australian nursing federation

Submission to Health Workforce Australia on the consultation paper: Health Professionals Prescribing Pathway (HPPP) in Australia

June 2012

Lee Thomas
Federal Secretary

Yvonne Chaperon
Assistant Federal Secretary

Australian Nursing Federation
PO Box 4239 Kingston ACT 2604
T: 02 6232 6533
F: 02 6232 6610
E: anfcanberra@anf.org.au
http://www.anf.org.au

1. Introduction

Established in 1924, the Australian Nursing Federation (ANF) is the largest professional and industrial organisation in Australia for nurses, midwives, and assistants in nursing. The core business for the ANF is the professional and industrial representation of our members and the professions of nursing and midwifery. This representation is undertaken through Branches in each State and Territory of Australia, and the Federal Office.

The ANF has a membership of over 214,000 nurses, midwives and assistants in nursing. Our members are employed in a wide range of settings in urban, regional, rural and remote locations, in both the public and private health and aged care sectors.

The ANF 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, including reform agendas, community services, veterans' affairs, occupational health and safety, industrial relations, social justice, human rights, immigration and migration, foreign affairs and law reform.

2. General Comments

Prescribing is more than the act of writing a script. Safe prescribing involves information gathering and decision making, included in which are processes such as: a thorough assessment of the individual patient/client/resident, a sound knowledge of anatomy and physiology, pharmacokinetics and pharmacodynamics, understanding the interaction of medicines and the potential for adverse effects, and knowing when it is appropriate to prescribe therapeutic interventions and when it is best to abstain from or withdraw medicines. Other factors for consideration in prescribing include the socio-economic environment of the client/patient/resident, co-morbidities, and capacity of the individual/carers to manage their condition and a particular medicines regimen.

For nurses and midwives, as the largest and most readily accessible cohort of the health care workforce, medicines management and promotion of safe prescribing, is familiar territory. They have long been involved with supporting and guiding beginning medicines prescribers - new interns – in health care facilities. Over the past decade safe prescribing has been undertaken by registered nurses endorsed as Nurse Practitioners. More recently, legislative changes from November 2010 have enabled Nurse Practitioners and Eligible Midwives to prescribe under the Pharmaceutical Benefits Scheme. The uniqueness of Nurse Practitioner and Eligible Midwife prescribers is that they enter the prescribing role as highly experienced health professionals, as compared with other health professionals who enter as novice practitioners.

Other examples of prescribing within the nursing and midwifery professions (which will be mentioned in more detail later in the submission), include: the Rural and Isolated Practice Health Regulation 1996 Registered Nurse (RIPHRRN) program in Queensland; and, the Rural Collaborative Practice Model (RCPM) in Victoria.

Given the extensive and long term involvement of the nursing and midwifery professions in medicines management, the ANF supports a move to strengthen the capacity for nurses and midwives to prescribe as necessary in the ordinary course of their work, as well as enabling prescribing more broadly for all regulated health professionals. For registered nurses and registered midwives this can be done within the risk management framework of regulation, and the existing requirement for specific and additional education and continuing professional development (CPD) for medicines endorsement. [1]

3. Specific Comments

The following comments are provided against the questions posed in the HealthWorkforce Australia (HWA) consultation paper: *Health Professionals Prescribing Pathway (HPPP) in Australia*. The ANF considers that the proposed Pathway encompasses ALL currently regulated health professional groups (including those who already prescribe).

1a) What principles should underpin a national approach to health professionals prescribing? Examples could include the importance of safety and quality, or the maintenance of practitioner competence.

