Published submissions

Registered Nurse Prescribing Accreditation Standards

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Contents

AOAC

Survey completed by

Wendy Cross

Which of the following role options best describes your perspective when responding?

Nominated organisational representative

Which of the following options best identifies your primary work location?

Victoria (regional or remote)

Q 9: Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?

Yes

Please provide a reason for your response to question 9

Governance proposals are clear, defensible and achievable.

Q: 11 Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing?

Yes

Please provide a reason for your response to question 11

Proposal is outcome focused comprehensive and achievable.

Q: 13 Are there any other issues, gaps, omissions, duplications or errors in version 2 of the proposed standards that you wish to comment on?

No

Please provide a reason for your response to question 13

Australasian Sexual Health and HIV Nurses Association (ASHHNA)

Survey completed by

Lisa Harrison

Which of the following role options best describes your perspective when responding?

Nominated organisational representative

Which of the following options best identifies your primary work location?

National

Q 9: Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?

Yes

Please provide a reason for your response to question 9

Demonstrates an inclusive governance and safe prescribing framework.

Q: 11 Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing?

Yes

Please provide a reason for your response to question 11

Comprehensive standards all levels of practice considered.

Q: 13 Are there any other issues, gaps, omissions, duplications or errors in version 2 of the proposed standards that you wish to comment on?

No

Please provide a reason for your response to question 13

None identified during the review of the document.

Australian College of Perioperative Nurses

Survey completed by

Tarryn Armour

Which of the following role options best describes your perspective when responding?

Nurse educator/facilitator/lecturer/teacher

Which of the following options best identifies your primary work location?

Victoria (metro)

Q 9: Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?

Yes

Please provide a reason for your response to question 9

An interdisciplinary approach to governance and delivery of a RN deisgnated prescribing program ensures a collaborative approach which also considers the interplay between health professionals to provide safe patient care.

Q: 11 Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing?

Yes

Please provide a reason for your response to question 11

Follos NPS competency framework and includes preparation, demonstration, ethical, legal principles and oblighations in addition to understanding prescribing and fudning models. A prescribing practice learning plan is a key inclusion. Opportunity for continual professional development post accreditation should be inlcued in this plan.

Q: 13 Are there any other issues, gaps, omissions, duplications or errors in version 2 of the proposed standards that you wish to comment on?

No

Please provide a reason for your response to question 13

Australian Diabetes Educators Association

Survey completed by

Melanie Gray Morris

Which of the following role options best describes your perspective when responding?

Peak Body

Which of the following options best identifies your primary work location?

Australian Capital Territory

Q 9: Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?

Yes

Please provide a reason for your response to question 9

ADEA supports an interdisciplinary approach to governance and/or delivery, however we encourage as much clarity and specificity as possible in the governance requirements. We also urge caution that these governance requirements do not create undue bureaucracy or place an undue bureaucratic burden on nurses who have undertaken the program.

Q: 11 Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing?

Yes

Please provide a reason for your response to question 11

The alignment of program content with the National Prescribing Competency Framework is essential in the proposed regulations. They should include mechanisms for regularly updating the program to match any changes in the framework. Furthermore, ongoing stakeholder input, including from health professionals who specialise in particular conditions, such as Credentialled Diabetes Educators (CDEs) is essential.

Q: 13 Are there any other issues, gaps, omissions, duplications or errors in version 2 of the proposed standards that you wish to comment on?

Yes

Please provide a reason for your response to question 13

ADEA represents over 2500 CDEs throughout Australia, many of whom come from a nursing background and work in public hospitals, diabetes centres and in private practice. ADEA supports prescribing rights for nurses, however, recognises the unique complexities of our shared members, nurses and midwifes who are also CDEs and encourages ANMAC to consider the unique speciality role of the nurse CDE who is often operating in a dual role. CDEs have advanced training and qualifications in the area of diabetes care and management. The scope of practice regarding the management, adjustment, and titration of diabetes medications should only be expanded for those holding a CDE qualification.

