requirements necessary to assure professional competence and safe practice for obtaining and possessing specified scheduled medicines for administration, sale or supply to protocol in the context of the RIPRN role in Victoria.
2. Enabling future opportunities through an amendment to the Victorian Drugs, Poisons and Controlled Substances Regulations 2017. This would allow **approved registered nurses** and **approved registered midwives** to obtain and possess specified scheduled medicines for administration, sale or supply to protocol under a Secretary Approval in the lawful practice of their profession.

Please provide feedback by answering the specific questions identified in this consultation paper via Engage Victoria <www.engage.vic.gov.au> **by 4.00 pm, Monday 3 August, 2020.**

If you have any questions regarding this consultation paper, please email Nursing, Midwifery and Paramedicine Workforce <nmw@dhhs.vic.gov.au>.

Background

The RIPERN role

Rural and Isolated Practice Endorsed Registered Nurses (RIPERNs) play an important role as part of a clinical team to improve access to urgent and primary care for Victorian rural communities.

RIPERNs are currently endorsed as qualified by the Nursing and Midwifery Board of Australia (NMBA) to obtain, supply and administer a range of approved medicines for nursing practice in a rural or otherwise isolated practice area.

This capability is specified in the *Registration standard: endorsement for scheduled medicines for registered nurses (rural and isolated practice)* (the endorsement).[i]

RIPERNs are a positive example of enabling registered health practitioners to work to their full scope of practice through contemporary models of care. This aims to improve equity of healthcare access for the community.

Part of the RIPERN role is to promote safe and appropriate access to medicines. This aligns with the National Registration and Accreditation Scheme's (NRAS) objective 'to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners'.[ii]

In Victoria, rural health services are encouraged to embed the RIPERN role within a collaborative practice model. This provides a team-based approach that ensures community access to consistent, high-quality care.

In 2014–15, an independent evaluation identified the model had positive impacts for health service staff. This included no increase in urgent care presentations or negative outcomes reported or evidenced through using the RIPERN role in the absence of a doctor.[iii]

A RIPERN's scope of practice is determined by Victorian legislation and the NMBA. It is also underpinned by an employer's clinical governance framework as outlined in the Department of Health and Human Services' (the department) *Nurse endorsement policy framework 2012*[iv] and *Nurse endorsed took kit 2012.*[v]

Review of the endorsement

In 2013, the NMBA conducted a review and public consultation on the endorsement.[vi]

Feedback indicated that most jurisdictions regulate the safe use of medicines under protocol through state-based legislation and health service policies. This meant there was no need for additional NMBA regulation through an endorsement.

As such, it was agreed the endorsement would be discontinued. The states that rely on the endorsement within their legislation (Victoria and Queensland) would be supported to devise alternative regulatory mechanisms.[vii]

The NMBA noted that 'while the endorsement for scheduled medicines in section 94 of the *Health Practitioner Regulation National Law (Victoria) Act 2009* (the National Law) **qualifies** a registered health practitioner to administer, obtain, possess, prescribe, sell, supply or use scheduled medicines, it is the state and territory drugs and poisons legislation that **authorises** a registered health practitioner to administer, obtain, possess, prescribe, sell, supply or use scheduled medicines'.[viii]

The Victorian context

In Victoria, the legislative framework includes:

- Health Practitioner Regulation National Law (Victoria) Act 2009,

- Drugs, Poisons and Controlled Substances Act 1981 (DPCS Act)
- the Drugs, Poisons and Controlled Substances Regulations 2017 (DPCS Regulations).

Together, these provide the endorsement and authorisation of the RIPERN role to obtain and possess for administration, sale or supply a limited range of medicines to protocol.

The relevant Victorian legislation is outlined in Table 2 in Appendix A.

The DPCS Act specifies that the Minister for Health may approve the scope of authorisation for the supply of specified scheduled poisons by notice published in the *Government Gazette*.

This includes approving and specifying the health services and clinical circumstances in which the RIPERN role can lawfully use, sell or supply particular medicines.

The DPCS Regulations currently specify that the Secretary of the Department of Health and Human Services (the Secretary) can approve specified professions and occupational groups to possess and use medications for the purposes of treating people in certain circumstances.

An example is the authorisation of 'nurse immunisers' to possess and use certain vaccines and anaphylaxis treatment medications in Victoria.

In response to the NMBA's decision to discontinue the endorsement, Victoria needs to update its regulatory instruments to enable existing RIPERNs and future rural and isolated registered nurses (RIPRNs) to maintain the current scope of medicines practice.

This process also provides an opportunity to consider future innovative and contemporary models of care. These include enabling registered nurses and midwives to work to their full potential, and promote timely and effective access to high-quality and safe healthcare for all Victorians.

