

# Nurse Practitioner Prescribing Arrangements

## Consultation Paper

September 2019

## Consultation

The Department of Health and Human Services (the department) invites you to provide feedback on the enclosed draft Ministerial Approval (**Appendix 1**), authorising Victorian nurse practitioners to obtain, have in their possession and to use, sell or supply any Schedule 2, 3, 4 or 8 poison in the lawful practice of their profession.

## Timeline

The department's Nursing, Midwifery and Paramedicine Workforce Unit invite feedback on the enclosed draft Ministerial Approval using the consultation questions provided.

Please email responses to the consultation questions to [nmw@dhhs.vic.gov.au](mailto:nmw@dhhs.vic.gov.au) by close of business Monday 16 December 2019.

If you have any questions during the consultation period, please contact Dan Schiffan, Senior Policy Advisor, Nursing, Midwifery and Paramedicine Workforce on 03 9096 8227 or [nmw@dhhs.vic.gov.au](mailto:nmw@dhhs.vic.gov.au).

## Background

A nurse practitioner is a registered nurse who has been endorsed as a nurse practitioner by the Nursing and Midwifery Board of Australia (NMBA).

Nurse practitioners (NP) practice at an advanced level, meet and comply with the nurse practitioner standards for practice, have direct clinical contact and practice within their scope under the legislatively protected title 'Nurse Practitioner' under the Health Practitioner Regulation National Law (the National Law). NPs have completed a Master's degree and are the most senior clinical nurses in our health care system. The title 'nurse practitioner' can only be used by a person who has been endorsed by the NMBA under section 95 of the National Law.

All Australian NPs are authorised to prescribe medicines and are eligible to access the Pharmaceutical Benefits Scheme. However, each state and territory has their own legislative and regulatory mechanisms governing NP prescribing. NPs in Victoria are authorised under section 13(1)(ba) of the Drugs, Poisons and Controlled Substances Act 1981 (the Act) to obtain and have in their possession and to use, sell or supply any Schedule 2, 3, 4 or 8 poison approved by the Minister in relation to the relevant NP category.

The current Ministerial Approvals published in the Victoria Government Gazette include eight 'categories' of NP and associated lists of medications (formularies) that NPs are authorised to obtain, have in their possession and use, sell or supply.

These categories are:

- Acute and supportive care
- care of the older person or aged care
- critical care
- maternity care
- Mental health
- paediatrics
- perioperative care
- primary care

Section 14A(1) of the Act enables the Victorian Minister for Health to approve lists of Schedule 2, 3, 4 and 8 medicines referred to as poisons or classes of poisons, for each NP category. An extract from the Act is included in **Appendix 2**.

## Rationale

Since 1 July 2010, to be able to prescribe scheduled medicines, NPs working in Victoria must apply to the NMBA for a notation on their registration related to the category in which they practise. As NPs expand their scope of practice over time and need to be able to prescribe medicines that are in another category, they are required to apply to the NMBA to have additional categories. This results in many NPs having more than one notation on their registration, aligned to their individual scope of practice and educational preparation. This requirement creates an additional burden on the NPs as well as a significant administrative burden.

The original intent of authorising NPs in this manner was to give Victorian NPs with equivalent expertise the mobility to work for any organisation without the need to renegotiate a new formulary with each employer; (noting that individual health services maintain the right to restrict the prescribing practices of all health professionals employed by that health service). Furthermore, the current list structure by poison schedules and drug classes lacks the flexibility to respond to changing clinical indications or Therapeutic Goods Administration indications/approvals. This level of complexity and the time-consuming nature of the process has meant that most of the lists have had no amendments since 2010, restricting the capacity of Victorian NPs to work to their full scope of practice.

Additionally, uncertainty exists around the interpretation of the current mechanism governing Victorian NP prescribing, which is impacting the viability of existing and new roles for NPs.

The amendments proposed provide opportunity to address the outdated nature of the lists of poisons associated with the existing NP categories (as described in the Victoria Government Gazette, 9 July 2009, 29 April 2010, 1 July 2010 and 22 August 2019).