CDEs who are working to their full scope of practice, ensure the health system is operating smoothly, and relieve the pressure on GPs and other members of the multi-disciplinary diabetes care team. To better understand the role of the diabetes care team, please see ADEAs Diabetes Referral Pathways. Over 80% of CDEs are nurses and midwives, and they are subject to each of the state and territory laws and regulations. Unfortunately, without a CDE-specific scope of practice, CDEs must practice to the scope of practice of their underlying profession. As such, we ask you to consider the unique role of the nurse CDE who has advanced speciality knowledge in diabetes care and management.

Catherine Buchan - Individual

Survey completed by

Catherine Buchan

Which of the following role options best describes your perspective when responding?

Registered nurse

Which of the following options best identifies your primary work location?

Victoria (metro)

Q 9: Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?

Yes

Please provide a reason for your response to question 9

2.2 The governance structure that has a chief academic nurse within the nursing faculty with academic oversight for the program is crucial for the nursing profession.

2.3 It is imperative to include the nursing profession as a key stakeholder into the design and ongoing management of the program in collaboration the nursing faculties/schools and the external representatives in particular Aboriginal and Torres Strait Islander peoples. This collaborative approach will be important to meet the future health care needs of the Australian people and the for the nursing profession to be supported by educational preparedness to meet these needs.

Q: 11 Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing?

Yes

Please provide a reason for your response to question 11

The program content and subject learning outcomes are closely aligned to the NPS framework. Additional features for consideration that are currently not captured cultural safety as determined by Aboriginal and Torres Strait Islander individuals and the person-centred prescribing practice.

Q: 13 Are there any other issues, gaps, omissions, duplications or errors in version 2 of the proposed standards that you wish to comment on?

Yes

Please provide a reason for your response to question 13

Gaps – Current RN articulating to the endorsed nurse prescriber – to meet the AQFNR level 8. What considerations has been given for preparing newly graduated nurses to be prescriber ready as part of the undergraduate curriculum and fulfil practice requirements and then apply for endorsement with appropriate workforce experience? It would be beneficial to include the level of education required in this

scenario to ensure that we have a progression to this endorsement that does not require additional post graduate studies.

Chief Nursing and Midwifery Officer Division, Department of Health and Aged Care

Survey completed by

Frances Rice

Which of the following role options best describes your perspective when responding?

Department of Health and Aged Care, Chief Nursing and Midwifery Officer Division

Which of the following options best identifies your primary work location?

National

Q 9: Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?

Yes

Please provide a reason for your response to question 9

The proposed governance requirements are appropriate for the outcomes of an registered nurse (RN) designated prescribing program but could be strengthened by inclusion of the word 'interdisciplinary' in the proposed standards.

Q: 11 Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing?

Yes

Please provide a reason for your response to question 11

The proposed standards, particularly those outline in criterion 3.3 will provide RN designated prescribers who can safety prescribe scheduled medicines with their scope of practice. Criterion 3.3 could be strengthened by the inclusion of pharmacotherapeutics (pharmacokinetics and pharmacodynamics) as part of safe, effective and economic prescribing of medicines.

Q: 13 Are there any other issues, gaps, omissions, duplications or errors in version 2 of the proposed standards that you wish to comment on?

Yes

Please provide a reason for your response to question 13

There are a couple of editorial issues to correct:

•   Proposed standard 2.3 – Nurse practitioner is a protected title under the Health Practitioner Regulation National Law ACT 2009, this title is only available to those who are endorsed by the Nursing and Midwifery Board of Australia. There is no need to refer to 'endorsed Nurse Practitioner' in the standards.

•   All acronyms should be spelled out in full for the first occurrence in the document, including within the standards table.

Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM)

Survey completed by

Stacie Murphy

Which of the following role options best describes your perspective when responding?

Nominated organisational representative (please specify organisation in the text box below)

Which of the following options best identifies your primary work location?

National

Q 9: Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?

Yes

Please provide a reason for your response to question 9

Yes marked in Question 9 is in principle with the inclusion of recommended amendments that follow.

-        Regarding Criterion 2.2: CATSINaM supports the governance requirements outlined within Criteria 2.2 however it is unclear how the criteria and its essential evidence requirements support an interdisciplinary approach.

-        Regarding Criterion 2.3: CATSINaM supports the proposed content with further consideration to be given to, a) Clarifying what is meant by 'relevant input' which is an open-ended statement that could be interpreted differently and potentially leading to wide variation in how programs engage external stakeholders.

