

ANMF Submission to the ANMAC consultation

# REGISTERED NURSE PRESCRIBING ACCREDITATION STANDARDS

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Nursing &  
Midwifery  
Federation



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## INTRODUCTION

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The ANMF is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial and political interests of 275,000 nurses, midwives and carers across the country.

Our members work in the public and private health, aged care and disability sectors across a wide variety of urban, rural and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals, and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

As the largest professional organisation for nurses and midwives in Australia, the ANMF has, on behalf of our members, a genuine interest in, and concern for, matters relating to the education of our professions. We therefore have made significant contribution to, and continue to do so, a range of committees and working groups at national and jurisdictional levels, which relate to the design, accreditation and evaluation of education programs for nurses, midwives and assistants in nursing.

The ANMF welcomes the opportunity to provide a response to the Australian Nursing and Midwifery Accreditation Council (ANMAC) *Registered Nurse Prescribing Accreditation Standards* consultation paper. We draw your attention to the ANMF national position statement *Registered Nurse and Midwife Prescribing* for your information. Our response is consistent with this statement which is attached for your reference.

For decades, registered nurses and midwives have engaged in structured prescribing through the use of nurse/midwife-initiated medicines, standing orders and protocols. Current Bachelor of Nursing, Bachelor of Midwifery and Postgraduate Diploma of Midwifery programs provide the underpinning education required to enable registered nurses and midwives to safely administer and prescribe medicines through the use of nurse/midwife initiated medicines, standing orders and protocols.



Nurse practitioners and midwives with scheduled medicines endorsement safely prescribe independently. The existing ANMAC accreditation and Nursing and Midwifery Board of Australia (NMBA) endorsement process for independent prescribing by nurse practitioners and midwives is supported. Independent prescribing remains the remit of endorsed nurse practitioners and midwives with scheduled medicines endorsement.

Partnership prescribing for registered nurses is the missing piece for the professions role in prescribing and is actively supported by the ANMF. This expanded model of partnership prescribing has immense potential to improve timely access to high quality, safe health care and quality use of medicines.

To ensure coherency, this Standard should articulate with both the ANMAC *Registered Nurse Accreditation Standards* (which the ANMF notes are still at the consultation stage at the time of this submission), and with the NMBA proposed *Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership* (which the ANMF notes has not yet been finalised following consultation). It is extremely difficult to provide feedback on the draft ANMAC *Registered Nurse Prescribing Accreditation Standards* without a clear understanding of the agreed finalised content of the two abovementioned documents.

It is also unclear if there will be consultation with the health care insurance industry regarding the increase prescribing will make to registered nurses' scope of practice; having Professional Indemnity Insurance is a requirement of registration with AHPRA, and the ANMF would need assurance from relevant insurers that prescribing practices would be included within existing policies.

We note that there will need to be suitable employment arrangements and workforce models established to support, facilitate and encourage this extension of registered nurse practice.

## Proposed Registered Nurse Prescribing Accreditation Standards 2019

### CONSULTATION QUESTIONS

#### QUESTION 1

Proposed:

- 1.4 Program admission requirements are fair, equitable and transparent. Before accepting an offer of enrolment applicants must be:**
- 1. informed of NMBA requirements for endorsement for scheduled medicines for RN prescribing in partnership**
  - 2. informed of and meet the program's inherent requirements**



**Please provide comment on the proposed criterion:**

For clarity, we request that sub-clause a) be amended to read: “informed of NMBA requirements for endorsement for scheduled medicines for RN prescribing in partnership, including appearing on the Australian Health Practitioner Regulation Agency (AHPRA) Register of Practitioners as a registered nurse with no conditions on registration.”

**Please provide suggestions for essential evidence to meet this criterion:**

The education provider is required to provide indicative evidence of admission requirements that are easily accessible for students, fair and equitable. Evidence should include:

- admission policy
- inherent requirements policy
- student handbook
- information provided to students prior to enrolment – brochures, course information/course application pack, university website

## QUESTION 2

**Proposed:**

**2.2 The governance structure for the provider and the school conducting the program ensures academic oversight of the program and promotes high-quality teaching and learning experiences for students to enable graduate competence.**

**Please provide comment on the proposed criterion:**

The priority is to achieve safe, competent practitioners; to ensure student nurses and midwives receive consistent, quality theoretical information. It is the ANMF’s position that oversight, though not necessarily delivery, of the program should be led by the nursing profession, with expertise provided in consultation with other professions, particularly pharmacology.