Internationally, evidence suggests that formularies are known to create barriers to non-medical prescribing (Fong, 2015). Removing the need for lists would increase the flexibility of the NP workforce to meet the contemporary needs of the community and will stimulate the development of innovative NP models of care across the health care continuum. It will also improve the quality of care provided by NPs as they will have the ability to prescribe current evidence-based medications to improve the health of Australians.

New South Wales, Western Australia, South Australia, Northern Territory and most recently Queensland have made regulatory or legislative changes to NP prescribing, to increase the capacity of NPs in those states and territories to manage the full breadth of conditions they are qualified and educationally prepared to manage. New Zealand developed the NP role in 1999, and like Victoria, limited NP prescribing to a set formulary. Legislative changes made in 2014 and enacted in 2016 authorised New Zealand's NPs to prescribe all medicines within their scope of practice.

Published research and internal audits conducted by Victorian health services indicate that NPs are prescribing safely, in alignment with medical prescribing patterns, but that the existing health policy framework may be limiting the roles' utility and potential contribution to the health care of Australians (Dunn, 2010; Fong, 2017).

## Proposed Change

The department is proposing an alternative legal mechanism that would allow NPs to prescribe medications limited solely by their professional scope of practice and educational preparation.

A shortlist of the evidence to support this proposal is provided as **Appendix 3**.

The department and the health sector have worked together to support NP model development activities for over 15 years, ensuring that Victoria's NP workforce is working to full scope of practice in models of care designed to meet identified service needs.

The proposed alternate legislative mechanism is for the Minister for Health to approve a general authorisation for NPs to prescribe any Schedule 2, 3, 4 or 8 poison in accordance with their scope of practice. Consolidating the categories and removing the need for lists of poisons will align the Victorian endorsement process with other jurisdictions while meeting an objective of the National Law to *enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners*.

It is envisioned that a period of stability under this new Ministerial Approval would serve to further enhance public and sector wide confidence in the safety of NP prescribing.

## Anticipated Outcomes

The proposed legislative amendment anticipates it will achieve the following outcomes for Victorian healthcare:

- Improved access to medicines for patients, particularly in underserved areas of practice such as, but not limited to, rural environments, aged care, homelessness, primary care and women's health
- Better use of medicines for the full variety of indications that might warrant their prescription
- Reduced duplication of service and fragmentation of care
- Increased compliance in treatment if patients can access care from the first health care professional they encounter
- NP prescribing is linked to improved education regarding medicines and health advice, including advocacy for non-pharmacological as well as pharmacological treatments.
- improved flexibility in NPs scope of practice and therefore their employability, forming part of a collaborative health care team in more vulnerable and isolated communities where to access timely health care might be limited.
- Improved quality of care through the provision of evidence-based prescribing for Australians.

## Appendix 1: Draft Ministerial Approval

### Drugs, Poisons and Controlled Substances Act 1981

#### REVOCAION OF APPROVAL UNDER SECTION 14A(4)

Pursuant to section 14A(4) of the **Drugs, Poisons and Controlled Substances Act 1981** ('the Act'), I Jenny Mikakos, Minister for Health, hereby revoke the following nine approvals made under section 14A(1) of the Act and published in the Victoria Government Gazettes G 28 on 9 July 2009, G 17 on 29 April 2010, G 26 on 1 July 2010 and G34 on 22 August 2019. The approvals being revoked were for the purposes of authorisation under section 13(1)(ba) of the Act in relation to Schedule 2, 3, 4 and 8 poisons or classes of Schedule 2, 3, 4 or 8 poisons listed in the tables in relation to categories of Nurse Practitioners.

G 28: NURSE PRACTITIONER – MATERNITY CARE

G 17: NURSE PRACTITIONER – AGED CARE

G 26: NURSE PRACTITIONER - ACUTE AND SUPPORTIVE CARE

G 26: NURSE PRACTITIONER – ACUTE AND SUPPORTIVE CARE (ONCOLOGY/HAEMATOLOGY ONLY)

G 26: NURSE PRACTITIONER – CRITICAL CARE

G 26: NURSE PRACTITIONER – MENTAL HEALTH CARE

G 26: NURSE PRACTITIONER – PAEDIATRIC CARE

G 26: NURSE PRACTITIONER – PERIOPERATIVE CARE

G 34: NURSE PRACTITIONER – PRIMARY CARE

This revocation takes effect from the date of publication in the Victoria Government Gazette