-        Regards Criterion 2.3 (c): CATSINaM recommends the following change to encouraged program providers to take genuine steps towards improved and beneficial engagement with Aboriginal and Torres Strait Islander communities on whose lands providers occupy. More genuine and effective engagement will better ensure that program outcomes meet the needs and expectations of communities. 2.3 (c.) external community representatives including consumers, students, Aboriginal and Torres Strait Islander peoples and local community leaders and other relevant stakeholders.

Supporting comment: To effect substantive change that honours Aboriginal and Torres Strait Islander self-determination and privileges Indigenous knowledges and ways of knowing and being, investments must be made in place-based and relational-centered approaches to health care education. Programs of study and associated curriculum design, content, strategies, policies, teaching models and assessment that will impact Aboriginal and Torres Strait Islander communities must be contextualised, developed and implemented around the self-determination of Aboriginal and Torres Strait Islander communities. This is relevant to the prescribing process as partnering with communities in the development and delivery of programs of study can contribute to the maturing of skills, knowledge and attitudes of future prescribers to optimise appropriate quality use of medicines practices that meet the varying needs and experiences of Aboriginal and Torres Strait Islander peoples.

Q: 11 Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing?

Yes

Please provide a reason for your response to question 11

Yes marked in Question 11 is in principle with the inclusion of recommended amendments that follow.

Regarding Criterion 3.3: CATSINaM notes that the NPS: National Prescribing Competency Framework does not specifically address the need for cultural safety in Aboriginal and Torres Strait Islander health, there are broader references to Aboriginal and Torres Strait Islander matters but not specifically the promotion and protection of cultural safety. Therefore, it is important to stress its promotion and protection through the Essential Evidence requirements of these proposed accreditation standards. The following inclusions are recommended: Mapping of program learning outcomes and content that addresses:

-        Current National Safety and Quality Health standards

-        Regional, national and global health priorities

-        Expectations of Section 3A of the National Law

-        Person, family and Consumer Centred Care

-        Digital health

Q: 13 Are there any other issues, gaps, omissions, duplications or errors in version 2 of the proposed standards that you wish to comment on?

Yes

Please provide a reason for your response to question 13

-        The inclusion of 'and/or' in Aboriginal and/or Torres Strait Islander is not commonly used. It is recommended that the Standard consistently use Aboriginal and Torres Strait Islander.

-        Regarding Criterion 1.3 Essential Evidence: The following inclusion is recommended to promote cultural safety: Culturally safe affirmative action strategies to enrol, support and retain Aboriginal and Torres Strait Islander students.

Cultural safety is a theory and practice framework designed to improve health care as determined by care recipients. Based on the Aotearoa concepts of Kawa Whakaruruhau, and theorised by Irihapeti Ramsden, cultural safety is a significant characteristic of contemporary Australian nursing and midwifery and expectations for fostering culturally safe nursing practice continue to evolve. Embedded in the National Law, the provision of culturally safe health care is now an expectation of all nationally regulated health professions and practitioners. Section 3A of the National Law sets the explicit expectation that national registration and accreditation scheme will '…ensure the development of a culturally safe and respectful health workforce that (i) is responsive to Aboriginal and Torres Strait Islander Peoples and their health; and (ii) contributes to the elimination of racism in the provision of health services; Example— Codes and guidelines developed and approved by National Boards under section 39 may provide guidance to health practitioners about the provision of culturally safe and respectful health care.'

-        Regarding Criterion 2.5: To embed cultural safety in nursing and midwifery education and practice, all accreditation standards must address the need for culturally safe student learning for Aboriginal and Torres Strait Islander students. Therefore, the following inclusion is recommend to 2.5 (a): risk assessment of student learning environments, including cultural safety.

-        Regarding Criterion 3.5 Essential Evidence: The following inclusions are recommended to promote and protect the cultural safety of Aboriginal and Torres Strait Islander peoples: Curriculum document includes:

o   An explanation of how cultural diversity and the cultural safety of Aboriginal and Torres Strait Islander peoples, as defined by the Australian Health Practitioners Regulation Authority (Ahpra) and aligned with the Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework, translates into the program learning outcomes and teaching and learning activities.

