



**Submission to**

**The Health, Communities, Disability  
Services and Domestic and Family  
Violence Prevention  
Committee**

***Public Health  
(Medicinal Cannabis) Bill 2016***

July, 2016

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## Introduction

The Queensland Nurses' Union (QNU) thanks the Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee (the Committee) for the opportunity to make a submission to the inquiry into the *Public Health (Medicinal Cannabis) Bill 2016* (the Bill).

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNU is the principal health union in Queensland covering all categories of workers that make up the nursing workforce including registered nurses (RN), registered midwives, enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 53,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNU.

## Recommendations

The QNU recommends the parliament passes the Bill with the following amendments:

1. The definition of 'medical practitioner' of Schedule 1 of the Bill should be amended to read -

medical practitioner means ~~either~~ **any** of the following—

- (a) a general medical practitioner;
- (b) a specialist medical practitioner;
- (c) a nurse practitioner.**

2. The term 'nursing home' should be replaced with 'residential care facility' with the following definition -

A facility that provides accommodation, nursing, health services and/or personal care to its residents. In the context of residential care, nursing is the promotion of health, prevention of illness, and the care of ill, infirm or disabled people of all ages, in all health care and other

community settings. Nursing cannot occur unless it is under the supervision of a registered nurse.

3. The definition of 'carer' should be amended to read -

'carer' for a patient to whom a medicinal cannabis approval applies, means an **unpaid\*** adult who—

(a) has responsibility for the immediate care and safety of the patient;  
and

Example— a parent or guardian of the patient

(b) is stated in the medicinal cannabis approval to be a carer of the patient for the approval.

\* 'unpaid' is taken here to mean the carer is not an unregulated health professional who has been paid by a responsible adult, the patient or any other person to administer the medicinal cannabis.

### QNU Response to the Consultation Draft

In our response to the consultation draft of the Bill, we referred to the 2015 resolution of the QNU Council to support clinical trials of medicinal cannabis in Australia. Internationally, cannabis extracts and synthetic formulations have been licensed for medicinal use in countries such as Canada, the USA, Great Britain, Holland, Israel and Germany. In general terms, medical cannabis has potential as an effective treatment for some medical conditions with appropriate safeguards in place.

There is a growing body of evidence that certain cannabinoids are effective in the treatment of chronic pain, particularly as an alternative or adjunct to the use of opiates (Lucas, 2012). The major therapeutic benefits claimed for cannabinoids are to relieve nausea and vomiting in patients with cancer, stimulate appetite in patients with cancer and AIDS, and to relieve acute and chronic pain, often in combination with other analgesics such as opioids. Controlled trials have also shown positive effects of cannabis preparations on bladder dysfunction in multiple sclerosis, tics in Tourette syndrome and involuntary movements associated with Parkinson's disease (Grottenhermen & Muller-Vahl, 2012).

Based on existing data the risks of short-term medicinal use of cannabis are minor (Wang et al., 2008), however, the risks associated with long-term use are less well understood, particularly the risk of dependence and any heightened risk of cardiovascular disease (Degenhardt & Hall, 2008). Cannabis and cannabinoids are primarily intended to be used in

combination with other treatments or reserved for use in patients where standard treatment has proven ineffective or been poorly tolerated.

### **Prescribing Rights - Nurse Practitioners**

According to the Explanatory Notes (Queensland Parliament, 2016), the framework in the bill provides two pathways for patients to obtain medicinal cannabis treatment. Under the 'patient class prescriber' pathway, certain specialist doctors will have an as of right authority to prescribe medicinal cannabis products suffering specific conditions without the need to obtain any further state approval.

We note the Therapeutic Goods Administration recently made an interim decision to reschedule medicinal cannabis products from a schedule 9 prohibited poison to a schedule 8 medicine. If the interim decision is made final, 'appropriately qualified medical practitioners' may be authorised under Queensland law to prescribe schedule 8 medicinal cannabis products.

Provided rescheduling occurs, a regulation will be made under the Bill to make specialists in paediatric neurology, oncology and palliative care medicine the first medical practitioners authorised to prescribe medicinal cannabis to patients in their care.

A second pathway is for patients who are ineligible to be treated by a patient-class prescriber. Under the 'single-patient prescriber' pathway patient's medical practitioner may make an application to the Chief Executive of Queensland Health for approval to treat the patient with medicinal cannabis. The Chief Executive will make a decision on a case-by-case basis.

In the contemporary health setting the Nurse Practitioner (NP) is a highly skilled nursing role, generating immediate sustainable capacity in health care modelling and delivery. NPs have the capability to provide high levels of clinically focused nursing care in a range of contexts for people and communities with problems of varying complexity. The number of NPs has continued to grow<sup>1</sup> as has the research on advanced practice nursing.<sup>2</sup> In the contemporary health setting the NP is a highly skilled nursing role, generating immediate, sustainable capacity in health care modelling and delivery.

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<sup>1</sup> The latest Nursing and Midwifery Board Australia (NMBA, 2015) statistics indicate there are 342 NPs in Queensland.