The following principles are considered important to underpin a national approach to health professionals prescribing, and are listed in no particular order:

- Patient safety and quality related to medicines management is a key principle that must underpin any development in prescribing. This includes completion of preparatory education, undertaking of ongoing professional development, adherence to professional practice standards and maintenance of the health professional's competence.
- Mutual trust and respect for the educational preparation health professional colleagues have undertaken and their role as safe and competent practitioners.
- Person-centred care – the prime focus for prescribing must be the needs of the person requiring care. This includes such aspects of need as: physical, psychosocial, economic, cultural, spiritual, support networks, age, access to medicines supply (geographical issues as well as access to a prescriber and/or pharmacist), and ability to manage a medicines regimen.
- Professional evidence-based prescribing – professional educational preparation, support and review are required to ensure that nurses and midwives have adequate and contemporary skills and knowledge to form a diagnosis and determine a treatment goal (which may or may not include medicines).
- Prescribing scope of practice and strengthening the capacity for nurses and midwives to prescribe in the ordinary course of their work – this is determined for nurses and midwives by the context of their practice. The scope of practice should be complemented by registration requirements and individual professional responsibilities that protect the community.

[1]Nursing and Midwifery Board of Australia. 2010. *Continuing professional development registration standard.* Available at: http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx

- Medicines safety and appropriateness must be clearly defined – the use of evidence-based information on medicines where conventional trials have demonstrated safety and effectiveness (to NHMRC standards). Where prescribing of substances for which there has been no evidence-based assessment, this must be accompanied by appropriate ethics approval, a validated consent process and appropriate monitoring of outcomes.
- Access and efficiency – timeliness of care. Improved access to care for consumers of health (including midwifery services) and aged care services could be achieved by extending prescribing rights across the regulated health professional groups. Efficiencies could be gained for health services by the reduction of duplication when consumers must visit more than one health professional in order to receive comprehensive care (example provided in 1b) below).
- Continuity of care – the ability for a health professional to undertake comprehensive care, including the prescribing of medicines where this is appropriate, and/or, for seamless transfer of that care to another health professional. The aim is to provide care that is safe and competent and that is also convenient for the person requiring the care.
- Collaborative practice – flowing from mutual trust and respect and a focus on person-centred care, it is imperative that health professionals work in collaboration to promote best practice in medicines management, including prescribing.
- Appropriate drug monitoring and regulatory systems for therapeutic goods - are required for both prevention of, and detection of, poor prescribing behaviours within the prescriber's practice, and nationally. Interprofessional regulatory bodies should govern the range of nationally consistent prescribing and related requirements for any profession.
- Consistent regulation for all prescribers – this is in place for the currently regulated health professionals (for which this HPPP applies) with the *Health Practitioner Regulation National Law Act 2009*.
- Professional Indemnity Insurance for all prescribers – this is now a mandatory requirement for all the regulated health professionals, under the National Law.

1b) Will a nationally consistent approach to health professionals prescribing, covering important principles such as those listed above, support improved access to health services, efficiency of the health system and help address health workforce issues within the Australian health system? Please provide further explanation and, if possible, practical examples to support your view.

The ANF considers that a nationally consistent approach to health professionals prescribing, covering important principles such as those listed above, will support improved access to health services, efficiency of the health system and help address health workforce issues within the Australian health system. There is currently an unnecessary 'toing and froing' for people requiring health/aged care between different health professionals causing inconvenience and time wasting for the consumer, and duplication of services for health professionals.

For example, consider the scenario where a General Practitioner (GP) refers a person to a Mental Health Nurse (MHN), who makes assessment and advises on treatment, including medicines. As the MHN is not able to prescribe, the person must go back to the GP for a prescription for the medicines identified by the nurse. This is not only inefficient health care but a gross inconvenience for the public. Such a scenario could be avoided by enabling prescribing for registered nurses and midwives within the risk management framework of regulation, and the existing requirement for specific and additional education and continuing professional development (CPD) for medicines endorsement.

To provide health and aged care services which better meet the needs of the community, the focus must be on efficient and streamlined access to services. Service provision is too often structured to fit the convenience of health professionals. Under the current prescribing legislation, a classic example is the distances people living in rural and remote areas must travel in order to be assessed and treated by a General Practitioner. A system which provided more convenient health care would be one in which a broader range of health professionals could deliver comprehensive care. It is a fact that nurses and midwives are the health professionals still practicing the further remote one goes. For timeliness of care delivery it is imperative these health professionals be enabled to prescribe.