Consultation

1. Defining the criteria to practice as an approved registered nurse in the RIPRN role

Current definition – authorised registered nurse

The Australian Health Practitioner Regulation Agency (AHPRA) specifies that an 'endorsement of registration' identifies practitioners with an extended scope of practice in a particular area because they have an additional qualification approved by the National Board.[ix]

In the case of the RIPERN role, the endorsement specifies that a 'registered nurse is qualified to obtain, supply and administer limited schedule 2, 3, 4 or 8 medicines appropriate to the registered nurse's scope of practice … (as) compliant with relevant State and Territory legislation'.[x]

Currently, the role of a RIPERN is defined within the DPCS Regulations as an **authorised registered nurse** – a registered nurse whose registration has been endorsed and is authorised by the DPCS Act to obtain, possess, use, sell or supply specified medicines.

An authorised registered nurses' scope of practice is approved by the Minister for Health in a notice published in the *Government Gazette*. This specifies particular criteria, including the type or class of poison, and the clinical circumstances and the health services or type of health services in which the poison may be used, sold or supplied.

Box 1: Current Ministerial Approval

The current Ministerial Approval authorises the:

- use of Schedule 2, 3, 4 and 8 medicines listed in the Primary Clinical Care Manual (PCCM)
- use of Schedule 2, 3, 4 and 8 medicines in the clinical circumstances as described by the PCCM health management protocols
- accredited[xi] health services where authorised registered nurses can practice, including 46 rural urgent care centres, 21 rural health services and 14 Bush Nursing Hospitals.

The PCCM is the 'principal clinical reference and policy document for health professionals working in diverse and rural and remote health service settings and contains clinical guidelines and Health Management Protocols'.[xii]

The Minister for Health, in the notice published in the *Government Gazette*, specifies that registered nurses working in the context of the RIPERN role in Victoria must follow the health management protocols in the PCCM to guide their medicines practice and ensure safe nursing practice.

With the discontinuation of the endorsement, it is necessary to amend the Victorian legislation. This is because the definition of **authorised registered nurse** specifically refers to an endorsement of registration as regulated by the NMBA.

However, retaining the definition of **authorised registered nurse** will ensure the Victorian legislation can respond to any future relevant endorsement of registration developed by the NMBA.

As such, Victorian legislation needs to define a new category of nurse. This will ensure current and future rural and isolated practice registered nurses (RIPRNs) who do not have a specific endorsement on their registration can continue to provide medicines practice in rural communities. This new definition is explored further in the next section.

Currently, to be eligible for the endorsement, registered nurses are required to successfully complete an approved program of study (determined by the NMBA), to confirm the skills and knowledge needed to obtain, supply and administer scheduled medicines according to protocol.

There are currently two approved programs of study for the endorsement:

- Rural and Isolated Practice (scheduled medicines) Registered Nurse, Cunningham Centre
- Graduate Certificate in Health (Scheduled medicines), University of Southern Queensland.

These courses include broader nursing practice content, including skills in clinical assessment and analytical decision making. However, they were approved by the NMBA to build competence in the use of scheduled medicines.

With the discontinuation of the endorsement, the NMBA will no longer specify the approved program of study.

This means that to define the new category of nurse, it will now be necessary to specify directly in Victorian legislation any associated criteria regarding the education, training, experience and other requirements that assure professional competence for obtaining and possessing specified scheduled medicines for administration, sale or supply to protocol. In addition, components of the current Ministerial Approval (listed in Box 1 above) will be used in the proposed new Secretary Approval.

Proposed new definition – approved registered nurse

The DPCS Regulations will be amended to reference an **approved registered nurse** who is approved by the Secretary of the Department of Health and Human Services by notice published in the *Government Gazette* and **may** be defined using criteria relating to:

(a) the completion of a training course or other education; or

(b) the acquisition of a qualification; or

(c) the length of time for which the registered nurse has practised; or

(d) the location in which the registered nurse practises.

Possible options for these criteria are explained and explored further below with key consultation questions.

The approval **may** specify any or all of these criteria (that is, a–d above) to assure professional competence of the registered nurse to safely obtain and possess for administration, sale or supply scheduled medicines to protocol. The proposed wording for the amendment to the DPCS Regulations, which includes these criteria, is provided at Appendix B.

In 2017–2019, the Australian Nursing and Midwifery Accreditation Council (ANMAC) conducted a consultation process for the *Registered Nurse Accreditation Standards 2019*. This explored whether the proposed draft standards continued to capture the learning outcomes required for the safe supply and administration of medicines via a protocol and/or standing order.

Consultation paper 2 stated that ‘graduates of entry-to-practice nursing programs are currently required to be suitably prepared to safely supply and administer medications via protocol and/or standing orders as part of a normal scope of practice’.[xiii]

In response to the consultation, ANMAC noted that a majority of respondents agreed the proposed draft standards were appropriate in continuing to capture the required learning outcomes.[xiv]

Development of knowledge and skills in pharmacotherapeutics and quality use of medicines, including the supply and administration of medicines, is specified in ‘Standard 3: Program of study’ of the *Registered Nurse Accreditation Standards 2019*.