<sup>2</sup> See for example Duffield C. & Gardner, G. (2014) *Answer 4 Nursing and Midwifery* Report of the Australian Nursing/Midwifery Workforce Survey.

NPs are educated within a nursing model and must first be an experienced registered nurse (RN) and complete a Masters degree. NPs are likely to be educated in a speciality within a particular setting. Their scope of practice is built on the platform of the RN scope of practice, and must meet the regulatory and professional requirements for Australia including the *National competency standards for the registered nurse, Code of ethics and Code of professional conduct* (Nursing and Midwifery Board Australia, 2013).

One of the core standards of practice that is applicable across diverse settings and patient/client populations is Standard 3 that enables the NP to prescribe and implement therapeutic interventions.

Under this standard the NP:

- Prescribes<sup>3</sup> indicated non-pharmacological and pharmacological interventions;
- Contributes to health literacy by sharing knowledge with the person receiving care to achieve evidence-informed management plan;
- Safely prescribes therapeutic interventions based on accurate knowledge of the characteristics and concurrent therapies of the person receiving care;
- Demonstrates professional integrity and ethical conduct in relation to therapeutic product manufacturers and pharmaceutical organisations;
- Safely and effectively performs evidence-informed invasive/non-invasive interventions for the clinical management and/or prevention of illness, disease, injuries, disorders or conditions;
- Interprets and follows-up the findings of screening and diagnostic investigations in an appropriate time frame during the implementation of care (Nursing and Midwifery Board Australia, 2013).

In summary, NPs are educated and authorised to prescribe schedule 8 drugs (which will include medicinal cannabis) in all settings where they provide services and where medicinal cannabis could be used such as palliative care (especially paediatric palliative care).

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<sup>3</sup> 'Prescribing' is defined as the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine.

## Recommendation

For these reasons we recommend the definition of 'medical practitioner' of Schedule 1 of the Bill should be amended to read -

medical practitioner means ~~either~~ **any** of the following—

- (a) a general medical practitioner;
- (b) a specialist medical practitioner;
- (c) a nurse practitioner.**

## Drug Administration - Rural and Isolated Practice Endorsed Nurses

We also envisage a role for Rural and Isolated Practice Endorsed Nurses (RIPENs) in the supply and administration of medicinal cannabis in rural and remote areas, particularly where an 'approved pharmacist' is unavailable. RIPENs are authorised, educated and competent to practice. The RIPEN provides emergency and primary healthcare to an advanced and expanded clinical scope of practice to patients in rural and remote (isolated) areas. This may occur in isolation or in a collaborative environment with other health professionals. RIPENs can work in rural hospitals, mining sites, indigenous communities, tourist resorts, remote pastoral stations where onsite access to medical practitioners and/or NPs is by visit only or not available at all and to rural and remote area emergency sites (Nursing and Midwifery Board Australia, 2010).

Queensland is Australia's most geographically-decentralised state with regional centres located throughout as well as many isolated communities. The RIPEN is particularly effective in this environment. These geographic and demographic factors are largely the reason why Queensland has the most RIPENs in the country. In December, 2015, there were 809 registered with the Australian Health Practitioner Registration Authority (Nursing and Midwifery Board Australia, 2015) and around 160 additional RNs enrolled in the Cunningham Centre (Queensland Health) accredited RIPEN course that leads to endorsement.

RNs seeking endorsement for scheduled medicines (rural and isolated practice) undertake an approved program through an approved National Board Education Provider. There currently are two approved programs of study in Queensland - the Rural and Isolated Practice (Scheduled Medicines) Registered Nurse course and the Postgraduate Certificate Advanced Practice (Rural and Remote).

The program course of study modules reflect the combined breadth of advanced practice and generalist nursing practice required to undertake the full scope of practice required for rural and remote nursing, including:

- Advanced clinical assessment and diagnostic skills;
- Practice boundary awareness in the context of location, capability, referral, escalation of care and patient follow up;
- Legislative context of practice and the application of the Drug Therapy Protocol (DTP) application to rural and isolated practice;
- Safe medication practice, including Pharmacology pharmacokinetics and pharmacodynamics; and
- Health Management Protocol (HMP) used through the Primary Clinical Care Manual (PCCM) are very broad and include for example:
  - Assessment and transport;
  - Emergency;
  - General;
  - Mental Health and substance abuse;
  - Sexual and reproductive health;
  - Paediatrics;
  - Immunisation.

In Queensland, the RIPEN model/endorsement is in effect already a type of supplementary prescribing right as it is an agreed formula in the DTP within the RN scope of practice. This allows the RIPEN RN to assess the patient, formulate a diagnosis and initiate medicine treatment.

Completion of this course confers a RIPEN scheduled medicines endorsement which qualifies the RN 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 RNs employed in a Queensland rural hospital or isolated practice setting as defined by the *Health Drugs and Poisons Regulation 1996*.<sup>4</sup>

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<sup>4</sup> The *Medicines, Poisons and Therapeutics Goods Bill 2016* is expected to be introduced into Parliament later this year. An accompanying indicative Regulation is presently being drafted to replace the *Health Drugs and Poisons Regulation 1996*.