This submission highlights two Australian States which have developed mechanisms to enable registered nurses to include prescribing in their care regime, to address issues of accessibility, convenience and affordability for people living in rural and remote communities.

2a) Should a health professionals prescribing pathway in Australia have graded levels of prescribing autonomy? Are there other options that should be considered? If so, what are they?

The ANF supports the concept of a health professional prescribing pathway which has graded levels of prescribing autonomy. We are supportive of this approach because health professionals are by virtue of the requirements of their registration to practice, competent for the context of their practice. The inclusion of a broader range of prescribers also means that there are more options for referral between health professionals, and therefore greater choice for consumers of health and aged care (especially in relation to geographical accessibility to a health professional).

Examples of applicability of the graded levels of prescribing autonomy outlined in the HWA consultation paper are provided below:

- **Prescribe to administer**

  Prescribe to administer equates to a long standing practice in health and aged care of ‘nurse initiated’ medicines. This includes such medicines as: oral analgesia; aperients or anti-diarrhoea substances, for continence management; various diabetes management medicines; cardiac and respiratory medicines; and topical lotions and ointments. This form of ‘prescribing’ is currently undertaken safely and competently by registered nurses and midwives at all levels of experience. National consistency and formalisation of this level of prescribing would enhance risk management for quality use of medicines.

- **Protocol**

Described variously as 'dependent' or 'delegated' prescribing, protocol prescribing encompasses administration of medicines under a process of 'standing orders' whereby parameters for a medicines regime are set through agreement between the prescriber and administering health professionals. This mechanism has been employed safely and competently by registered nurses and midwives with medical practitioner prescribers, for several decades. Examples include the administration of medicines:

- for a range of cardiac conditions in a critical care setting, such as - anti-arrhythmics; nitrate tablets, patches and sprays; beta blockers and ace inhibitors;
- acute pulmonary oedema;
- cardiac arrest;
- medicines for asthma control;
- diabetes management medicines; and,
- in maternity settings: protocols for medicines used in labour and birth, post partum haemorrhage; the provision of analgesia, anti emetics and tocolytics.

The *CARPA Manual*[2] (Central Australian Rural Practitioners Association) is another example of current protocol driven prescribing used extensively by health practitioners (including Remote Area Nurses) throughout the Northern Territory, northern South Australia, Western Australia and parts of northern Queensland. Ideally, health professionals working in these regions undergo specific educational preparation on the principles of care and protocols contained within this manual.

- **Supplementary/Collaborative**

Supplementary prescribing includes prescribing to an agreed formulary within the health professional's scope of practice. This form of prescribing has been undertaken by nurses and midwives in the United Kingdom for the past six years. Evaluative studies of the UK model have consistently found this to be safe and competent practice with benefits for the community in providing for timely access to required medicines.

An example of this type of prescribing within Australia is found in Queensland with the *Drug Therapy Protocol – Rural and Isolated Practice Area Endorsed Nurse under the Health (Drugs and Poisons) Regulation 1996*[3]. Registered nurses undertake a Rural and Isolated Practice Health (Drugs and Poisons) Regulation 1996 – Registered Nurse program (known as RIPHRRN). Completion of this course confers a scheduled medicines endorsement which qualifies the registered nurse to 'obtain, supply and administer schedule 2, 3, 4 and 8 medicines for nursing practice in a rural and isolated practice area'. The course is open to registered nurses employed in 'a Queensland rural hospital or isolated practice setting as defined by the *Queensland Health (Drugs and Poisons) Regulation,1996'*

(http://www.health.qld.gov.au/cunninghamcentre/docs/nursing/riprn11.pdf).