The criteria should be amended to:

**2.2 The governance structure for the provider and the nursing school conducting the program ensures academic oversight of the program and promotes high-quality teaching and learning experiences for students to enable graduate competence.**

**Please provide suggestions for essential evidence to meet this criterion:**

Essential Evidence suggestions:

The education provider is required to provide indicative evidence of governance structures of the program that include:

- Details/diagrams of reporting relationships and committee structures demonstrating the academic oversight of the nursing program



- Organisational chart (s) with reporting lines that encompass program governance structure
- Committee structures with reporting lines
- Position Descriptions (PDs) demonstrating reporting relationships
- Head of Discipline (HoD) CV evidence of NMBA nursing registration and relevant post graduate qualifications
- Inclusion of the HoD on the staff matrix
- Processes in place for ongoing performance review for all staff

### QUESTION 3

**Proposed:**

**2.3 Relevant input to the design and ongoing management of the program is provided by active consultation and collaboration with representatives from:**

- a) the Nursing School, who are registered nurses with the NMBA, without conditions on their registration relating to conduct, and holding relevant qualifications and experience**
- b) the nursing profession, including endorsed Nurse Practitioners and RN prescribers**
- c) external community representatives including consumers, students, Aboriginal and/or Torres Strait Islander peoples and other relevant stakeholders**

**Please provide comment on the proposed criterion:**

As has been stated in response to question 2, oversight of the program should be the remit of the nursing school. Therefore input to the design and ongoing management of the program should be amended to reflect consultation and collaboration with the other health disciplines under the leadership of the nursing school. Criteria 2.3 a) should be amended to the Pharmacy and/or Medical school.

The criteria should be amended to:

**2.3 Under the leadership of the nursing school, relevant input to the design and ongoing management of the program is provided by active consultation and collaboration with representatives from:**

- a) registered nurses, including endorsed Nurse Practitioners and RN prescribers in clinical practice
- b) pharmacists, pharmacologists and medical practitioners, including the Pharmacy and/or Medical School
- c) external community representatives including consumers, students, Aboriginal and/or Torres Strait Islander peoples and other relevant stakeholders.



**Please provide suggestions for essential evidence to meet this criterion:**

The education provider is required to provide indicative evidence of active consultation and collaboration. Evidence should include documents detailing consultative processes and inclusion of consumers and stakeholders on external committees. For example:

- Schedule of meetings/consultations
- Membership list that incorporates all stakeholders
- List/s of attendees, including their positions, organisations and contributions.
- Terms of Reference for advisory committees
- Agendas and meeting minutes from the consultation process
- Change log detailing actions as a result of the consultation process
- Evidence of collaborative processes undertaken by any third party engaged to develop and design the program

**QUESTION 4**

**Proposed:**

**3.2 Teaching and learning reflects contemporary practices in health and education and responds to emerging trends based on research, technology and other forms of evidence.**

**Please provide comment on the proposed criterion:**

The ANMF argue that the nursing and midwifery professions 'lead and innovate' rather than simply respond to emerging trends, particularly technological advancements. The technology should be responsive to health care practitioner and patient needs, rather than determining practice.

The transition from hard copy to electronic medical records (EMR) includes medication and intravenous fluid prescriptions, along with records of administration, and this aspect of current and emerging health care practice should be incorporated into nursing and midwifery student education, in order to streamline graduates' progression into the workforce.

**Please provide suggestions for essential evidence to meet this criterion:**

The education provider is required to provide indicative evidence to demonstrate that teaching and learning practices are contemporary, and evidence based. The curriculum document should be comprehensive, with descriptions of program content and sequencing with an established research and evidence base. Inclusive of:

- Contemporary Australian and international best practice teaching, learning and assessment methodologies and technologies and how they are incorporated into the delivery of the program



- Inclusion of contemporary references- reference to contemporary and evidence-based approaches to registered nursing practice and education
- Evidence of *mechanism* used to:
  - o identify best practice in health, health education, health technology and health informatics
  - o embed finding in program content and delivery

## QUESTION 5

### Proposed:

#### 3.3 Program content and unit learning outcomes:

- a) **graduate achievement of competencies described in the NPS: National Prescribing Competency Framework**
- b) **preparation of students to prescribe scheduled medicines**
- c) **legal / medicolegal principles and legislative frameworks that enable RN prescribing relevant to each state and territory**
- d) **ethical and professional obligations of prescribing and (defining) scope of RN prescribing practice**
- e) **principles of developing collaborative professional relationships including referral obligations and models of practice**
- f) **knowledge of relevant medicine funding models in Australia**
- g) **a prescribing practice learning plan.**

#### Please provide comment on the proposed criterion:

In regards to 3.3 c), the ANMF observes that, while registered nurse prescribing is encompassed within existing medico legal principles, there are as yet no legislative frameworks in place in any of Australia's states or territories, to allow this to happen.

While it could be revisited, medication education for Bachelor of Nursing and Bachelor of Nursing (Graduate Entry) programs includes coverage of the Pharmaceutical Benefits Scheme; the proposed scope of registered nurse prescribing is highly unlikely to fall beyond the parameters of the PBS into unsubsidised medications.