As such, we need to determine if additional education and training is required to assure the professional competence of future RIPRNs. This includes registered nurses who may have completed their entry-to-practice nursing program some time ago.

The DPCS Regulations will also be amended to enable the Secretary to approve the type or class of poisons an **approved registered nurse** may obtain and possess for administration, sale or supply (where that possession, use, sale or supply is not authorised by S13 or S14A of the DPCS Act) in the lawful practice of their profession. It is intended this practice will continue to refer to the health management protocols in the PCCM.

The accredited health services where **approved registered nurses** can practice will continue to specify the current list of 46 rural urgent care centres, 21 rural health services and five bush nursing hospitals. From 2020, 14 of Victoria's 15 bush nursing centres will be added to the list where they have attained appropriate accreditation under the National Safety and Quality Health Service Standards.[xv]

This new definition of an **approved registered nurse** through Secretary Approval largely mirrors the current Ministerial Approval for an **authorised registered nurse**. It includes the additional specification of criteria regarding education, training, experience and other requirements to assure professional competence.

Further information to inform the criteria

The safe provision of healthcare services

Generally, a Secretary Approval does not operate in isolation. Medication access and use by individual practitioners, including RIPERNs/RIPRNs, is also controlled by the NMBA's standards for practice and a health service employer's clinical governance framework. This includes defining:

- a practitioner's scope of practice
- operating policies
- credentialing and supervision of individual nurses
- approval of medications through the local health service Drugs and Therapeutic Committee.

Health services are also subject to accreditation under the National Safety and Quality Health Service Standards. This means they must adhere to prescribing practice and medicines management as specified in Victoria's legislation (the DPCS Act, DPCS Regulations and other relevant regulatory mechanisms).

The collaborative practice model was established in Victorian health services to support the RIPERN role. It directs health professionals to continuously negotiate their roles based on their respective skills and availability.[xvi]

The model is designed to ensure that collaboration between general practitioners and RIPERNs provides accessible and sustainable urgent care in rural hospitals and health services. The RIPERN role addresses some of the challenges in delivering healthcare services in these contexts. In particular, it ensures appropriate access to medicines in rural areas where accessibility and primary care workforce availability are key concerns.

The literature recognises that registered nurses can safely initiate and administer medications in emergency and urgent care settings.[xvii,xviii,xix]

The independent evaluation of the Victorian RIPERN model in 2014–15 confirmed the RIPERN collaborative practice model successfully delivered safe and high-quality care to the community when a general practitioner was not available to attend.[xx]

The clinical audit undertaken as part of the evaluation recorded no clinical incidents or serious event notifications involving the management of a patient by a RIPERN.

Assuring competence

Continuing professional development

The NMBA requires all registered nurses to complete a minimum of 20 hours of continuing professional development (CPD) per registration period to 'maintain, improve and broaden their professional knowledge, expertise and competence to meet their obligation to provide ethical, effective, safe and competent practice'.[xxi]

Nurses who hold an endorsement on their registration are required to complete additional CPD requirements specific to the expertise associated with the endorsement. With discontinuation of the 'scheduled medicines' endorsement, this additional CPD requirement for RIPRNs will cease.

Individual nurses are responsible for meeting requirements for registration and must declare CPD compliance when renewing their registration. The NMBA may audit compliance from time to time.

The NMBA recommends that CPD activities are relevant to the areas of professional practice. Thus we would expect a nurse who meets the criteria for an **approved registered nurse,** and is authorised to obtain and possess medicines for administration, sale or supply to protocol in their clinical practice, will maintain and assure competence through appropriate and relevant CPD activities.

Health Professionals Prescribing Pathway

In 2013, Health Ministers approved the Health Professionals Prescribing Pathway as a nationally consistent approach to the prescribing of medicines by health professionals regulated by National Registration and Accreditation Scheme (NRAS).[xxii]

The Prescribing Pathway provides guidance for practitioner education and competence to minimise variability in medicines practice and ensure safe and effective models of care.

The Health Professionals Prescribing Pathway outlines five steps to safe and competent prescribing practice. Given its purpose is to ensure consistency and safe medicines practice, it has been considered in this context to inform the criteria required to define an **approved registered nurse**.

Appendix C applies the five steps to current circumstances as regulated by the endorsement. It also identifies future opportunities following amendment of the Victorian DPCS Regulations.

The nationally agreed Health Professionals Prescribing Pathway recognises that its definition of 'prescribing' may be different to the definitions used in state and territory-based legislation. However, it states that 'prescribing' refers to 'the iterative process involving the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine'.[xxiii]

For this consultation, it should be noted that neither the scope of practice for existing RIPERNs, nor the scope for future **approved registered nurses** or **approved registered midwives**, will include the issuing of prescriptions.