[2]Central Australian Rural Practitioners Association (CARPA) Manual. Available at: http://www.carpa.org.au/manual_reference.htm

[3] Queensland Government. Version 1 March 2012. Health (Drugs and Poisons) Regulation 1996. Drug Therapy Protocol – Rural and Isolated Practice Area Endorsed Nurse. http://www.health.qld.gov.au/ph/documents/ehu/29969.pdf

In 2010, with the implementation of national registration and accreditation, the Nursing and Midwifery Board of Australia (NMBA) established the *Registration standard for endorsement for scheduled medicines registered nurses (rural and isolated practice)*[4]. NMBA approved courses for RIPHRRN are run by the Cunningham Centre (Qld) and the University of Southern Queensland.

- **Independent**

Nurse Practitioners have been safely and competently undertaking independent prescribing for over a decade, in Australia. However, this has been frustrated by inconsistent interpretation and application across jurisdictions, and, by differing State and Territory drugs, poisons and controlled substances legislation. Consistency of approach is vital to ensure safe prescribing within a quality use of medicines framework, for the public.

To gain improvements in timeliness of access to required care, Australia must move away from the current paternalistic system of the medical practitioner being the gate-keeper of prescribing. It is time to recognise that nurses and midwives, as regulated health professionals, are accountable for their own practice, and that it is through this process that safe prescribing is assured and not through a complex and unnecessary collaborative arrangement pathway. Nurses and midwives have always engaged in collaborative practice, more broadly, with other health professionals. In an environment where potentially many health professionals can prescribe, each should have the authority to make safe prescribing decisions, in conjunction with the consumer, based on their independent professional assessment. This may/may not include collaboration with other health professionals.

In concluding this section, it is worth stressing that engagement of registered nurses and registered midwives within any of these graded levels of prescribing occurs within the risk management framework of regulation. Extension of prescribing rights more broadly to nurses and midwives (under Supplementary and Independent prescribing) would entail the requirement for specific and additional education and CPD under existing arrangements by the NMBA, as outlined in the last paragraph under 'General Comments'.

2b) How will the health professionals prescribing pathway need to accommodate the variations of clinical settings and team environments (eg. Hospital, residential, community and private practice settings).

The ANF argues the development to progress a health professionals prescribing pathway is not inclusive of a model that requires the pathway to accommodate variations of clinical settings and team environments. The ANF holds the view that it is the individual health professional's scope of practice which will make this accommodation. Factors such as geographical location of the clinical practice, the availability of other support structures, and/or the population needs, rather than the setting, will lead to timeliness and person centred care – these being the key foundations on which quality prescribing of medicines should be based. This should reflect the key principles for prescribing, and involve broad professional and community consultation, which would then lead to appropriate boundaries and educational requirements being identified and developed.

[4]Nursing and Midwifery Board of Australia. 2010. Registration standard for endorsement for scheduled medicines registered nurses (rural and isolated practice). Available at: http://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Endorsements-Notations.aspx

3a) How could professional practice and development and professional boundaries between professions be best addressed in a health professionals prescribing pathway?

The health professionals prescribing pathway cannot be expected to be a panacea for addressing all issues between health professionals, including professional boundaries. The premise of professional boundaries is to uphold the expectations of the health profession, both within and outside of the professional domains of the health professional, to ensure the 'good standing' of the profession. Professional boundaries essentially are a guide for practice through reflection and discussion, and are a model for decision making within the therapeutic relationship between the health professional and their patient.

The ANF is supportive of a pathway grounded in the principle of mutual trust and respect – adhered to by all health professional groups. This approach will greatly assist in fostering a health system in which a broad range of health professionals can contribute to enhanced, accessible care, which meets the individual recipient of care at their point of need.

4a) What changes to registration and accreditation practices might be needed to implement a national health professionals prescribing pathway?