-        Regarding Criterion 3.7 Essential Evidence: The following inclusions are recommended to promote and protect the cultural safety of Aboriginal and Torres Strait Islander peoples and to support an increase in Aboriginal and Torres Strait Islander academic workforce: Recruitment policy including affirmative action strategies for employment, support and retention of Aboriginal and Torres Strait Islander staff that align with the Australian Government's National Aboriginal and Torres Strait Islander Health Workforce Plan and the Universities Australia Indigenous Strategy.

Council of Deans of Nursing & Midwifery ANZ

Survey completed by

Nicole Stanes

Which of the following role options best describes your perspective when responding?

Executive Officer

Which of the following options best identifies your primary work location?

National

Q 9: Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?

No

Please provide a reason for your response to question 9

Academic oversight of the program must be a department or School of Nursing. The current wording of the standard would allow schools of medicine and pharmacy to offer education programs for nurses. While these disciplines have expertise in prescribing, the context of professional practice differs. We advocate for the programs to be delivered by Departments or Schools of Nursing

Q: 11 Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing?

No

Please provide a reason for your response to question 11

While we agree with the assessment of learning outcomes using competencies outlined in the NPS we advocate for demonstration of competency in the context of actual practice. i.e. professional practice experience.

Q: 13 Are there any other issues, gaps, omissions, duplications or errors in version 2 of the proposed standards that you wish to comment on?

No

Please provide a reason for your response to question 13

Department of Health Tasmania

Survey completed by

Department of Health Tasmania

Which of the following role options best describes your perspective when responding?

Department of Health Tasmania

Which of the following options best identifies your primary work location?

Tasmania

Q 9: Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?

Yes

Please provide a reason for your response to question 9

In addition to the components of the governance structure already listed, consider adding a reporting line for risk identification, mitigation and response to point 2.2.

Q: 11 Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing?

Yes

Please provide a reason for your response to question 11

Point 3.3 provides a comprehensive overview of the program content.

Q: 13 Are there any other issues, gaps, omissions, duplications or errors in version 2 of the proposed standards that you wish to comment on?

No

Please provide a reason for your response to question 13

Nil further comments. Thank you for the opportunity to respond.

Ella Tomkins - Individual

Survey completed by

Ella Tomkins

Which of the following role options best describes your perspective when responding?

Registered nurse

Which of the following options best identifies your primary work location?

Queensland (metro)

Q 9: Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?

Yes

Please provide a reason for your response to question 9

Q: 11 Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing?

Yes

Please provide a reason for your response to question 11

Q: 13 Are there any other issues, gaps, omissions, duplications or errors in version 2 of the proposed standards that you wish to comment on?

No

Please provide a reason for your response to question 13

Fiona Hildebrand - Individual

Survey completed by

Fiona Hildebrand

Which of the following role options best describes your perspective when responding?

Nurse researcher

Which of the following options best identifies your primary work location?

Western Australia (regional or remote)

Q 9: Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?

Yes

Please provide a reason for your response to question 9

The governance appears to be robust

Q: 11 Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing?

Yes

Please provide a reason for your response to question 11

Q: 13 Are there any other issues, gaps, omissions, duplications or errors in version 2 of the proposed standards that you wish to comment on?

No

Please provide a reason for your response to question 13

Griffith University

Survey completed by

Marion Tower

Which of the following role options best describes your perspective when responding?

Nominated organisational representative

Which of the following options best identifies your primary work location?

Queensland (metro)

Q 9: Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?

Yes

Please provide a reason for your response to question 9

We are broadly supportive of the governance requirements but have some comments related to 2.3a which refers to consultation and collaboration into the design and management of the program by RN employed by the School who 'hold relevant qualifications and experience'. We believe this needs clarification regarding what qualification on top of registration and what experience will be useful to the oversight of this type of program. Additionally, aside from input from RNs of carrying designation (NP, RN prescribers) it includes community and First Nations peoples plus 'other relevant' stakeholders. We believe it is important for other disciplines to be consulted in this eg. Pharmacy academics, bioscientists.

Q: 11 Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing?

No

Please provide a reason for your response to question 11

There needs to be a stronger focus on how prescribing courses will address prescribing for vulnerable populations particularly within the legal / medicolegal / professional and ethical frameworks. In particular, consideration of the broad role in which nurses practice and the diversity of populations nursing practice caters to.