HON JENNY MIKAKOS  
Minister for Health

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### Drugs, Poisons and Controlled Substances Act 1981

#### APPROVAL UNDER SECTION 14A(1)

Pursuant to section 14A(1) of the **Drugs, Poisons and Controlled Substances Act 1981** ('the Act'). I Jenny Mikakos, Minister for Health, hereby approve for the purposes of authorisation under section 13(1)(ba) of the Act all Schedule 2, 3, 4 and 8 poisons and all classes of Schedule 2, 3, 4 and 8 poisons in relation to any Nurse Practitioner or category of Nurse Practitioner in the lawful practice of his or her profession as a Nurse Practitioner.

This approval takes effect from the date of publication in the Victoria Government Gazette.

HON JENNY MIKAKOS  
Minister for Health

## Appendix 2: Drugs, Poisons and Controlled Substances Act 1981 (Extract)

### DRUGS, POISONS AND CONTROLLED SUBSTANCES ACT 1981 - SECT 13

#### Persons authorized to have possession etc. of poisons or controlled substances

##### **S. 13(1) amended by No. 20/2016 s. 103.**

(1) Subject to this Act and the regulations and, in relation to medicinal cannabis, the **Access to Medicinal Cannabis Act 2016** and the regulations under that Act—

##### **S. 13(1)(a) amended by Nos 10002 s. 4(a)(b), 23/1994 s. 118(Sch. 1 item 17.4), 58/1997 s. 96(Sch. item 3.2), 18/2000 s. 99(1).**

(a) any registered medical practitioner, pharmacist, veterinary practitioner or dentist is hereby authorized to obtain and have in his possession and to use, sell or supply any poison or controlled substance (other than a Schedule 1 poison) or drug of dependence in the lawful practice of his profession as a registered medical practitioner, pharmacist, veterinary practitioner or dentist (as the case may be); and

##### **S. 13(1)(b) amended by Nos 10002 s. 4(b), 56/1996 s. 100(2).**

(b) any authorized officer is hereby authorized to obtain and have in his possession and to sell or supply any poison or controlled substance or drug of dependence in the exercise or performance of any power, function or duty conferred or imposed upon him by this Act or the regulations; and

##### **S. 13(1)(baa) inserted by No. 9/2014 s. 5.**

(baa) any person employed or engaged by a declared testing facility is hereby authorised to possess a drug of dependence, a poison or controlled substance or any other thing that has been supplied to the declared testing facility under section 98 to the extent that the possession is required for the purpose for which the drug of dependence, poison or controlled substance or thing has been supplied to the facility; and

##### **S. 13(1)(bab) inserted by No. 9/2014 s. 5.**

(bab) any person who is authorised under section 44C is hereby authorised to obtain and possess a drug of dependence, a poison or controlled substance or any other thing in accordance with that authorisation; and

##### **S. 13(1)(ba) inserted by No. 94/2000 s. 49(1), amended by No. 97/2005 s. 179(1)(a), substituted by No. 13/2010 s. 37(1)(a).**

(ba) any nurse practitioner is hereby authorised 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 in relation to the relevant category of nurse practitioner in the lawful practice of his or her profession as a nurse practitioner; and

##### **S. 13(1)(bb) inserted by No. 13/2010 s. 37(1)(a).**

### DRUGS, POISONS AND CONTROLLED SUBSTANCES ACT 1981 - SECT 14A

#### Minister to approve scope of prescribing rights or supply of poisons

##### **S. 14A(1) amended by Nos 13/2010 s. 40(2), 14/2012 s. 7(1).**

(1) The Minister may, by notice published in the Government Gazette, approve any Schedule 1, 2, 3, 4 or 8 poison (as the case requires) for the purposes of an authorisation referred to in section 13(1)(ba), (bb), (bc), (c), (ca), (d) or (e).

**S. 14A(1A) inserted by No. 13/2010 s. 40(3), amended by No. 14/2012 s. 7(2)(a).**

(1A) Without limiting subsection (1), for the purposes of an authorisation under section 13(1)(bb) or (bc), the Minister may approve—

(a) the health services or class of health services in which the poison or class of poison is to be used, sold or supplied; and

**S. 14A(1A)(b) amended by No. 14/2012 s. 7(2)(b).**

(b) the clinical circumstances in which a registered nurse or registered midwife or class of registered nurse or registered midwife may use, sell or supply any Schedule 2, 3, 4 or 8 poison or class of Schedule 2, 3, 4 or 8 poison.

