

Public consultation paper

September 2013

- **Proposed expanded endorsement for scheduled medicines**
- **Draft *Registration standard for endorsement of registered nurses and/or registered midwives to supply and administer scheduled medicines under protocol***

Please provide feedback in Word (or equivalent) and PDF format by email to nmbafeedback@ahpra.gov.au by 4pm on Monday 4 November 2013.¹

About this consultation

The Nursing and Midwifery Board of Australia (National Board) is consulting publicly on the draft *Registration standard for endorsement of registered nurses and/or registered midwives to supply and administer scheduled medicines under protocol* and invites comments and feedback from interested parties.

The draft registration standard is available under [Attachment 1](#).

In March 2010 in accordance with section 14 of the Health Practitioner Regulation National Law, as in force in each state and territory ([National Law](#)), the Australian Health Workforce Ministerial Council (Ministerial Council) approved the National Board's proposal for an endorsement in relation to scheduled medicines for registered nurses (rural and isolated practice). The approval was for the following:

- Class of health practitioner: any person registered as a registered nurse under the National Law whose registration has been endorsed by the National Board in accordance with section 94 of the National Law.
- Type of use: endorsed as qualified to obtain, supply and administer, a class of scheduled medicines.
- Class of scheduled medicines: Schedule 2, 3, 4 and 8 medicines for nursing practice in a rural and isolated area.

The National Board has powers under:

- section 38 of the National Law to develop and recommend registration standards to the Ministerial Council about issues relevant to the eligibility of individuals for registration in the nursing and midwifery professions, and
- section 94 of the National Law to endorse the registration of a registered health practitioner registered by the National Board as qualified to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicines or class of scheduled medicines.

¹ You are welcome to supply a PDF file of your feedback in addition to the Word (or equivalent) file, however we request that you do supply a word file. As part of an effort to meet international website accessibility guidelines, AHPRA and the National Boards are striving to publish documents in accessible formats (such as Word), in addition to PDFs. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx

The National Law requires the National Board to undertake wide-ranging consultation on the content of proposed registration standards.

Once consultation on this proposal is complete, the National Board will consider the feedback received (in the context of its legal obligations of the National Law), and expects to make a recommendation, including a proposed revised registration standard, to the Ministerial Council for consideration of approval.

Making a submission

The National Board invites interested parties to provide their written comments in Word (or equivalent) and PDF format on the content of the draft *Registration standard endorsement of registered nurses and/or registered midwives to supply and administer scheduled medicines under protocol* by **4pm on Monday 4 November 2013**.

Address submissions by:

- email to nmbafeedback@ahpra.gov.au.
- post to the Executive Officer, Nursing and Midwifery Board of Australia, AHPRA, GPO Box 9958, Melbourne, 3001.

Please note that all submissions received will be published on the National Board's website unless you indicate otherwise.

More information about making a submission is available under '[Making a submission](#)' on this document.

Background

The Health Practitioner Regulation National Law, as in force in each state and territory ([the National Law](#)), enables the National Board to develop registration standards about the scope of practice of health practitioners registered in the profession.

During the transition to the National Registration and Accreditation Scheme ([National Scheme](#)), the National Board identified that there were endorsements in place in both Victoria and Queensland that enabled registered nurses who worked in rural and remote areas to supply and administer scheduled medicines under protocol².

To enable these registered nurses to continue to supply and administer medicines after the start of the National Scheme, the Ministerial Council agreed to approve the National Board's proposal for an endorsement in relation to scheduled medicines for registered nurses (rural and isolated practice), and the National Board's *Registration standard for endorsement for scheduled medicines registered nurses (rural and isolated practice)*. This registration standard was due for review within three years of implementation.

As a part of the revision of the registration standard, the National Board identified that there was a need consider expanding the standard beyond registered nurses and the rural and isolated practice areas.

