



Supporting Nurse Practitioners through advocacy
resources, networking and professional development

Australian College of Nurse Practitioners response to:

Queensland Parliament

- Medicines and Poisons Bill 2019



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Wednesday 5th June 2019

Committee Secretary
State Development, Natural Resources and Agricultural Industry Development Committee
Parliament House
George Street
Brisbane QLD 4000

By email: sdnraidc@parliament.qld.gov.au

Dear Committee Secretary,

Thank you for the opportunity to comment on the draft Medicines and Poisons Bill 2019 and draft Medicines and Poisons (Medicines) Regulation 2019.

The Australian College of Nurse Practitioners (ACNP) views the proposed mandatory monitored medicines system as a necessary body of work to improve patient safety while providing access to appropriate prescribing of analgesia. We concur with its development and introduction in Queensland.

The ACNP is pleased that current prescribers recognised under the Health Practitioner National Law do not require extended practice authorities under the new regulations, and supports this change.

The limitations on restricted medicines prescribing by Nurse Practitioners, affecting those working in prisons and watch houses has been addressed, and prescribing approvals can now be sought by Nurse Practitioners who are suitably qualified to prescribe restricted medicines, for example opioid treatment programs. This will greatly enhance quality and safety in patient care in these settings. The ACNP acknowledges the inclusion of the term 'supply' to the Nurse Practitioner allowed practices.

The ACNP seeks further clarification in regard to the definition of 'standing order' and 'clinical protocol' as the points of differentiation are unclear.

It is understood that the detailed requirements of the proposed legislation and regulation do not seek to limit current practice by health practitioners in Queensland. The explanatory notes outline the need for flexibility in the legislation to allow for timely responses to changes in scheduled substances, changes in protocols and changes in evidence, to ensure the most up-to-date and safe procedures are adopted by persons authorised to access scheduled substances.

Subdivision 7(2) of the regulation does not appear to reflect the same provisions currently afforded to Nurse Practitioners, and differs to that of other prescribers. The use of the term "registered medicine" for Nurse Practitioners compared to "medicine" is a change that will not allow the flexibility required to match changes in evidence-based treatment and will not allow the flexibility required that is described in the explanatory notes. It may also be problematic in rural and remote locations where access to medical practitioners is limited.

The term "registered medicine" associated with Nurse Practitioner prescribing is not reflected in any current document defining Nurse Practitioner prescribing at either a federal or Queensland level, however the Health (Medicines and Poisons) 2018 Amendment uses the term "registered medicine" and refers to the drug or poison is being referenced in the Australian Register of Therapeutic Goods. The Drug Therapy Protocol, which was an administrative document and now deemed as not required, did use this term, however evidence based off label prescribing was permitted under the legislation. The NMBA Nurse Practitioner Standards of practice- effective from 1 January 2014 in Statement 3.1 require the safe prescription of therapeutic interventions and the application of evidence -informed interventions for clinical management. The standard informs safe practice in relation to prescribing, so this restriction is not required. The use of "registered" medicine in the Medicines and Poisons (Medicines) Regulation 2019 has the ability to restrict current evidence practice.



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The Queensland Government review of palliative care has suggested that Nurse Practitioners are a work force to help address the growing demand for resources in palliative care. The inability to respond to changes in evidence, such as not being able to prescribe medicinal cannabis or access Special Access Scheme medication (should the federal legislation be changed to allow it) impairs the ability of Nurse Practitioners to be responsive to health care needs, and could restrict access to medicines, particularly those that ease pain.

Therefore, the ACNP requests the term be amended to “medicine”, removing the word “registered”. This request should also be considered in relation to endorsed midwives.

There appears to be an omission of the words “Nurse Practitioner” in Schedule 7 part 5 (27)(2)(b) as a Nurse Practitioner can dispense medication to an enrolled nurse. It is recommended that Nurse Practitioner be added.

An enrolled nurse may administer an S4 or S8 medicine to a patient—

- (a) on a prescription for the patient from a prescriber; or
- (b) if the medicine has been dispensed to the patient—under the supervision of a dentist, medical practitioner, midwife or registered nurse and in accordance with the medicine’s approved label.

The ACNP would also like to nominate to be included in the development of the following key documents to support the new regulatory framework:

- Isolated practice area paramedic extended practice authority
- Midwives extended practice authority
- Registered nurses extended practice authority
- Vaccinations by pharmacists extended practice authority
- Aboriginal and Torres Strait islander health practitioner extended practice authority
- Indigenous health worker extended practice authority
- Queensland Ambulance Service extended practice authority
- Storage of medicines standard
- Safe supply of medicines standard
- Monitored Medicines standard
- Substance management Plans standard
- Technical requirements for an electronic standard
- Medication management system standard

We look forward to further information and clarification in order to fully understand this reform, and further contribute to its development.

Yours sincerely

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