From a nursing and midwifery perspective, the ANF considers that minimal change is required to implement a national health professionals prescribing pathway. That is, processes such as those outlined below already exist, and could be adopted by a broader range of nurses and midwives:

- Delivery of accredited education modules in the university sector for beginning prescribers, leading to endorsement – currently this is for Nurse Practitioners and Eligible Midwives,
- Endorsement by the Nursing and Midwifery Board of Australia (NMBA) for Nurse Practitioners and Eligible Midwives, including a prescribing endorsement process, which incorporates a requirement to demonstrate an additional 10 hours of CPD which is focused on their endorsement[5]
- The National Prescribing Curriculum[6] developed, accredited and managed by the National Prescribing Service (NPS) designed for on-going professional development for prescribers, including Nurse Practitioners and Eligible Midwives,
- The newly launched Prescribing Competencies Framework[7], developed through the auspice of the NPS. This Framework describes "the competencies that health professionals require to prescribe medicines judiciously, appropriately, safely and effectively in the Australian healthcare system".
- The facility for nurses and midwives to have a notation on their registration which indicates areas of endorsement by the NMBA. Without changes to legislation this mechanism could be used to notate that a nurse or midwife is endorsed to prescribe (for example, notated as a Supplementary prescriber or an Independent prescriber).

5 Nursing and Midwifery Board of Australia. 2010. *Continuing professional development registration standard.* Available at: http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx

6 National Prescribing Service. National Prescribing Curriculum. Information found at: http://www.nps.org.au/health_professionals/online_learning/national_prescribing_curriculum

7 National Prescribing Service. Prescribing Competencies Framework. 2012. Available at: http://www.nps.org.au/health_professionals/prescribing_competencies_framework

Currently the process for accreditation would be that a medicines module for nursing and midwifery would need to be accredited by the Australian Nursing and Midwifery Accreditation Council (ANMAC), The move to broadening of prescribing across the regulated health professional groups provides the opportunity of interprofessional courses and/or modules leading to medicines endorsement for health professionals. The ANF suggests that there should be a streamlined process for accrediting of these interprofessional courses and/or modules. We believe that this issue should be referred to a joint meeting of the Accreditation Authorities of the ten regulated health professional groups, to find a pathway for accrediting such interprofessional programs, without course providers having to go through a laborious and expensive process of submitting to each accreditation council.

While prescribing professional practice standards (competencies) already exist for Nurse Practitioners and Eligible Midwives, these are not currently contained within the competence framework for other registered nurses and midwives. Adoption of the core prescribing competencies for health professionals by all regulated health practitioners will assist in addressing this deficit for nurses and midwives and will be necessary for the national health professionals prescribing pathway.

4b) What strategies could be utilised in a nationally consistent health professionals prescribing pathway to ensure the safety and quality of prescribing by health professionals?

Suggested strategies which could be utilised in a nationally consistent health professionals prescribing pathway to ensure the safety and quality of prescribing by health professionals include:

- Build in educational requirements,
- Use the regulatory framework as a risk mitigating mechanism,
- Utilise the National Prescribing Service therapeutic education and auditing process for the broader range of health professional prescribers,
- Interrogate Medicare data for auditing and evaluation of health professional prescribing behaviours.

4c) What accreditation requirements and considerations might exist in a national health prescribing pathway? How might these requirements best be managed?

With the implementation of national registration and accreditation for health practitioners, the Australian Nursing and Midwifery Accreditation Council (ANMAC) became the body responsible for accreditation of education programs leading to registration for nurses and midwives. As such it is the role of ANMAC to accredit programs/content/modules for current and future registered nurse/midwife prescribers.

The ANF maintains that the accrediting bodies for the regulated health professionals need to work together to ensure consistency of approach for prescribing education programs, as mentioned previously. This is inclusive of the medical profession.

4d) Given the National Law establishes consistent processes for accreditation of programs of study, would a consistent approach to the accreditation of prescribing education across health professions be an effective strategy?

The ANF supports a consistent approach to the accreditation of prescribing education across health professions as an effective strategy. Consistency in educational preparation does not necessarily mean that programs need to be identical in format across health professional disciplines. However, consistent themes and processes will ensure a greater degree of safety in prescribing practices.