The National Board did preliminary consultation with stakeholders in 2012 about the:

- proposed expansion of the current endorsement for scheduled medicines, and
- revision of the *Registration standard for endorsement of registered nurses and/or registered midwives to supply and administer scheduled medicines under protocol*.

The feedback received from this stage of consultation was confidential but has helped inform this public consultation. Following the preliminary consultation, the registration standard was amended and the proposed version is now ready for public consultation.

The National Board is interested in comments from a wide range of stakeholders and invites written submissions. In particular, the National Board invites stakeholders to respond to the '[Questions for consideration](#)' in this consultation paper.

Summary of issue

Purpose of the proposal

The role of registered nurses with an endorsement for scheduled medicines is well established in rural and isolated practice areas, particularly in Queensland where the role was introduced in the 1990s. There are 826 registered nurses with a scheduled medicines endorsement, enabling patients in rural and isolated practice areas appropriate access to medicines in situations where a medical practitioner or nurse practitioner is not available.

The current endorsement for scheduled medicines facilitates timely and safe supply of medicines to people who live in certain geographic locations in Australia. However, it is not meeting the needs of the broader community.

This proposal intends to explore the expansion of the scope of the current endorsement for scheduled medicines to include midwives and registered nurses working in areas other than rural and remote practice. The proposal includes the development of a draft *Registration standard for endorsement of registered nurses and/or registered midwives to supply and administer scheduled medicines under protocol* (the consultation standard). This standard specifies the National Board's requirements for endorsement for scheduled medicines under section 94 of the National Law.

² Note that these registered nurses are not authorised to prescribe, but only to obtain, possess, supply and administer scheduled medicines under protocol. The critical factors underpinning the need to regulate this group of nurses is that they work in positions where there is low supervision and high complexity of the work they undertake

In reviewing the current registration standard approved by the Ministerial Council in 2010, the National Board recognises that, to meet the needs of patients, registered nurses and registered midwives are required by their employers to obtain, possess, supply and administer scheduled medicines under protocol in contexts where:

- there is a low level of medical and nursing or midwifery supervision
- the clinical risk is relatively high, and
- there is requirement for a high level of complexity in both the assessment and diagnostic processes.

The intent of the proposed registration standard is to make sure the public is protected while helping to:

- ensure the continuous development of a flexible, responsive and sustainable Australian health workforce, and
- enable innovation in the education of, and service delivery by this group of registered nurses and midwives.

The need for such an endorsement is contextually specific and would be dependent on the employer's determination as to whether the position requires an endorsed registered nurse and/or registered midwife.

In revising the current registration standard, the need for allocation of responsibility between the regulator, the jurisdiction, the employer and the registered nurse and/or midwife has been taken into account.

It is not the intention of the registration standard to restrict registered nurses and/or midwives who administer medicines in the usual course of their work; it is designed for situations where the registered nurse and/or midwife is required to supply as well as administer medicines.

While the endorsement for scheduled medicines in section 94 of the National Law qualifies a registered health practitioner to administer, obtain, possess, prescribe, sell, supply or use scheduled medicines, it is the state and territory drugs and poisons legislation that authorises a registered health practitioner to administer, obtain, possess, prescribe, sell, supply or use scheduled medicines.

Under the National Law, nurse practitioners and eligible midwives with a scheduled medicines endorsement are qualified to administer, obtain, possess, prescribe, sell, supply or use scheduled medicines in accordance with state and territory drugs and poisons legislation. Therefore this registration standard *does not apply* to nurse practitioners or eligible midwives with a scheduled medicines endorsement.