Closer alignment with the Prescribing for Midwives Standards and evidence required should be considered. This would be particularly beneficial for practitioners who are registered in both disciplines and would avoid scope and boundary issues where practice crosses over and practitioners are employed to work across their dual disciplinary scopes.

There should, where possible, be the same standards and some standardisation of program content across Australia to facilitate ease of movement of RNs with the prescribing qualification to move across states and jurisdictions.

Q: 13 Are there any other issues, gaps, omissions, duplications or errors in version 2 of the proposed standards that you wish to comment on?

Yes

Please provide a reason for your response to question 13

• The standards need to address the issue of overseas registered nurses. That is, those who have qualified outside of Australia but who have gained registration in Australia. The standards only talk to RNs who are prepared at Bachelors level. This might exclude some overseas prepared RNs or older RNs from undertaking the qualification. However, many of these RNs are employed in areas where prescribing may be used – rural and remote locations, older adult settings.

• We wonder if the RNs undertaking the course need to be practicing RNs. That is, currently employed in a practice setting as a RN and what do they need to do in order to maintain the qualification?

• The required experience of 'suitably qualified' teaching staff needs further explanation. If the requirement is for RNs to already have a prescribing qualification this would mean teaching is restricted to NPs and there may be a time lag in preparing other RNs to be engaged in teaching prescribing in an academic setting. Consideration should be given to experienced nurse academics to work with advisory input from pharmacists and nurse practitioners to teach RN prescribing in the initial role out.

• We suggest that the standards need mapped to additional frameworks given RNs are likely to prescribe to vulnerable populations eg. Clients with disabilities, mental health issues, paediatric populations.

• The vulnerability of the different populations needs highlighted – older adults, paediatric etc. One particularly vulnerable group is clients with mental health issues and there needs to be preparation in considering the issues that RNs will have to consider before prescribing.

• The standard document refers to simulation experience (3.7) – is there a requirement that face to face learning must occur as the same item also talks about use of consumables? If this is the case it may preclude nurses from more rural and remote areas or nurses currently employed in full-times capacities. Any simulation should be able to be conducted online and we acknowledge that such simulation may be low fidelity with simulated cases. It should be borne in mind that virtual high fidelity simulation is not yet well supported online and is prone to technical barriers, especially for clinicians located in rural and remote areas.

• We note that midwifery prescribing courses have been implemented successfully via online flexible delivery for over a decade and thus argue there is no reason why registered nurse prescribing could also be successfully conducted online. This is essential for meeting industry needs for flexibility, especially among rural, regional and remote clinicians.

• We question if there will be a requirement for any supervised practice while RNs learn the skill of prescribing. If so the standards need to be clear about the role of the university in facilitating and managing this experience. We note that midwifery prescribing programs do not require a period of facilitated practice, but, recommend prescribers develop and maintain high quality mentorship relationships with other prescribers including members of the multidisciplinary team in their clinical contexts.

• Given many RNs may be working in a rural and remote capacity there needs to be a strong focus on digital health literacy – electronic prescribing, telehealth, clinical decision-making tools, precision medicine, ICPC – consider mapping to the National Nursing & Midwifery Digital Health Capability framework.

Jennifer Mckendrick - Individual

Survey completed by

Jennifer Mckendrick

Which of the following role options best describes your perspective when responding?

Registered nurse

Which of the following options best identifies your primary work location?

Victoria (regional or remote)

Q 9: Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?

Yes

Please provide a reason for your response to question 9

Q: 11 Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing?

Yes

Please provide a reason for your response to question 11

Q: 13 Are there any other issues, gaps, omissions, duplications or errors in version 2 of the proposed standards that you wish to comment on?

No

Please provide a reason for your response to question 13

Justin Heath Wallace - Individual

Survey completed by

Justin Heath Wallace

Which of the following role options best describes your perspective when responding?

Student nurse and ACN RN Prescribing Policy Working Group Contributor

Which of the following options best identifies your primary work location?

Queensland (metro)

Q 9: Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?

Yes

Please provide a reason for your response to question 9

Q: 11 Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing?