However, the capacity to obtain and possess medicines for administration, sale or supply falls along the continuum of 'prescribing' and, as such, the medicines practice of a RIPRN falls along the Health Professionals Prescribing Pathway.

Questions to determine the criteria to practice as an approved registered nurse in the RIPRN role

As identified previously, a Secretary Approval will specify the criteria to define the scope of medicines practice of an **approved registered nurse** including any associated education, training, experience and/or other requirements necessary to assure professional competence to obtain and possess specified

scheduled medicines for administration, sale or supply to protocol. The definition may specify any or all of these criteria:

a. the completion of a training course or other education, or

b. the acquisition of a qualification, or

c. the length of time for which the registered nurse has practised, or

d. the location in which the registered nurse practises.

The department has developed possible options for these criteria which are outlined in sections below. It is anticipated that the final definition in the Secretary Approval to determine the minimum requirements to assure competence will be an appropriate combination of these criteria.

i. Secretary Approval criteria: education and training

(a) the completion of a training course or other education

(b) the acquisition of a qualification

Table 1: Options for education, training, experience and other requirements to assure professional competence for the RIPERN role

Options	Advantages	Disadvantages
1. No additional education or training is required to be categorised as an **approved registered nurse**. The NMBA acknowledges professional-entry registered nursing programs of study appropriately prepare nurses to safely administer medications via protocol or standing orders as part of normal scope of practice. The Australian Nursing and Midwifery Accreditation Council (ANMAC) *Registered Nurse Accreditation Standards 2019* reference knowledge and skills in pharmacotherapeutics and quality use of medicines.	• No additional training required. • Minimal cost. • Use existing Registered Nurse Accreditation Standards 2019.	• Appropriate preparation may only apply to registered nurses who have recently completed their nursing qualification. • Inconsistent with current RIPERN requirements to undertake an approved program of study. • Reliant on other local conditions and criteria (such as years of experience or health service clinical governance) to ensure competence.
2. Require registered nurses to complete standardised additional training in order to be categorised as an **approved registered nurse** – specifically the existing 'approved programs of study' provided by Cunningham Centre and University of Southern Queensland.	• These programs currently exist and have demonstrated that they appropriately prepare RIPERNs to administer and supply medicines to protocol. • Creates consistency for determination of **approved registered nurse**. • Alignment with current RIPERN role. • Formal, recognised postgraduate qualifications (that is, career pathways). • The courses reference the PCCM health management protocols.	• No control over future content or changes to approved programs of study – for example, the course may be discontinued thereby resulting in the need for future changes. • Cost to individual registered nurses or health services (could be mitigated if scholarships available). • Current programs are based in Queensland, however, both programs provide online access. Work-based requirements are essential to completion. • Does not align with the NMBA's guidance whereby current registered nursing professional-entry programs of study appropriately prepare nurses.

Options	Advantages	Disadvantages
3. Require registered nurses to complete additional training in order to be categorised as an **approved registered nurse** – for example, a workplace-based short course that applies the PCCM to clinical practice.	• Creates consistency in the process for determination of **approved registered nurse**. • Local option – provides health services with greater control to meet local needs. • Potential cost savings if shorter course than existing requirements. • Could provide 'refresher option' to maintain safe medications practice skills and contribute to CPD requirements.	• Training module may need to be developed – barriers of time, cost and process. (Note that National Prescribing Service Medicinewise has a range of online learning activities related to safe and quality use of medicines).[xxiv] • Existing approved programs of study recognise prior learning and experience. • Limited viability and sustainability for any course provider if limited interest. • If not statewide, could create inconsistency across health services and complicate Secretary Approval requirements.

Question
i. Which option (1, 2 or 3 from Table 1) is most appropriate in Victoria to ensure an **approved registered nurse** in the RIPRN role has the appropriate knowledge, skills and attributes for safe and appropriate practice to obtain and possess specified scheduled medicines for administration, sale or supply according to protocol? Please provide reasons for your decision.

ii. Secretary Approval criteria: length and type of experience

c. the length of time for which the registered nurse has practised

It is proposed the criteria will state an **approved registered nurse** must have minimum experience of two years at a minimum of 0.42 full-time equivalent (that is, two days a week), working as a registered nurse (within the past three years), with at least:

- one year working in a rural or rural isolated practice setting, and/or
- one year working in an emergency department, urgent care centre or equivalent setting.

These requirements may be undertaken concurrently.

To be classified as an **approved registered nurse**, it is expected the individual registered nurse and the health service employer would maintain appropriate records as evidence of the requirements.