Links with national frameworks

In reviewing the current scope of the scheduled medicines endorsement agreed by the Ministerial Council, and in revising the current registration standard, the National Board considered a number of documents including the:

- *National Health Workforce Innovation and Reform Strategic Framework for Action 2011–2015*. The objectives of this framework include the intent to:
 - reform health workforce roles to improve productivity and support more effective, efficient and accessible service delivery models that better address population health needs and
 - develop an adaptable health workforce equipped with the requisite competencies and support that provides team-based and collaborative models of care.
- [Health Workforce Australia Health Professional Prescribing Pathway \(HPPP\)](#) – the National Board is of the view that the draft registration standard aligns with the proposed HPPP and prepares registered nurses, midwives, employers and the public for its implementation.
- [The National Strategic Framework for Rural and Remote Health \(2012\)](#) developed by Rural Health Standing Committee and endorsed by the Standing Council on Health – objective 3.2 states '*Build a health workforce that meets the needs of local communities*' and includes the *following strategies*:

- *Identify opportunities for new or expanded roles and varying of the skill mix of multi-disciplinary team members to enhance services.*
- *Explore flexibility in the scope of practice for all health service providers and promote more advanced skill roles for GPs and registered nurses.*

The National Board deems that the endorsement of registered nurses and midwives to supply medicines contributes to meeting the objectives of these national health workforce initiatives.

Options statement

The National Board has considered a number of options in developing this proposal.

Option one – Maintain ‘as is’

Option one would continue with the existing scheduled medicines endorsement registration standard. The current standard applies only to registered nurses who work in rural and isolated practice areas.

Continuing with the current registration standard limits the registration standard to registered nurses only and to those who work in areas identified as rural and isolated.

This option is restrictive and does not help meet objective (f) 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.

According to the Australian Institute of Health and Welfare Nursing and Midwifery Workforce data from 2011, there were 30,340 registered nurses and midwives (of a total of 283,577 respondents) who work in outer regional, remote and very remote areas. Workforce data consistently demonstrates that there is an ongoing shortage of medical practitioners who work in these locations. These factors mean that registered nurses and midwives in rural health services are likely to be working in situations where the availability of medical practitioners is significantly limited.

The current registration standard does not facilitate the provision of care to patients in situations where medical and nursing supervision is low and the clinical risk is relatively high.

For these reasons the National Board considers that maintaining arrangements ‘as is’ does not reflect changes in nursing and midwifery practice since scheduled medicines arrangements were first agreed in 2010. It is timely to consider the workability of the current endorsement and registration standard and whether expanding its scope will help to increase patient access to timely and safe health care, while ensuring that health practitioners who hold this endorsement are suitably qualified.

Option two – proposal to broaden current scheduled medicines endorsement and develop a revised *Registration standard for endorsement of registered nurses and/or registered midwives to supply and administer scheduled medicines under protocol*

Option two proposes to broaden current approved arrangements, and develop a registration standard to extend to midwives and expand the range of practice areas beyond rural and isolated practice. The expansion will ensure that registered nurses and midwives who work in situations where medical and nursing supervision is low and the clinical risk is relatively high are educationally prepared and competent to supply medicines to their patients/clients.

Under this proposal, a revised registration standard will apply to registered nurses and registered midwives whose employment situation requires them to supply medicines according to the relevant Drug Therapy Protocol, Chief Health Officer standing order or Health Services Permit. In these employment situations the level of supervision available is low; that is, a medical practitioner or nurse practitioner is not available to provide the level of supervision and support that would normally occur in the doctor/nurse practitioner prescribing arrangement.

The National Board carried out initial consultation with stakeholders about a preliminary draft registration standard in 2012. The proposed draft registration standard in this consultation seeks to broaden the standard to include midwives and a range of practice areas other than rural and remote areas.

Preferred option

The preferred option of the Nursing and Midwifery Board of Australia is **Option two**.

Issues for discussion

Proposal to broaden scope of current approved arrangements

The current approved registration standard for the endorsement for scheduled medicines for rural and isolated practice commenced on 1 July 2010, following Ministerial Council approval.