Yes

Please provide a reason for your response to question 11

Q: 13 Are there any other issues, gaps, omissions, duplications or errors in version 2 of the proposed standards that you wish to comment on?

Yes

Please provide a reason for your response to question 13

OneBridge

Survey completed by

Sonia Martin

Which of the following role options best describes your perspective when responding?

Health service manager

Which of the following options best identifies your primary work location?

Queensland (metro)

Q 9: Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?

No

Please provide a reason for your response to question 9

Ongoing design and management of the program should include external

representatives of the nursing profession from the Australian Street Health sector, representing Australians living in poverty and homelessness as stakeholders.

Q: 11 Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing?

Yes

Please provide a reason for your response to question 11

Q: 13 Are there any other issues, gaps, omissions, duplications or errors in version 2 of the proposed standards that you wish to comment on?

Yes

Please provide a reason for your response to question 13

As above regarding stakeholder representation of the Australian Street Health nursing profession sector.

Queensland Nurses and Midwives' Union

Survey completed by

Dr Belinda Barnett

Which of the following role options best describes your perspective when responding?

Queensland Nurses and Midwives' Union

Which of the following options best identifies your primary work location?

Queensland (metro)

Q 9: Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?

Please provide a reason for your response to question 9

While the QNMU agrees that active consultation, collaboration and involvement is required during the ongoing design and management of the RN designated prescribing program, we are concerned regarding the use of the term 'interdisciplinary' in describing the approach to the governance and/or delivery of the program. As nursing is a self-regulating profession, we do not consider that other professions exercise governance over nursing, just as the nursing profession does not exercise governance over other professions. We consider that use of the term 'interdisciplinary' also appears to contradict the direction that the federal government is taking regarding the removal of the need for collaborative arrangements in relation to Nurse Practitioners.

We recommend that ANMAC aims to be clearer in its communication regarding the proposed approach to governance and remove the reference to interdisciplinary and rephrase this to better reflect the wording and intent of proposed Criteria 2.2 and 2.3.

Q: 11 Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing?

Please provide a reason for your response to question 11

The requirements outlined in Criterion 3.3 appear comprehensive. We note that there needs to be a consistent approach taken across professions and that nurses are not required to achieve a higher level of skill than other prescribers and/or ongoing competency requirements that are onerous and inconsistent with other prescriber health practitioner groups.

Q: 13 Are there any other issues, gaps, omissions, duplications or errors in version 2 of the proposed standards that you wish to comment on?

Please provide a reason for your response to question 13

Overall, we consider the proposed standards appear useful. Given the detrimental impact that imposing collaborative arrangements had on Nurse Practitioners' practice, we hope that learning from that experience will inform the way that these standards are implemented.

Queensland University of Technology

Survey completed by

Jane Phillips

Which of the following role options best describes your perspective when responding?

QUT

Which of the following options best identifies your primary work location?

Queensland (metro)

Q 9: Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?

No

Please provide a reason for your response to question 9

The proposed accreditation standard 2.3 incorporates good consultation across the stakeholder groups for the design and ongoing management of the program. However, the following changes are recommended:

2.3 b: Both endorsed Nurse Practitioners (authorised independent RN prescribers) and RN prescribers (designated RN prescribers under supervision) are required. Once designated RNs are endorsed, NPs should be retained as they are essential to the consultation process.

2.3 c: States that external community representatives include consumers and other relevant stakeholders, which we support. But also strongly recommend the inclusion of healthcare industry organisations as key stakeholders in the standards.

Q: 11 Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing?

Yes

Please provide a reason for your response to question 11

Standard 3.8 states: Academics teaching into the program: a. are qualified and experienced to deliver the units they teach b. hold one qualification higher than the program of study being taught.

We suggest adding that the academics teaching into the program hold either a medical or nursing (preferably) or medical authorised prescribing endorsement, i.e. medical or Nurse practitioner or medical qualification. Ideally, one member of the teaching academic team should be an endorsed NP.

Q: 13 Are there any other issues, gaps, omissions, duplications or errors in version 2 of the proposed standards that you wish to comment on?

Yes

Please provide a reason for your response to question 13

3.3 f: This standard would be enhanced by including an understanding of the designated RN prescribing model and the variance and potential progression to NP-authorised prescribing practice. These additional details may assist with reducing role confusion and support scaffolded and succession planning for designated RNs to progress into an NP position.