Question
ii. Do the proposed criteria ensure an **approved registered nurse** in the RIPRN role has the appropriate length and type of experience for safe and appropriate practice to obtain and possess specified scheduled medicines for administration, sale or supply according to protocol? Please provide reasons for your decision.

iii. Secretary Approval criteria: Clinical setting

d. the location in which the registered nurse practices

The accredited health services where **approved registered nurses** can practise will continue to specify the current list of 46 rural urgent care centres, 21 rural health services and five bush nursing hospitals. From 2020, 14 of Victoria's 15 bush nursing centres will be added to the list where they have attained appropriate National Safety and Quality Health Service Standards accreditation.

Question
iii. Are there any unintended consequences of the proposed clinical settings that would disadvantage Victorians' access to timely healthcare through the RIPRN role? Please provide reasons for your decision.

2. Future-focused models of practice

Responding to the discontinuation of the endorsement provides an opportunity to consider a new regulatory framework. This would support future models of contemporary practice and enable all registered nurses and midwives to work to their full scope of practice.

As described in its *Strategic plan*, the aim of the department's work program is to ensure client, patient and system outcomes drive all that we do, and Victorian health and human services are person-centred and sustainable.[xxv]

This includes promoting responsive and accessible care models and contemporary workforce roles to ensure services are:

- appropriate and accessible in the right place at the right time
- inclusive and responsive to choice, culture, identity, circumstances and goals
- efficient and sustainable
- safe, high-quality and provide a positive experience.

In order to provide flexibility for the future, the proposed amendment to the DPCS Regulations will enable different categories of suitably capable and competent **approved registered nurses** and **approved registered midwives** to obtain and possess for administration, sale or supply specified Schedule 2, 3, 4 and 8 poisons under circumstances approved by the Secretary.

This proposal aligns with the directions of the *Strategic plan* and has the potential to address healthcare accessibility issues. This is particularly the case for people living in rural and regional areas of Victoria who face unique challenges due to their geographic isolation, smaller population centres, greater travel distances and poorer access to services.[xxvi]

The 2017 National Health Workforce Data Set reports there were more than 5,600 general practitioners working in Victoria, representing an average of more than 1,120 residents per general practitioner.

However, the ratio of general practitioners to patients decreases as remoteness increases, resulting in fewer general practitioners per person in regional and remote settings.[xxvii] This can create issues for local communities in accessing timely healthcare and medicines.

In particular:

- access to medication is associated with the availability of the general practitioner workforce and is a key challenge in rural areas where the distribution of general practitioners and after-hours general practitioner services are variable[xxviii]
- the challenges of delivering healthcare services in rural areas, particularly access to primary health care, can result in unmet healthcare needs, delays in receiving appropriate care, preventable hospitalisations and poorer health and welfare outcomes for people living in rural areas.

A healthcare model that enables **approved registered nurses** to obtain and possess for administration, sale or supply specified medicines to protocol, in specific clinical settings, has proven to offer positive opportunities and outcomes for both the local health practitioners and the community.[xxix] The independent evaluation of the RIPERN model in 2014–15 noted the collaborative practice model, where RIPERNs work as part of a team with general practitioners, was successful. This is because it:

- increased the skill and confidence of the RIPERNs and other registered nurses
- created better work–life balance opportunities for participating general practitioners
- improved collegial relationships between general practitioners and nurses working in urgent care centres
- was accepted by the community

- did not increase the number of urgent care presentations, and no negative outcomes from the model were reported.

The proposed amendment to the DPCS Regulations will enable implementation of contemporary models of medicines practice, in addition to the RIPRN role, into the future**.**

Approved registered nurses and **approved registered midwives** who meet specified criteria would be able to obtain and possess for administration, sale or supply specified scheduled medicines according to health management protocols (yet to be determined) specified in a Secretary Approval.

In the future, the proposed amendment will provide a mechanism for registered nurses and midwives to practise to their full potential and expand their valued contribution to the Victorian healthcare sector.

There is no intent to immediately action the proposed amendment and expand the scope of registered nurses and midwives without further consultation with the sector to identify appropriate qualifications, experience and clinical settings in which this may occur.

Question:
iv. Are there any potential unintended consequences of amending the DPCS Regulations to enable future opportunities for **approved registered nurses** and **approved registered midwives** to obtain and possess specified scheduled medicines for administration, sale or supply to protocol in the lawful practice of their profession? Please provide reasons for your decision.

Next steps

Interested parties are invited to comment and provide feedback on the two key consultation areas and their associated questions outlined in this consultation paper via Engage Victoria <https://engage.vic.gov.au> **by 4.00 pm, Monday 3 August, 2020**.

The Department of Health and Human Services will review and analyse feedback and produce a brief summary that will be published on the Engage Victoria website. Additional targeted engagement and consultation may be undertaken with key stakeholders, if required.

Following amendment of the DPCS Regulations to enable existing RIPRNs to lawfully continue their medicines practice, the immediate next steps will be to finalise and develop a Secretary Approval for **approved registered nurses** in the RIPRN context. Stakeholder feedback from this consultation will be used to specify the criteria that define the scope of medicines practice of an **approved registered nurse**.