**S. 14A(2) substituted by No. 13/2010 s. 40(4).**

(2) An approval under subsection (1) or (1A) may—

(a) be expressed generally for all poisons in a specified Schedule; or

(b) be limited to a particular class, list or type of poison in a specified Schedule; or

(c) be limited by reference to a specified form of the poison; or

(d) be limited by reference to the purpose for which the poison is to be used, sold or supplied; or

(e) be limited by reference to any other matter specified in the approval; or

(f) apply, adopt or incorporate any matter contained in any document, code, standard, rule, specification or method, formulated, issued, prescribed or published by any other person whether—

(i) wholly or partially or as amended by the approval; or

(ii) as formulated, issued, prescribed or published at the time the approval is made or at any time before then; or

(iii) as formulated, issued, prescribed or published from time to time.

**S. 14A(3) amended by Nos 13/2010 s. 40(5), 27/2012 s. 14.**

(3) Without limiting the Minister's powers under subsection (1) or (1A), the Minister may grant or refuse to grant an approval under this section on the application of the relevant National Health Practitioner Board established by the Health Practitioner Regulation National Law.

**S. 14A(4) amended by No. 13/2010 s. 40(6).**

(4) The Minister may amend or revoke an approval under this section.

**S. 14A(5) inserted by No. 13/2010 s. 40(7).**

(5) An approval made under this section takes effect on the date of publication of the notice in the Government Gazette or on such later date as is specified in the notice.

## Appendix 3: Suggested Reading

Australian Government, Department of Health. *Registered nurse / Midwife Prescribing Symposium: Final outcomes report*, May 2017

Australian Nursing and Midwifery Council. *National Competency Standards for the NP*. Canberra, ACT : ANMC, 2006.

Creedon R, Et al. The impact of nurse prescribing on the clinical setting, *British Journal of Nursing* 2015, 24(17) (International)

Currie J, Et al. Privately practicing nurse practitioners' provision of care subsidised through the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme in Australia: results from a national survey. *Australian Health Review* 2019 Feb 43(1): 55-61 (Aust)

Driscoll A, Et al. Effectiveness of a specialist nurse-led titration clinic on beta-blocker therapy in patients with CHF: The MAXIMISE study. *BMC: Research Notes* 2014, 7:668; (VIC - Now an established Nurse Practitioner led clinic)

Dunn SV, Et al. *Nurse practitioner prescribing practice in Australia*, *Journal of the American Academy of Nurse Practitioners* 2010, 22, 150-155 (Aust)

Fong J, Nurse practitioner prescribing: an international perspective, *Dovepress Journal Nursing: Research and Reviews* 2015: 5 , 99-108 (Aust)

Fong J, Et al. Nurse practitioner prescribing in Australia: A comprehensive literature review *Australian Critical Care* 2017 30, 252-259 (Aust)

Gardner G, Et al. *NP competency standards: Findings from collaborative Australian and New Zealand research*, *International Journal of Nursing Studies*, 2006, Vol. 43.

Iglehart JK, Expanding the Role of Advanced Nurse Practitioners — Risks and Rewards, *New England Journal of Medicine* 2013: 368:1935-1941 (International)

Nursing and Midwifery Board of Australia. *NP Standards for Practice*. 1 January 2014. Available from: <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/nurse-practitioner-standards-of-practice.aspx>.

Nursing and Midwifery Board, Australia. *Guidelines: For nurses applying for endorsement as a nurse practitioner*; June 2016. Available from: <http://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Endorsements-Notations/Guidelines-on-endorsement-as-a-nurse-practitioner.aspx>.

Poghosyan L, Et al. Optimizing full scope of practice for nurse practitioners in primary care: A proposed conceptual model. *Nursing Outlook* 2016 Mar-Apr, 64(2), 146-155. (International)

Smith T, Et al. A study of macro-, meso- and micro-barriers and enablers affecting extended scopes of practice: the case of rural nurse practitioners in Australia *BMC Nursing* 2019, 18(14): (Aust)