Comments under 4a) regarding interprofessional courses/modules for medicines endorsement also apply here.

5a) What major prescribing quality and safety strategies should be considered to ensure the patient or consumer is protected when a prescription is provided? Who has a role in ensuring these occur? (eg the prescriber, the employer, the National Board)?

It is the position of the ANF that to ensure the patient or consumer is protected when a prescription is provided, prescribing quality and safety mechanisms must be the same for all prescribers. The prescriber, the employer and the relevant National Board all have a role in ensuring safe and competent prescribing occurs. Examples include that the prescriber's role is to engage in regular professional development to remain abreast of current evidence-based practice; the employer has a role in facilitating access to educational opportunities as well as providing a workplace conducive to safe work practices (such as, adequate numbers of staff, appropriate skills mix for the client base, time for reflective practice and case conferencing between health professionals, and work space with minimal/no interruptions); and, the National Board has a role in ensuring accreditation and endorsement processes are timely, accessible, affordable, and relevant to contemporary practice and consumer needs.

5b) What communication strategies between health professionals should be employed to support safe prescribing?

Consistent messaging by all relevant national organisations such as:

- National Prescribing Service,
- Australian Health Practitioner Regulation Agency,
- Australian Commission on Safety and Quality in Health Care,
- National professional and industrial bodies for the ten regulated health professionals.

These messages may be delivered via electronic and/or hard copy media, for example, on line education programs, and/or electronic/print based fact sheets.

6a) What strategies and mechanisms should be in place to ensure Australian health professionals are adequately and consistently trained in prescribing?

Refer to responses under section 4 c) and 4 d) above.

As mentioned in these responses, the ANF position is that educational preparation for prescribing must contain both theoretical grounding of evidence-based practice and practical application reinforcement.

Interaction between accrediting bodies for the ten regulated health professional groups will increase consistency of approach across disciplines.

Support must be readily available from both educational and health service providers, for beginning prescribers at all levels. Investment (financial and time release) in continuing professional development activities is essential for maintenance of competence to safely prescribe.

7a) What are the critical implementation and design factors for a nationally consistent health professionals prescribing pathway?

The ANF suggests the following are critical implementation and design factors for a nationally consistent health professioanls prescribing pathway:

- National Prescribing Competencies Framework,
- Nationally consistent accreditation of interprofessional, courses/modules for prescribing endorsement, leading to national interprofessional qualifications,
- Nationally consistent assessment tool,
- National evaluation and audit mechanisms of prescribers,

All health professionals for whom the HPPP is relevant are regulated and so are governed by a professional practice framework with elements such as a code of ethics, a code of professional conduct, and mandatory continuing professional development.

The ANF maintains that extensive stakeholder consultation and feedback must take place at the critical phases of the development of the national pathway, with representatives from the peak organisations for all the regulated health professional groups.

8a) Do you know of any health professionals prescribing trials/projects that are happening in your area/industry? If so, please briefly describe.

Reference has already been made to the *Rural and Isolated Practice Health Regulation 1996 Registered Nurse (RIPHRRN) program in Queensland.*

Rural Collaborative Practice Model (RCPM) in Victoria[8]

During 2007-2008, the Rural Collaborative Practice Model (RCPM) was piloted at five rural hospitals in Victoria, including one bush nursing centre. The key strategies which were implemented involved advancing nursing practice through training (Rural and Remote Advanced Primary Care Certificate - RRAPCC), adopting evidence-based clinical guidelines, policies, procedures, and building collaborative clinical teams. The key outcomes through an evaluation of this pilot included improved confidence and capacity of nurses in managing a range of patient presentations, improved relations and communications within the clinical team and a reduction in the times the medical practitioner was called back by nurses to attend patients in the emergency area.

As part of the RCPM project, a modified version of the Queensland Health Rural and Isolated Practice Health (Drugs and Poisons) Regulation 1996 and Registered Nurse Course (RIPHRRN) was piloted with 23 nurses.