The department will also continue to engage with the NMBA to ensure appropriate processes and communications are established with the discontinuation of the endorsement.

The department will communicate updates to relevant stakeholders as they become available.

If you have any questions regarding this consultation paper, please email Nursing, Midwifery and Paramedicine Workforce <nmw@dhhs.vic.gov.au>.

Appendix A: Current legislative framework

Applicable national regulatory mechanisms and the relevant Victorian legislation that regulate the administration, sale or supply of Schedule 2, 3, 4 or 8 poisons by **authorised registered nurses** is outlined below.

Table 2: Relevant legislative instruments

Regulatory mechanism or instrument	Relevant section
Health Practitioner Regulation National Law (Victoria) Act 2009	Section 94 Endorsement for scheduled medicines
Nursing and Midwifery Board of Australia	Registration standard for endorsement for scheduled medicines registered nurses (rural and isolated practice), **to be discontinued** Core registration standards Professional codes and guidelines
Australian Nursing and Midwifery Accreditation Council	Accreditation Standards for Registered Nurses 2019
Drugs, Poisons and Controlled Substances Act 1981	Section 13(1)(bb) Persons authorised to have possession etc. of poisons or controlled substances – any registered nurse with a Section 94 Endorsement Section 14A Minister to approve scope of prescribing rights or supply of poisons Section 132 General regulations
Drugs, Poisons and Controlled Substances Regulations 2017	Definitions • authorised registered nurse • authorised registered midwife • nurse Regulation 8 Possession of Schedule 4 ,8 and 9 poisons by nurse or registered midwife Regulation 39 Sale or supply of Schedule 4 or 8 poison – nurse practitioner or authorised registered nurse Regulation 92 Administration of Schedule 4, 8 or 9 poison – authorised registered nurse Regulation 142 Administration, sale or supply of Schedule 3 poison – authorised registered nurse

Appendix B: Proposed amendments to the Drugs, Poisons and Controlled Substances Regulations 2017

Note: this extract of the proposed draft regulations outlined below is not finalised and has not been settled by the Office of Chief Parliamentary Council.

Proposed new regulation 5(1)

Definitions

approved registered nurse means a registered nurse belonging to a class approved by the Secretary in accordance with regulation 159B

approved registered midwife means a registered midwife belonging to a class approved by the Secretary in accordance with regulation 159C

Proposed new regulation 8A

8A Possession of Schedule 4 and 8 poisons by an approved registered nurse or approved registered midwife

An approved registered nurse, or approved registered midwife is authorised to obtain and possess for administration, sale or supply a Schedule 4 poison or a Schedule 8 poison in accordance with an approval of the Secretary under regulation 161A.

Proposed new regulations 159B and 159C

159B Approved registered nurses

(1) The Secretary by notice published in the Government Gazette may approve a class of registered nurse for the purposes of the definition of **approved registered nurse** in regulation 5(1).

(2) Without limiting subsection (1), the class may be defined using criteria relating to—

(a) the completion of a training course or other education; or

(b) the acquisition of a qualification; or

(c) the length of time for which the registered nurse has practised; or

(d) the location in which the registered nurse practises.

159C Approved registered midwives

(1) The Secretary by notice published in the Government Gazette may approve a class of registered midwife for the purposes of the definition of **approved registered midwife** in regulation 5(1).

(2) Without limiting subsection (1), the class may be defined using criteria relating to—

(a) the completion of a training course or other education; or

(b) the acquisition of a qualification; or

(c) the length of time for which the registered midwife has practised; or

(d) (d) the location in which the registered midwife practises.

Proposed new regulations 161A, 161B and 161C

161A Secretary may approve Schedule 4 or Schedule 8 poisons for possession, administration, sale or supply by approved registered nurse or approved registered midwife

(1) For the purposes of regulation 8A, the Secretary by notice published in the Government Gazette, may approve a Schedule 4 poison or Schedule 8 poison that an approved registered nurse or approved registered midwife is authorised to obtain and possess for administration, sale or supply where that possession, administration, sale or supply is not authorised under section 13 or 14A of the Act.

(2) The Secretary must not approve a Schedule 4 or Schedule 8 poison under subregulation (1) unless the Secretary considers that—

(a) the approval is necessary for the provision of health services and neither section 13 nor 14A of the Act applies; and

(b) it is within the competence of an approved registered nurse or approved registered midwife to obtain and possess for administration, sale or supply the poison without the supervision or instruction of—

(i) (i) in the case of a Schedule 4 poison, a registered medical practitioner, dentist, nurse practitioner, authorised midwife, authorised optometrist or authorised podiatrist; or

(ii) (ii) in the case of a Schedule 8 poison, a registered medical practitioner, dentist, nurse practitioner or authorised midwife.

(3) The Secretary may specify in an approval under subregulation (1) that the approval is subject to any condition the Secretary considers is necessary for the proper possession, administration, sale or supply of a Schedule 4 poison or a Schedule 8 poison.