Further, if the proposed standards are endorsed, there will need to be amendments to the Master of Nurse Practitioner Course Accreditation Standards, especially regarding the NPs' role in supervising designated RN prescribers, will need to be added to the course content.

The Australian Nursing and Midwifery Federation (ANMF)

Survey completed by

Lori-Anne Sharp

Which of the following role options best describes your perspective when responding?

Registered nurse/Nominated organisational representative ANMF

Which of the following options best identifies your primary work location?

National

Q 9: Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?

No

Please provide a reason for your response to question 9

Although, an interdisciplinary approach to the governance and delivery of a registered nurse designated prescribing program is supported, it should be the nursing school within the university that leads governance for these programs, in conjunction with the delivery of other nursing programs. Proposed criterion 2.2 should stipulate that the governance structure for the provider is a school of nursing within a university offering and delivering accredited courses leading to registration as a registered nurse. The school of nursing responsible for the program should ensure academic oversight of the program and promote high quality teaching and learning experiences for students to enable graduate competence. The wording of proposed criterion 2.3 should be amended to ensure that responsibility for, not just relevant input to, the design and ongoing management of the program rests with the university through the school of nursing and the relevant registered nurses. Schools of nursing, who are currently accredited and approved to offer pre-registration registered nurse programs, must have control over development and delivery of registered nurse designated prescribing programs. The active consultation and collaboration should be with practitioners from other relevant health profession disciplines such as pharmacy, midwifery and medicine and external community representatives, not the other way around.

Q: 11 Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing?

Yes

Please provide a reason for your response to question 11

The program content and subject learning outcomes detailed in proposed criterion 3.3 comprehensively covers the necessary requirements for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing agreement with an authorised health practitioner. The prescribing competencies framework is robust and postgraduate prescribing programs developed based on this framework would ensure prescribers are knowledgeable about quality use of medicines and hold relevant knowledge around pathophysiology and the functions of medicines to enable safe prescribing. As this is a new model of prescribing, it may be useful to also include program content and subject learning outcomes that ensure strategies to address local governance requirements and system challenges or changes are addressed.

Q: 13 Are there any other issues, gaps, omissions, duplications or errors in version 2 of the proposed standards that you wish to comment on?

No

Please provide a reason for your response to question 13

Appendix E point 1.6 requires education providers to have processes in place to manage students with identified impairments that, in the course of professional experience placement (PEP), may place the public at risk. Points 1.4 and 1.5 both refer to PEP with a proposal from previous consultations to remove these criteria as PEP is not a requirement of the program of study. It seems like an anomaly to still refer to the need to refer students with impairment when on PEP if PEP is not required.

Thoracic Society of Australia and New Zealand (TSANZ)

Survey completed by

TSANZ

Which of the following role options best describes your perspective when responding?

Professional Society

Which of the following options best identifies your primary work location?

National

Q 9: Do you support the proposed governance requirements, outlined within Criteria 2.2 and 2.3?

Yes

Please provide a reason for your response to question 9

2.2. The governance structure that has nursing academic oversight within the nursing faculty delivering the program is crucial for the nursing profession.

2.3. It is imperative to include the nursing profession as a key stakeholder into the design and ongoing management of the program in collaboration with the nursing faculties/schools and the external representatives (in particular, Aboriginal and Torres Strait Islander peoples). This collaborative approach will be important to meet the future health care needs of the Australian people and the nursing profession to be supported by educational preparedness to meet these standards.

Q: 11 Do the proposed standards, particularly the requirements outlined in criterion 3.3, focus sufficiently on the content and learning outcomes for designated registered nurses to safely prescribe scheduled medicines in accordance with a prescribing?

Yes

Please provide a reason for your response to question 11

The program content and subject learning outcomes are closely aligned to the NPS framework. Additional features for consideration that are currently not captured are: cultural safety as determined by Aboriginal and Torres Strait Islander individuals, and the person-centred prescribing practice.

Q: 13 Are there any other issues, gaps, omissions, duplications or errors in version 2 of the proposed standards that you wish to comment on?

No

Please provide a reason for your response to question 13