## Definitions

### 'nursing home'

In our view, the naming conventions for care settings will need to support existing and emerging models of care. We note the Bill uses the term 'nursing home' to mean -

A facility, other than a hospital or private residence, at which accommodation and nursing is provided to persons who, because of disability, disease, illness, incapacity or infirmity, have a continuing need for care.

The federal government abandoned the term 'nursing home' in 1997 with the advent of the *Aged Care Act 1997 (Cth)*. The term now used for a facility that provides accommodation and care for approved recipients of aged care is 'Residential Aged Care Facility' (RACF). As much as providers promote their facilities as nursing homes providing a home-like environment, the *Health Ombudsman Act 2013 (Qld)* provides that a residential care facility is, at law, a healthcare service, where there is an expectation of a standard of care that is in keeping with professional healthcare standards.

The *Aged Care Act 1997 (Cth)* defines residential care as follows:

Residential care is personal care or nursing care, or both personal care and nursing care, that:

- (a) is provided to a person in a residential facility in which the person is also provided with accommodation that includes:
  - (i) appropriate staffing to meet the nursing and personal care needs of the person; and
  - (ii) meals and cleaning services; and
  - (iii) furnishings, furniture and equipment for the provision of that care and accommodation.

We believe a more appropriate term than 'nursing home' is 'residential care facility' (whether for aged care or other) with the following definition:

A 'residential care facility' provides accommodation, nursing, health services and/or personal care to its residents. In the context of residential care, nursing is the promotion of health, prevention of illness, and the care of ill, infirm or disabled people of all ages, in all health care and other community settings. Nursing cannot occur unless it is under the supervision of a registered nurse.

This definition states the meaning of ‘nursing care’ and the conditions under which it can be provided. This definition is consistent with the *Aged Care Act 1997 (Cth)*, the International Council of Nursing definition of ‘nursing’ and the Nursing and Midwifery Board Australia Codes and Guidelines made pursuant to the National Law.<sup>5</sup>

### **Recommendation**

The QNU recommends the term ‘nursing home’ should be replaced with ‘residential care facility’ with the following definition:

A residential care facility provides accommodation, nursing, health services and/or personal care to its residents. In the context of residential care, nursing is the promotion of health, prevention of illness, and the care of ill, infirm or disabled people of all ages, in all health care and other community settings. Nursing cannot occur unless it is under the supervision of a registered nurse.

### ‘carer’

The *Explanatory Notes* to the Bill (Queensland Parliament, 2016, p. 4) state ‘the patient’s carer is authorised to obtain the medicinal cannabis prescribed for the patient from the dispensing pharmacy, possess the medicinal cannabis, and supply or administer the medicinal cannabis to the patient.

The Bill defines a carer thus:

carer, for a patient to whom a medicinal cannabis approval applies, means an adult who—

- (a) has responsibility for the immediate care and safety of the patient; and  
Example— a parent or guardian of the patient
- (b) is stated in the medicinal cannabis approval to be a carer of the patient for the approval.

We feel this definition needs further refinement to ensure unregulated, paid health care workers who at times may have responsibility for the care and safety of the patient are specifically excluded.

The administering of medicines may be common but it is high risk and that risk is not ameliorated by the location of the care recipient. The possession, supply and administering of medicines is a regulated healthcare activity that should be compliant not just with

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<sup>5</sup> *The Health Practitioner Regulation National Law Act 2009*

legislation and regulation, but also with professional standards and guidelines developed for the relevant health profession.

In aged care for example, a professional standard exists for the management of medicines. This standard - *Nursing Guidelines: Management of Medicines in Aged Care* - was jointly developed by two professional nursing associations, then known as the Royal College of Nursing Australia and the Australian Nursing Federation.

Unregulated, paid carers can be made aware of the correct procedures for assisting a self-administering client to take their medicine, however they do not have the requisite education and knowledge to make clinical judgments about when the medicine is required, or should not be administered, or any adverse effects that may be present. We contend the involvement of unregulated, paid 'carers' in administering medicines must only be under certain strict conditions or circumstances that are compliant with a relevant professional standard.

## **Recommendation**

We recommend the definition of 'carer' be amended to read:

carer, for a patient to whom a medicinal cannabis approval applies, means an **unpaid\*** adult who—

(a) has responsibility for the immediate care and safety of the patient; and

Example— a parent or guardian of the patient

(b) is stated in the medicinal cannabis approval to be a carer of the patient for the approval.

\* 'unpaid' is taken here to mean the carer is not an unregulated health professional who has been paid by a responsible adult, the patient or any other person to administer the medicinal cannabis.

## **Conclusion**

The QNU supports the introduction of medicinal cannabis within a carefully regulated environment. NPs and RIPENs are well placed to provide an important role in the supply and safe administration of this drug within their defined scope of practice.

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