The current standard was developed in response to stakeholder feedback received when the National Board was preparing for the National Scheme and consulting on the proposed registration standards. The current standard limits the endorsement for scheduled medicines to registered nurses who work in rural and isolated areas in Australia. The revised registration standard expands the standard and makes the endorsement available to registered nurses and midwives who work in all areas of practice in Australia.

The revised standard does not restrict the geographical location in which registered nurses and midwives may supply medicines under protocol. It provides for protection of the public by ensuring that registered nurses and midwives who work in situations where medical and nursing supervision is low and the clinical risk is relatively high are educationally prepared and competent to supply medicines to their patients/clients.

The draft registration standard in this consultation differentiates this group of registered nurses and midwives from nurse practitioners who are endorsed to prescribe scheduled medicines through authorisation contained in state and territory drugs and poisons legislation. This is unrelated to their employment status. The draft registration standard being proposed is, however, dependent upon the employment status of the registered nurse or midwife.

Educational requirements

Registered nurses and midwives working in situations where patients arrive at the health service requiring primary and/or emergency care make an assessment of the patient and decide the most appropriate management and treatment of the patient in collaboration with other health care professionals.

At times, treatment may include the supply of medicines to the patient without the ability to consult a medical practitioner or a nurse practitioner. This level of knowledge and skill required to supply and administer medicines sits outside the current undergraduate nursing and midwifery curricula.

The National Board considers that, as this class of registered nurse and/or midwife is required to make a diagnosis and treatment decision in potentially complex patients prior to supplying medicines, additional qualifications that develop registered nurses' and midwives knowledge and skills in medication management, clinical assessment and differential diagnosis would be required. The additional level of qualification would ensure that registered nurses and/or midwives are adequately prepared and competent to supply medicines.

Regulatory requirements

Section 94 of the National Law enables the National Board to endorse the registration of a nurse or midwife as being qualified to administer, obtain, possess, prescribe, sell, supply or use a scheduled medicine or class of scheduled medicines.

Since the start of the National Scheme in 2010, a number of jurisdictions have amended their Drugs and Poisons legislation to include the requirement for registered nurses who supply medicines to have scheduled medicines endorsement under section 94 of the National Law.

A number of jurisdictions have a standing order process in place for managing emergency presentations in the absence of medical support. This process is limited because it does not enable registered nurses to manage the vast majority of presentations, which are not urgent. The standing order process relies on individual hospitals developing and/or adopting therapeutic protocols for their registered nurses to follow. This is resource intensive and can be onerous for smaller health services.

There remain inconsistent requirements across jurisdictions with regard to the medicines that can be supplied by registered nurses and midwives, the situations in which the medicines can be supplied and the educational requirements that enable registered nurses and midwives to supply medicines.

Greater consistency in authorities granted under state and territory drugs and poisons legislation can only be achieved by those jurisdictions making changes to their legislation. As such, this is outside the scope of what the National Board and AHPRA can achieve.

Potential benefits and costs of proposal

Benefits

The role of the registered nurse with a scheduled medicines endorsement is well established in many rural and isolated practice settings in Australia. Currently 826 registered nurses hold the scheduled medicines endorsement on their registration, with the majority practising in Queensland (701). The aim of expanding the registration standard to a broader range of practice areas other than rural and isolated and to include midwives has the potential benefit of an increase in patient access to timely and safe health care.

The draft registration standard in this consultation is expected to support the public to receive a reliable level of safe and quality emergency and primary health care as close to where they live as possible. The endorsed registered nurse and/or midwife role should enhance the clinical team's ability to provide emergency and primary healthcare to people who make unplanned visits to the emergency or urgent care areas of agreed health services. The draft registration standard should support workforce flexibility for registered nurses and registered midwives while balancing the protection of the public.

Costs

The wider scope of the draft registration standard to include registered nurses who work in practice areas other than rural and isolated health and registered midwives will require these registered nurses and midwives complete a Board-approved program of study to ensure they have the knowledge and competence to supply and administer schedule 2, 3, 4 & 8 medicines.

