



## Quality use of medicines

Medicines<sup>1</sup> make a significant contribution to the treatment of ill health, prevention of disease and improving health outcomes. They can also, however, cause harm. Medicines are only one therapeutic strategy for promoting and maintaining health, managing ill health and alleviating discomfort and disease.

Nurses and midwives, as registered health practitioners, have a key role and responsibility to ensure the quality use of medicines. Likewise, nurses and midwives have responsibility and accountability in accordance with the drugs and poisons legislation (however titled) of the state or territory in which they work.

Quality use of medicines is defined under the Australian Government's *National strategy for quality use of medicines*<sup>2</sup> as:

- *selecting management options wisely by: considering the place of medicines in treating illness and maintaining health; and recognising there may be better ways other than medicine to manage many disorders;*
- *choosing suitable medicines, if a medicine is considered necessary, so that the best available option is selected, taking into account: the individual; the clinical condition; risks and benefits; dosage and length of treatment; any co-existing conditions; other therapies; compliance issues; and costs for the individual, the community and the health system as a whole; and;*
- *using medicines safely and effectively to get the best possible results by: monitoring outcomes; minimising misuse, overuse and under-use; and improving people's ability to solve problems related to medicines, such as adverse effects or managing multiple medicines/polypharmacy.*

Quality use of medicines requires that the medicine be appropriate, be available at a price people can afford, and that it be dispensed and administered correctly by appropriately qualified registered health practitioners commensurate with the assessed person's needs.<sup>3</sup>

### **It is the position of the Australian Nursing and Midwifery Federation that:**

1. There must be timely access to the medicines that consumers need, at a cost individuals and the community can afford.
2. Medicines must meet appropriate standards of quality, safety and efficacy.
3. Medicine information that is easily understood should be readily available to nurses, midwives and consumers in a variety of formats and languages.
4. Nurse practitioners and midwives with scheduled medicines endorsement may prescribe medicines under the Pharmaceutical Benefits Scheme, in accordance with their scope of practice. Parameters to prescribing are dictated by state or territory drugs and poisons legislation.
5. Nurses and midwives have a responsibility to:
  - 5.1 assist people to make informed decisions about medicines by providing evidence-based information, education and discussion;
  - 5.2 be aware of the risks and benefits of medicines, the possibility of not using medicines and the importance of a healthy lifestyle;
  - 5.3 use evidence-based information, resources and services to make decisions and take actions that enable medicines, when required, to be chosen and used wisely;
  - 5.4 maintain contemporaneous knowledge and skill to utilise medicines appropriately and to their optimal effect; and
  - 5.5 use their knowledge and, if required, question the appropriateness of medicine prescribed.



6. Registered nurses and midwives, and enrolled nurses (see point 7), in consultation with pharmacists and medical practitioners, are the appropriate and qualified persons to administer medicines to individuals who are unable to self-administer their medicines.
7. Enrolled nurses who have completed the education to allow them to administer medicines, do so in accordance with their qualifications and organisational policy. Those who are not educated to this level will have a notation on their registration which states “Does not hold Board approved qualification in administration of medicines”.<sup>4</sup>
8. Appropriate legal, statutory and educational frameworks must support the role and scope of practice of registered nurses and midwives in relation to the administration, initiation, prescribing, supply and adjustment of medicines.
9. All health and aged care services must have clear policies and procedures in relation to responsibilities for the delegation, prescription, supply, administration, storage and disposal of medicines. Nurses and midwives must be involved in the development, implementation and evaluation of such policies and procedures.<sup>5</sup>
10. All health and aged care services must have systems and resources available and accessible to nursing and midwifery staff to enable them to implement and adhere to legislation, policies and procedures, and to identify and resolve problems in relation to the prescription, administration, initiation, and adjustment of medicines.
11. All health and aged care services must provide education opportunities to support nurses and midwives to utilise medicines appropriately and avoid medicine administration errors.
12. All health and aged care services must provide registered nurses, enrolled nurses and midwives with sufficient time and opportunity within their work day to ensure professional standards and protocols relevant to quality use of medicines are met.
13. Nurses and midwives must have ready access to current information relating to all therapeutic substances used in relation to their practice.
14. Consultation mechanisms should be established between medical practitioners, pharmacists, consumers, nurses and midwives to promote the quality use of medicines, such as health and aged care facility medication advisory committees.
15. The role of assistants in nursing\* in medicines use is limited to that of assisting people when self-administering their medicines from pre-packaged dose administration aids. Assistants in nursing should not be administering medicines and should not be directed by employers or facility staff to practice outside this role.

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*Reviewed and re-endorsed November 2005*

*Reviewed and re-endorsed November 2009*

*Reviewed and re-endorsed November 2012*

*Reviewed and re-endorsed November 2015*

*Reviewed and re-endorsed February 2019*

#### References

1. Medicines refers to substances listed in the state and territory drugs and poisons legislation.
2. Australian Government. 2002. *The national strategy for quality use of medicines. Executive Summary*. Available at: <http://www.health.gov.au/internet/main/Publishing.nsf/Content/nmp-pdf-execsumbro-cnt.htm>
3. Australian Government. 2000. National Medicines Policy. Available at: <http://www.health.gov.au/internet/main/Publishing.nsf/Content/National+Medicines+Policy-2>
4. Nursing and Midwifery Board of Australia. 2016. *Enrolled nurses and medication administration* Fact Sheet. Available at <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ/Enrolled-nurses-and-medicine-administration.aspx>
5. Australian Government. 2002. *The national strategy for quality use of medicines. Executive Summary*. Available at: <http://www.health.gov.au/internet/main/Publishing.nsf/Content/nmp-pdf-execsumbro-cnt.htm>

This policy should be read in conjunction with the *Nursing Guidelines for the Management of Medicines in Aged Care*. ANMF 2012.

\*The term assistant in nursing also refers to care workers (however titled)