[8] Victorian Government Department of Human Services. 2008. *Sustaining rural emergency services: Proposal for nurses to supply medicines. A discussion paper.* Available at: http://www.dhs.vic.gov.au

In September 2012, the Victorian Minister for Health approved changes to the Drugs, Poisons and Controlled Substances 1981 (DPCSA) (s13)(1)(bb) in relation to Rural and Isolated Practice Registered Nurses. " A nurse is authorized to obtain and have in his or her possession and to use, sell or supply any Schedule 2,3,4 or 8 poison approved by the Minister (DPCSA s14A(1) under the following conditions:

1. The nurses' registration is endorsed for scheduled medicines under section 94 of the Health Practitioners Regulation National Law Act 2009 in relation to the relevant category of nurse; in this case the category is Rural and Isolated Practice (RIPRN)
2. The nurse is employed and practicing within a health service or class of health service approved by the Minister for Health
3. The nurse is acting under the clinical circumstances approved by the Minister for Health. The clinical circumstances also included the use, sale or supply of drugs incorporated into the relevant health services management protocols and procedures.

The health management protocols identified:

a. the procedure for the clinical assessments, management and follow-up of patients, including the recommended drug therapy for the relevant clinical problem;

b. a clinical indication or time when a medical referral/consultation must occur for that condition;

c. the name for, and strength of, the drug and the condition/situation for which it is intended;

d. the recommended dose of the drug;

e. the route of administration of the drug;

f. the frequency (including rate where applicable) and the duration of administration of the drug;

g. the duration of the drug supply before medical intervention/follow-up is required;

h. the type of equipment and management procedures required for management of an emergency associated with the use of the drug;

i. that protocols must reflect current evidence;

j. that these protocols have been reviewed within the past 2 years by an inter-disciplinary expert and panel; and,

k. that the protocols can be adopted by the employer.

Therefore, the introduction of the Rural and Isolated Practice Nurse (RIPRN) was designated by the Victorian Minister for Health to enable the utilisation of an expanded scope of nursing practice by registered nurses. This role extension allowed registered nurses to administer a broad range of medicines to patients and, in certain circumstance, supply medications to patients when a medical practitioner was not available.

9. Please make any further comments that might assist.

It is noted that the scope of the health professionals prescribing pathway project does not include:

> *…reviewing State and Territory legislation and regulatory provisions covering the administration of medicines; however the project may make recommendations regarding State and Territory responsibilities that could support a nationally consistent prescribing pathway.*

The ANF urges HealthWorkforce Australia to make a recommendation that work commence on the development of harmonisation legislation by the States and Territories governing drugs, poisons, and controlled substances. The current situation of diverse legislation on prescribing of drugs and controlled substances acts as a barrier to comprehensive care for some prescribers, for example, Nurse Practitioners and Eligible Midwives.

10. Conclusion

The ANF contends that to gain improvements in timeliness of access to required care, Australia must move away from the current paternalistic system of the medical practitioner being the gate-keeper of prescribing. We believe it is time to recognise that nurses and midwives, as regulated health professionals, are accountable for their own practice, and that it is through this process that safe prescribing is assured and not through a pathway of requiring permission from another health professional.

The ANF contends that prescribing in Australia will not be person-centred while the current restrictive practices apply to limit health professionals from delivering comprehensive health and aged care. The public is not being well served and particular groups are being disadvantaged, such as those living in rural and remote locations and those marginalised from mainstream health and aged care services.

The ANF applauds HWA for facilitating discussion on prescribing by health professionals other than medical practitioners. A broadening of prescribing rights will greatly benefit the Australian public by further enhancing quality use of medicines and more timely access to medicines where these are deemed appropriate for care.

We look forward to extensive involvement throughout the phases of the project to assist HWA in developing a health professionals prescribing pathway which will deliver safety and quality in prescribing for our community.