#### Please provide suggestions for essential evidence to meet this criterion:

The education provider is required to provide indicative evidence to demonstrate that program content and learning outcomes facilitates and prepares students to safely prescribe medications within the scope of the registered nurse prescribing guidelines. This includes appraisal of competence in pharmacokinetics, pharmacodynamics, quality use of medicines, and inclusion of national evidence-based resources to guide teaching activities and learning outcomes.





Evidence should include:

- Map of learning outcomes and assessments
- Examples of assessments and marking rubrics
- Integrity of assessment to ensure reliable assessment of student competency
- Consistency with relevant frameworks and policies, e.g.
  - o National Strategy for Quality Use of medicines
  - o Medication Quality and Safety NSQHS
  - o National Priorities
  - o Person and Consumer Centred Care

## QUESTION 6

**Proposed:**

**3.7 Program resources are sufficient to facilitate student achievement of the National Prescribing Competency Framework, with attention to human, physical and financial resources supporting all teaching and learning environments.**

**Please provide comment on the proposed criterion:**

In addition to aiding students achieving competency, program resources must be sufficiently robust to provide for governance and quality assurance.

**Please provide suggestions for essential evidence to meet this criterion:**

The education provider is required to provide indicative evidence to demonstrate that there are sufficient resources, human, physical and financial to support all teaching and learning environments, including simulated practice and professional experience placements. Evidence must demonstrate the capacity to service the needs of the student population (maximum proposed enrolments across the program) across all campuses.

Evidence should include:

- Current and proposed annual student population across the period of accreditation (an increase of more than 10% over the 5 year period requires prospective reporting to ANMAC)
- Academic timetable demonstrating sufficient access to resources and classes by students
- Staffing models for supervision of clinical practice simulation, i.e. staff to student ratios
- An outline of proposed clinical placement hours and simulated learning hours, together with the accompanying learning environments and list of simulation equipment
- Education staff matrix (including clinical facilitators) with NMBA registrations, full time equivalent (part time, sessional, casual), qualifications, position, experience, expertise, subject/unit allocation



- Staff matrix to table the FTE of academics, clinical facilitators, administration and support service staff versus the FTE of the student population across the period of accreditation.
- Examples of student support services for all campuses at which the program is offered
- Overview and details of the online learning environment
- Professional Indemnity Insurance documentation.

### QUESTION 7:

**Proposed:**

**5.4 Assessments include the evaluation of the prescribing process, underpinned by the quality use of medicines and the NPS: Prescribing Competency Framework.**

**Please provide comment on the proposed criterion:**

This proposed criteria is supported.

**Please provide suggestions for essential evidence to meet this criterion:**

Evidence should include:

- Utilisation of the ASPINH Prescribing Assessment Toolkit

### QUESTION 8:

**Proposed:**

**5.6 The education provider is ultimately accountable for ensuring mechanisms are in place for assessing student's prescribing practice in theoretical and practice contexts.**

**Please provide comment on the proposed criterion:**

The ANMF supports the education provider being ultimately accountable for assessing students and believe this should always be the case. However, it is imperative that students be assessed in practice, noting that employment within the industry is a proposed requirement for undertaking post-registration programs comprising prescribing.

It is the ANMF's position that requiring a supernumerary clinical placement solely to assess registered nurses' prescribing *in vivo* would be onerous and reduce the uptake of these programs. Therefore, assessment of real-life prescribing should, wherever practicable, occur during the program of study in the registered nurse's usual workplace. This practice should be assessed by their partner prescriber utilising the education provider's assessment tool.

**Please provide suggestions for essential evidence to meet this criterion:**



The education provider is required to provide indicative evidence that validated assessment tools, sampling and moderation are used to ensure integrity of theoretical and clinical assessments.

- Assessment, moderation and progression policy
- Map of assessments
- Policy that embeds a documented process for moderation and sampling of assessments at unit/program level including across teaching sites where relevant
- Examples of assessments and marking rubrics
- Documented process for validating assessment tools, moderation and sampling of assessments at unit/program level including across teaching sites where relevant
- Examples of simulated assessments/OSCES including marking rubrics and or assessment tools
- Evidence of the security measures (including IT security) in place to protect the integrity of all modes of assessment e.g. documented policy, processes, screen shots, software used

## CONCLUSION

The ANMF appreciates the opportunity to provide comment on the proposed ANMAC *Registered Nurse Prescribing Accreditation Standards* consultation paper, on behalf of our members. As the largest professional and industrial body for nurses and midwives in Australia, the ANMF has a substantial interest in nursing education as it directly relates to a viable nursing workforce.

The ANMF welcomes the proposed introduction of a middle level of nurse prescribing, between the existing tiers of registered nurse-initiated medications, and the prescribing formularies of nurse practitioners. This extension of current practices will bring Australia in line with international trends, improving the effectiveness and efficiency of health care provision while adding benefit to consumers through improved care, timely access to medicines, and strengthening of the nurse/patient professional relationship, while contributing to collaboration between members of the health care delivery team.