(4) An approval under subregulation (1) may be made in respect of—

(a) a poison or class of poison; and

(b) all approved registered nurses or approved registered midwives, or a class of approved registered nurses or approved registered midwives.

(5) An approval under sub regulation (1) may apply, adopt or incorporate, with or without modification, any matter contained in any document, code, standard, rule, specification or method formulated, issued, prescribed or published by any authority or body—

(a) at the time when the Secretary specifies the matter; or

(b) at an earlier time.

(6) An approval under sub regulation (1) takes effect—

(a) on the date of publication in the Government Gazette; or

(b) on a later date specified in the approval.

161B Secretary may approve Schedule 2 poisons for possession for administration, sale or supply by approved registered nurse or approved registered midwife

(1) For the purposes of regulations 133A and 133B the Secretary by notice published in the Government Gazette, may approve a Schedule 2 poison that an approved registered nurse or approved registered midwife is authorised to obtain and possess for administration, sale or supply where that possession, administration, sale or supply is not authorised under section 13 or 14A of the Act.

(2) The Secretary must not approve a Schedule 2 poison under subregulation (1) unless the Secretary considers that—

(a) the approval is necessary for the provision of health services and neither section 13 nor section 14A of the Act applies; and

(b) it is within the competence of an approved registered nurse or approved registered midwife without the supervision of a registered medical practitioner, dentist, nurse practitioner, authorised midwife, authorised optometrist or authorised podiatrist.

(3) The Secretary may specify in an approval under subregulation (1) that the approval is subject to any condition the Secretary considers is necessary for the proper possession, administration, sale or supply of a Schedule 2 poison.

(4) An approval under subregulation (1) may be made in respect of—

(a) a poison or class of poison; and

(b) all approved registered nurses or approved registered midwives, or a class of approved registered nurses or approved registered midwives.

(5) An approval under sub regulation (1) may apply, adopt or incorporate, with or without modification, any matter contained in any document, code, standard, rule, specification or method formulated, issued, prescribed or published by any authority or body—

(a) at the time when the Secretary specifies the matter; or

(b) at an earlier time.

(6) An approval under sub regulation (1) takes effect—

(a) on the date of publication in the Government Gazette; or

(b) on a later date specified in the approval.

161C Secretary may approve Schedule 3 poisons for possession for administration, sale or supply by approved registered nurse or approved registered midwife

(1) For the purposes of regulations 137A and 137B, the Secretary by notice published in the Government Gazette, may approve a Schedule 3 poison that an approved registered nurse or approved registered midwife is authorised to obtain and possess for administration, sale or supply where that possession, administration, sale or supply is not authorised under section 13 or 14A of the Act.

(2) The Secretary must not approve a Schedule 3 poison under sub regulation (1) unless the Secretary considers that—

(a) the approval is necessary for the provision of health services and section 14A of the Act does not apply; and

(b) it is within the competence of an approved registered nurse or approved registered midwife without the supervision of a registered medical practitioner, dentist, nurse practitioner, authorised midwife, authorised optometrist or authorised podiatrist.

(3) The Secretary may specify in an approval under sub regulation (1) that the approval is subject to any condition the Secretary considers is necessary for the proper possession, sale or supply of a Schedule 3 poison.

(4) An approval under sub regulation (1) may be made in respect of—

(a) a poison or class of poison; and

(b) all approved registered nurses or approved registered midwives, or a class of approved registered nurses or approved registered midwives.

(5) An approval under sub regulation (1) may apply, adopt or incorporate, with or without modification, any matter contained in any document, code, standard, rule, specification or method formulated, issued, prescribed or published by any authority or body-

(a) at the time when the Secretary specifies the matter; or

(b) at an earlier time.

(6) An approval under sub regulation (1) takes effect—

(a) on the date of publication in the Government Gazette; or

(b) on a later date specified in the approval.

Appendix C: Health Professional Prescribing Pathway

As noted previously in the consultation paper, the nationally agreed Health Professionals Prescribing Pathway recognises that its definition of 'prescribing' may be different to the definitions used in state and territory-based legislation, but that 'prescribing' refers to 'the iterative process involving the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine'.[xxx]

For this consultation, neither the scope of practice for existing RIPERNs, nor the scope for **future approved registered nurses** or **approved registered midwives**, will include the issuing of prescriptions.

Table 3 applies the five steps of the Health Professional Prescribing Pathway for safe and competent medicines practice to the current circumstances and future opportunities for registered **approved registered nurses**.

