Draft Medicines and Poisons legislation

Submission to State Development, Natural Resources and Agricultural Industry Development Committee

Extended Practice Authorities

- Many health professionals, including Endorsed Midwives, have "as of right" authorisation to prescribe, supply and administer medications.
- Changes to the existing Health (Drugs and Poisons) Regulation 1996 (HDPR) in 2018 to enact this provided the rationale of acknowledging a National Board's assessment of competence. The additional requirement for specific authority under the HDPR was an unnecessary regulatory burden.
- The draft Medicines and Poisons scheme continues to require Registered Nurses to have additional specific authority to supply and administer (it excludes prescribing).
- The National Board for nurses, The Nursing and Midwifery Board of Australia (NMBA) asserts that, as a class, Registered Nurses have competence to prescribe under protocol.
- Typical practice areas that are affected include rural and isolate practice, immunisation and sexual health programs.
- These practice areas all fall under the "prescribe under protocol" model. RNs practice according to protocols that require assessment of the person's health status and needs and application of recommended intervention, including administration or supply of scheduled medicines. Examples of protocols include the Australian Immunisation Handbook and the Primary Care Clinical Manual, tools that are extensively researched and endorsed by leading health experts.
- The ability of the health system to develop and implement innovative, efficient models of care that properly utilises the skills and knowledge of RNs will also be limited.
- These nurses, who are currently required to have specific qualifications to practice in the areas (despite the NMBA asserting these are merely replicating the undergraduate preparation of RNs) have medication knowledge at least of equivalence to Endorsed Midwives, who practice and prescribe without limitation by the HDPR.
- To require RNs to practice under an EPA that appears to be intended to have additional specific qualifications and will selectively allow them to use only some medications presumably decided upon by pharmacists (as the effective custodians of the legislation), is an additional regulatory burden and restricts timely care provisions with no corresponding benefit.
- That the custodians may have a conflict of interest in seeking to limit the scope of registered nurses at the same time that they are extending the scope of pharmacists, and achieve higher foot traffic and corresponding sales, is also a concern.
- Establishing a regulatory framework that authorises RNs, the State's largest body of regulated health care professionals, to work to their full scope of practice will improve access to primary care for a population that has a very heavy burden of chronic and lifestyle diseases.
- It is extremely disappointing that this approach reflects an outmoded understanding of the educational preparation and scope of practice of RNs.

Notes In Schedule 7, at clauses 20(2) and 24(2) examples are provided of program areas in which a registered nurse may be practising under an Extended Practice Authority. The Explanatory Notes for the Bill (p17) refer to RNs being qualified to practice in certain programs or, even more ludicrously

in a geographical location. There are no specialty areas in nursing recognised by the NMBA. All RNs are qualified to work across all practice areas and in all geographical locations.

Aged Care Workers

- The Medicines and Poisons Regulation notes that provisions relating to how unregulated and unqualified aged care workers may deal with scheduled medicines is to be further developed.
- The consultation version of the legislation available in 2018 indicated that these workers would be permitted to give medicines to residents of residential aged care facilities (RACF).
- The focus of acute care hospitals has shifted to providing care for only the very acutely unwell and only for short periods.
- This means that the health status of RACF residents has become increasingly complex and dependant on quality, informed care.
- Unregulated workers are not educated or competent to evaluate the health status of residents and to recognise the potential need for withholding medications, such as those for diabetes or high blood pressure.
- There has been some suggestion that the use of dose administration aids (DAAs), such as Webster packs, would minimise the risk of unqualified and unregulated workers giving medication. This is not a comforting thought.
- DAA are prepared, generally at a cost to the patient, in pharmacies.
- There is little evidence to support their use, with reviews of the literature not finding quality evidence that the benefits are significant. [1]
- Research has shown that DAAs are associated with significant error rates. a rate of 1 error per 5.1 patients, per 9.2 DAAs or per 34.3 medicines.[2]
- With the current national focus on the aged care Royal Commission, and Queensland's aged care and end of life enquiries, it is surprising that there are indications of the state seeking to institute a model of care that authorised unregulated and unqualified workers given medications to some of the most vulnerable people in our community.
- This is also at odds with the purpose of the legislation, which is to achieve safe, efficient use of medicines by people who are appropriately qualified to deal with them.

[1] Elliott, R. (2014). Appropriate use of dose administration aids. *Australian Prescriber, 37,* 46-50.

[2] Hussainy, S. Y., Marriott, J. L., van Koeverden, P. M., & Gilmartin, J. F-M. (2012). How accurate are manually prepared dose administration aids in residential aged care facilities? *Australian Pharmacist*, *31*(4), 320 - 324.