

Submission to State Development, Natural Resources and Agricultural Industry Development Committee on the Draft Medicines and Poisons legislation

I wish to make a submission on two key elements of the draft Bill and Regulation for Medicines and Poisons.

I have noticed that registered nurses are being treated differently to other professions in how they can work with medicines.

I and my family members have lived in rural areas where rural and isolated practice nurses have provided essential care. These nurses have been the only source of care and medicines when doctors aren't available. It is my understanding that they are highly skilled and my experience that they provide excellent care.

It seems ridiculous to me that while endorsed midwives, who don't have any extra qualifications than the rural and isolated nurses do, can write a prescription in private practice, that the rural nurses can only give medicines from the hospital and that they can only practice in a select areas.

These nurses could provide the primary care needs of many different parts of the community, especially as it can be very hard to get in to see a doctor. If they can do it our in the rural areas, why not in the city?

I would rather see a nurse who could talk to me properly and understand what is happening than a pharmacist who just wants to sell me some vitamins.

I have a particular interest in how care will be given to the elderly. The Medicines and Poisons Regulation says it will do more consultation on how unregulated and unqualified aged care workers can give scheduled medicines. I hope this consultation is not primarily with the owners of aged care facilities who are interested in providing the cheapest and least amount of care they can.

Aged care residents are vulnerable with complex care needs. They need qualified staff to assess and deliver clinical care. Unregulated workers have a place in providing personal care, however medications for the residents of aged care facilities can be multiple and have significant adverse effects if health status changes

It is inappropriate that simply because these people are in an aged care home (and they are there because they are too sick to stay home with either family or visiting health staff to support them) that they can have clinical care provided by unqualified people.

Would unqualified people be allowed to give medicines to patients in a hospital?

As I am aging, and as I see the health of my husband with dementia deteriorating, I want to know that our state values the quality of care given to the elderly and frail residents of aged care homes.