Table 3: Health Professionals Prescribing Pathway for registered nurses

Step	Health Professional Prescribing Pathway steps	Application
Step 1	Complete education and training accredited to the standards set by the Australian Nursing and Midwifery Accreditation Council (ANMAC) and approved by the NMBA, which is consistent with the professional's scope of practice and demonstrates the required level of competence. It should include a component of assessment of the essential competencies of the nationally recognised standard for prescribing education of health professionals developed by National Prescribing Service Medicinewise.	The ANMAC Registered Nurse Accreditation Standards 2019 specify that the program content and subject learning outcomes of a registered nurses' program of study must support the development of student knowledge and skills in pharmacotherapeutics and quality use of medicines. This includes the supply and administration of medicines[xxxi].
Step 2	Obtain recognition from the National Board of competence to prescribe via either an endorsement or recognition that the primary qualification of registration is sufficient.	The current endorsement recognises the competence to obtain, supply and administer. However, the broader NMBA consultation on registered nurse and midwife prescribing, in conjunction with key partners the Australian and New Zealand Council of Chief Nursing and Midwifery Officers (ANZCCNMO), confirmed that on advice from the Australian Nursing and Midwifery Accreditation Council 'the preparation of undergraduates in Bachelor of Nursing and Bachelor of Midwifery programs provides the underpinning education to support registered nurses and midwives to safely administer medications via protocol or standing orders as part of normal scope of practice'.[xxxii]

Step	Health Professional Prescribing Pathway steps	Application
Step 3	Ensure authorisation to prescribe under the relevant state legislation and regulations and any requirements of the health service or employer.	The current Victorian legislation (DPCS Act, DPCS Regulations and Ministerial Approval in the Victoria Government Gazette) enables **authorised** registered nurses to administer, sell or supply to protocol as specified in the PCCM. Amending the DPCS Regulations will enable **approved** registered nurses to obtain and possess specified scheduled medicines for administration, sale or supply to protocol as specified in the PCCM.
Step 4	Prescribe medicines within scope of practice, a safe model of prescribing, working collaboratively with the person, their carer and healthcare team and in accordance with national policies and standards including National Medicines Policy, Medication Safety Standard of the National Safety and Quality Health Service Standards and policies set by the NMBA.	The DPCS Regulations amendments and the Secretary Approval will define an *approved registered nurse* and stipulate the scope of practice of through specifying criteria. The *Nurse endorsed policy framework 2012* and *Nurse endorsed tool kit 2012* provide further guidance to health services regarding clinical governance mechanisms to ensure safe medicines practice of RIPERNs (noting these documents will be updated following amendments to the DPCS Regulations).
Step 5	Maintain and enhance competence to prescribe within their scope of practice, according to the requirements of their profession and employment.	The NMBA's *Registration standard: continuing professional development*[xxxiii] specifies that registered nurses must undertake 20 hours of continuing professional development (CPD) per annum. This ensures that registered nurses maintain and improve knowledge, expertise, competence and the personal and professional qualities to practice proficiently. The registration standards currently specify a registered nurse with a scheduled medicines endorsement must undertake 10 additional CPD hours relating to obtaining, supplying and administration of scheduled medicines. Individual nurses are responsible for meeting requirements for registration and must declare compliance when renewing their registration. The NMBA are responsible for monitoring compliance and may audit registration from time to time. With the discontinuation of the endorsement, individual registered nurses and their employer health services will be responsible for maintaining and assuring competence for safe and appropriate medicines practice to protocol. The department will not be monitoring the maintenance of CPD requirements of individual registered nurses – the NMBA will continue this responsibility. However, it is expected that if a nurse meets the criteria for an *approved registered nurse*, and obtains and possesses specified scheduled medicines for administration, sale or supply to protocol as part of their medicines practice, they will maintain and assure competence through appropriate CPD activities.

Endnotes

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[ii] *Health Practitioner Regulation National Law (Victoria) Act 2009*, section 3.

[iii] MSPS Project Services, Inside Health Management 2015, *Evaluation of scheduled medicines administration and supply function of the endorsed nurses operating within rural health services: final report.*

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[v] Department of Health 2012, *Nurse endorsed tool kit,* <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Nurses-with-scheduled-medicines-rural-and-isolated-practice-endorsement-in-Victoria---Tool-kit>, viewed 10 December 2019.

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[xii] Queensland Health, Queensland Government 2020, *Primary clinical care manual*, 10th edition, <https://www.publications.qld.gov.au/dataset/primary-clinical-care-manual-10th-edition>, viewed 7 January 2020

[xiii] Australian Nursing and Midwifery Accreditation Council 2018, *Review of Registered Nurse Accreditation Standards: consultation paper 2*, June 2018, <https://www.anmac.org.au/sites/default/files/documents/rnasconsultationpaper2.pdf>, viewed 11 November 2020.

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<https://www.anmac.org.au/sites/default/files/documents/rnasconsultation2synthesis.pdf>, viewed 11 December 2020.

[xv] Accredited to the applicable National Safety and Quality Health Service Standards 2019, Australian Commission on Safety and Quality in Health Care, <https://www.safetyandquality.gov.au/standards>, viewed 17 December 2019.

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