This program will be at a cost to the registered nurse and/or registered midwife. The registered nurse and/or registered midwife would be required to pay an application fee for the endorsement; this is currently \$125.

Questions for consideration

1. Do you support the scope of the current endorsement for scheduled medicines and current approved registration standard being expanded to include registered midwives as well as registered nurses?
2. Do you support the current scope extending beyond rural and isolated practice for both registered nurses and registered midwives?
3. Is the scope of application of the scheduled medicines endorsement registration standard suitable?
4. Are the requirements of the scheduled medicines endorsement registration standard suitable?
5. Are there other requirements that should be included in the scheduled medicines endorsement registration standard?
6. Are the definitions contained in the standard clear and appropriate?
7. What is the likely impact of this proposal on individual registrants?

8. Are there jurisdiction-specific effects for health practitioners, or governments or other stakeholders that the National Board should be aware of, if this registration standard is approved?
9. Are there any implementation issues the National Board should be aware of?

Attachments

The draft registration standard is at [Attachment 1](#).

The National Board's Statement of assessment against AHPRA's procedures for development of registration standards and COAG principles for best practice regulation is at [Attachment 2](#).

Making a submission

The National Board seeks your feedback on the proposal. Please provide written submissions in Word and PDF format by **4pm on 4 November 2013**.³

Address submissions by:

- email, marked '*endorsement of registered nurses and/or registered midwives to supply and administer scheduled medicines under protocol*' to nmbafeedback@ahpra.gov.au,
- post to **The Executive Officer Nursing and Midwifery Board of Australia, AHPRA, GPO Box 9958, Melbourne, 3001.**

How your submission will be treated

Submissions will generally be published unless you request otherwise. The National Board publishes submissions on its website to encourage discussion and inform the community and stakeholders.

However, the National Board will not publish on its website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of reference.

Before publication, the National Board may remove personally-identifying information from submissions, including contact details. The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the National Board.

The National Board also accept submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the *Freedom of Information Act 1982* (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let the National Board know if you do not want your submission published, or want all or part of it treated as confidential.

³ You are welcome to supply a PDF file of your feedback in addition to the Word (or equivalent) file, however we request that you do supply a word file. As part of an effort to meet international website accessibility guidelines, AHPRA and National Boards are striving to publish documents in accessible formats (such as word), in addition to PDFs. More information about this is available at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx

Attachment 1



Draft Registration standard for endorsement of registered nurses and/or midwives to supply and administer scheduled medicines under protocol

2013

The Nursing and Midwifery Board of Australia (National Board or NMBA) has established the registration standard for endorsement of registered nurses and/or midwives to supply and administer scheduled medicines under protocol. This standard is in accordance with sections 38(2) and 94 of the Health Practitioner Regulation National Law, as in force in each state and territory ([the National Law](#)).

The standard sets out the qualifications and other requirements that must be met in order for a registered nurse and/or registered midwife to be granted an endorsement as qualified to obtain, possess, supply, and administer scheduled medicines under protocol, under section 94 of the National Law.

Once qualified and endorsed in accordance with this standard, the registered nurse and/or registered midwife may be authorised to supply and administer schedule 2, 3, 4 & 8 medicines in a particular health service, in accordance with any of the following that have been approved or issued under the relevant state or territory legislation:

- drug therapy protocol, or
- Chief Health Officer standing order, or
- Health Services Permit.

Wording that will appear on the register upon endorsement

Endorsed as qualified to supply and administer schedule 2, 3, 4 & 8 medicines in accordance with drug therapy protocols approved under the relevant state or territory legislation.

Scope of endorsement

This standard applies to registered nurses and/or midwives who have met National Board requirements for endorsement under section 94 of the National Law, and are qualified to supply and administer scheduled 2, 3, 4 & 8 medicines in accordance with drug therapy protocols that have been approved under the relevant state or territory legislation.

An endorsement under section 94 indicates that the registered nurse and/or registered midwife is qualified to obtain, possess, supply and administer limited schedule 2, 3, 4 & 8 medicines appropriate to their scope of practice in their employment within the meaning of the current poisons standard under the [Therapeutic Goods Act 1989](#) (Cwlth), s. 52D.

A registered nurse and/or registered midwife who is endorsed under section 94 of the National Law in accordance with this standard cannot lawfully supply and administer scheduled medicines in a particular health setting, unless the arrangements are approved under that relevant state or territory legislation.

This standard does not apply to:

- a registered nurse who holds an endorsement as a nurse practitioner under section 95 of the National Law, or

- an eligible midwife whose registration has been endorsed under section 94 of the National Law as qualified to prescribe medicines in accordance with the National Board [Registration standard for endorsement for scheduled medicines for midwives](#).

Eligibility requirements for endorsement

To be eligible for endorsement to supply and administer scheduled 2, 3, 4 & 8 medicines under protocol, a registered nurse and/or registered midwife must:

- a. hold current general registration as a registered nurse and/or registered midwife in Australia with no conditions related to conduct or practice, and
- b. have successfully completed a:
 - i. Board-approved program of study in medicines management, clinical assessment and differential diagnosis (a list of approved programs of study is published on the website), or
 - ii. program that the National Board determines to be substantially equivalent to an approved program of study.

Other requirements

Endorsed registered nurses and/or registered midwives are expected to:

- comply with any guidelines on the use of scheduled medicines issued from time to time by the National Board and published in accordance with section 39 of the National Law on the National Board website
- comply with relevant state or territory drugs and poisons legislation and regulations, and
- in addition to the requirements of the [Nursing and midwifery continuing professional development registration standard](#), undertake a minimum of 10 hours of continuing professional development annually that relates to the specific context of practice in which they are employed, and for which they require endorsement to obtain, possess, supply and administer limited schedule 2, 3, 4 & 8 medicines.

Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on <<date>>.

Registration standards are developed under section 38 of the National Law and are subject to wide ranging consultation.

Review

This registration standard will be reviewed from time to time as required. This will generally be at least every three years.

Last reviewed: XXXX

This standard replaces the previously published registration standard from 1 July 2010.

Attachment 2

National Board's Statement of assessment against the AHPRA Procedures for development of registration standards and COAG principles for best practice regulation

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the development of registration standards* which are available at: www.ahpra.gov.au

These procedures have been developed by AHPRA in accordance with section 25 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law) which requires AHPRA to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (National Scheme) operates in accordance with good regulatory practice.

Below is the Nursing and Midwifery Board of Australia's assessment of its proposed *Registration standard for endorsement of registered nurses and/or registered midwives to supply and administer scheduled medicines under protocol* (the consultation draft registration standard) against the three elements outlined in the AHPRA procedures.

1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law

Board assessment

The National Board considers this draft registration standard meets the objectives and guiding principles of the National Law and will help the board to regulate to protect the public while supporting workforce flexibility.

In reviewing the registration standard the National Board considered the objectives and guiding principles of the National Scheme specifically the protection of the public.

In addition, the following were considered in determining the need for the endorsement:

- circumstances in which a registered nurse and/or midwife would supply medicines
- the drugs and poisons legislative requirements in the states and territories
- risks associated with the supply of medicines where there is a low level of medical and nursing supervision, the clinical risk is relatively high and there is requirement for a high level of complexity in both the assessment and diagnostic processes, and
- the education required to supply medicines.

The draft registration standard will also:

- facilitate the provision of high quality education and training of registered nurses and midwives, and
- provide clarity for the profession to undertake further training by articulating the training requirements for registered nurses and/or midwives, hence
- support the development of the appropriate skills and experience required to provide services that are safe and of an appropriate quality.

The draft registration standard also supports the National Scheme to operate in a transparent, accountable, efficient, effective and fair way.

2. The consultation requirements of the National Law are met

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards. The National Law also requires the National Board to consult other National Boards on matters of shared interest.

The National Board is ensuring that there is public exposure of its proposal and there is the opportunity for public comment by undertaking an eight week public consultation process. This process includes the publication of the consultation paper (and attachments) on its website.

The National Board has drawn this paper to the attention of the 13 other National Boards, and key stakeholders. The National Board will take into account the feedback it receives when finalising its proposal for submission to the Ministerial Council for approval.

3. The proposal takes into account the COAG Principles for Best Practice Regulation

Board assessment

In developing the draft *Registration standard for endorsement of registered nurses and/or registered midwives to supply and administer scheduled medicines under protocol* for consultation, the National Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

As an overall statement, the National Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The National Board makes the following assessment specific to each of the COAG Principles expressed in the AHPRA procedures.

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

Board assessment

It is the National Board's view that the draft registration standard clarifies the requirements for registered nurses and registered midwives to be eligible to apply for an endorsement that enables them to administer and supply schedule 2, 3, 4 & 8 medicines under protocol.

The draft registration standard makes clear the educational requirements for registered nurses and registered midwives to achieve clinical competence consistent with the expectations of employers, the public and education providers.

The National Board considers the draft registration standard, if approved, would have a minor impact on the profession, which is commensurate with the risks associated with nursing and midwifery practice and that its approach is in the public interest.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

Board assessment

The National Board considered whether the draft *Registration standard for endorsement of registered nurses and/or registered midwives to supply and administer scheduled medicines under protocol* could result in an unnecessary restriction of competition among health practitioners. The National Board considers the draft standard will not result in a restriction of competition.

The National Board is of the view that it will ensure that registered nurses and registered midwives with a scheduled medicines endorsement will be able provide health services within a safe arrangements. It is expanding the options for registered nurses, registered midwives and employers to provide timely health care to the public.

The supply of medicines under protocol by registered nurses and registered midwives is intended to provide safe and timely health care when a medical practitioner or nurse practitioner is not immediately available. For this reason, the National Board considers that the draft registration standard does not restrict competition.

C. Whether the proposal results in an unnecessary restriction of consumer choice

Board assessment

The National Board considers consumer choice will be enhanced by the draft registration standard as there is an expansion of consumer choice in situations where there is no ready access to a medical practitioner or nurse practitioner. Consumers will have the opportunity to have medicines safely and appropriately supplied under protocol, by a registered nurse and/or midwife who is qualified to supply medicines, when they require them without waiting for when the medical practitioner or nurse practitioner is next available.

D. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

Board assessment

There will be an application fee for the endorsement which is expected to be \$125; this fee is equivalent to the fee charged by AHPRA for other applications for endorsement. To be eligible to apply to AHPRA for the endorsement a registered nurse or midwife is required to complete a National Board approved program of study medicines management, clinical assessment and differential diagnosis. There are currently two National Board approved courses. One is a non-award course which costs \$400 and the other is a post graduate certificate which costs \$7800. The National Board considered the overall costs of the draft registration standard to members of the public, registrants and governments and concluded that the expected minor costs are appropriate when offset against the benefits that this standard contributes to delivering health services in a safe, competent and ethical manner.

E. Whether the requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

Board assessment

The National Board considers that the draft registration standard has been written in plain English that will enable health practitioners to understand the requirements of the standard. However, the National Board is open to hearing from stakeholders about whether the clarity can be improved.

F. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

Board assessment

If approved, the National Board will review the *Registration standard for endorsement of registered nurses and/or registered midwives to supply and administer scheduled medicines under protocol* within three years of its commencement, including assessment against the objectives and guiding principles in the proposed National Law and the COAG principles for best practice regulation.

However, the National Board may choose to review an approved registration standard at an earlier point in time, if it is necessary to ensure the standard's continued relevance and workability.