

9 December 2019

Nurse Practitioner Prescribing Arrangements

About the VHA

The Victorian Healthcare Association (VHA) is the peak body supporting Victoria's public health services to deliver high-quality care. Established in 1938, the VHA represents the Victorian public healthcare sector including public hospitals and community health services.

On behalf of its members the VHA responds to system reform, helps shape policy and advocates on key issues. The VHA also supports the Victorian healthcare sector by providing sector development that builds capacity, governance and executive support as well as supporting innovation and collaborations that act as a catalyst for strengthening the Victorian health system.

This submission

The VHA is pleased to contribute to the Department of Health and Human Services' (the department) consultation on the draft ministerial approval authorising Victorian nurse practitioners (NP) to obtain, hold, and to use, sell or supply any Schedule 2, 3, 4 or 8 poison (medication) in the lawful practice of their profession.

This response has been informed by consultation with the VHA's members, including chief executive officers, directors of nursing, senior hospital administrators and endorsed nurse practitioners.

Nurse practitioners in Victoria

In Victoria, the majority of NPs are employed in the public sector, typically in acute care settings where they provide advanced nursing care across the continuum of services for patients who are acutely, critically, or chronically ill with complex conditions. In addition to roles in the acute care environment, there are NPs providing a range of effective primary health care services either as a generalist, or by providing a specialist nursing service across a broad spectrum of specialisation in mental health, emergency, community health, palliative care, rural and remote nursing, drug and alcohol services, women's health or aged care.

Irrespective of the setting, NPs improve people's access to treatment, provide cost-effective care, target at-risk populations, provide outreach services in all settings and provide mentorship and clinical expertise to other health professionals in the absence of other clinical specialists and where clinical workforce shortages are experienced.

The NP role has the ability to transform how care is delivered and to support consumer choice, however, in Victoria NPs are underutilised and are not able to work to their full potential. There are a range of reasons and barriers that contribute to this, including the existing approach to authorising NPs to obtain and to use, sell or supply schedule 2, 3, 4, or 8 medications.

The VHA believes that NPs play a key role in the Victorian health system, and supports efforts to maximise their contribution to health services and patients through enhancing the career pathways available to candidate NPs, and by removing historic barriers to endorsed NPs' clinical practice.

Response to consultation questions

- 1. Do you support the proposed approach to authorise Victorian nurse practitioners to obtain and to use, sell or supply any Schedule 2, 3, 4 or 8 medications in the lawful practice of their profession?**

The VHA supports the proposed amendments to the endorsement process for NPs to obtain, and to use, sell or supply any schedule 2, 3, 4 or 8 medications within their scope of practice.

The VHA notes that the proposed change is not intended to materially alter a NP's scope of practice within their clinical area, nor will it remove the collaborative arrangement with a named medical practitioner.

The existing approach to authorising NPs to prescribe and supply scheduled medications is outdated and places Victorian NPs out of step with their contemporaries in other major Australian and international jurisdictions. The requirement to obtain separate notations on the registrations aligned to each separate category of a NP's practice is an administrative burden and potentially dissuades NPs from pursuing a broader scope of practice into other areas of clinical focus, to the detriment of patients.

The VHA submits that the current approach to managing separate formularies and authorisation processes for each is unwieldy and does not allow the Minister for Health the flexibility to rapidly add to or alter up to eight formularies in response to new therapies or emerging medications. This in itself poses a potential risk to the quality and safety of care.

As highlighted in the discussion paper, Victorian NPs have been prescribing safely and appropriately and within their clinical scope of practice, albeit according to the limits of the formulary, since prescriptive authority was granted in 2010.

Given the proposed amendment will not directly affect the breadth of NPs' clinical scope of practice nor the casemix of patients they would see in their daily practice, the VHA does not believe that a change to the authorising approach will have a fundamental impact on the prescribing behaviour of NPs.

2. Do you believe there are any unintended consequences that would result from the proposed approach?

The VHA does not expect that there will be unintended or unforeseen consequences that would result from the proposed approach.

3. Would any Victorian be disadvantaged by the proposed approach?

The VHA submits that the proposed change will be beneficial and will not disadvantage any Victorian.

4. Additional comments

The role of NPs prescribing higher risk medications

Potential challenges to the proposed approach have been raised by parts of the medical community, particularly regarding the perceived risk of an increase in medication misuse as a result of NPs prescribing controlled substances with a risk of addiction or overdose, such as opiate medications listed under Schedule 8. The VHA notes that currently all formularies allow NPs to prescribe Schedule 8 medications with the exception of those NPs working in mental health settings.

The VHA notes that SafeScript will become mandatory for prescribers of high risk medications from April 2020. While SafeScript does not provide an additional authorisation step for prescribers, it does allow NPs the same read and review rights as medical practitioners and pharmacists when making a clinical decision regarding potential risks to patients when prescribing a controlled medication.

As such, given the existing experience of NPs prescribing Schedule 8 medications, the use of SafeScript and a generally cautious approach to prescribing practices, the VHA submits that the proposed change will not affect either the prescribing practices of NPs, nor the quality and safety of this practice.

Continuing professional development and training for candidate and practicing NPs

The VHA emphasises the importance of maintaining a focus on continually improving the quality and safety of the Victorian health system, including ensuring its staff have access to professional development and training. If the

proposed changes are adopted, the department should ensure NPs and nurses in their candidacy are supported to deepen their knowledge and familiarity of the new environment through a focused continuing professional development and post-graduate education programme. This must be specific to both the authorisation requirements, and any key medication inclusions to each category of NP clinical practice.

While the VHA accepts that the proposed change will not materially alter NPs' clinical scope of practice, and therefore is not likely to result in individual NPs prescribing a significantly different or broader suite of medications, it is essential that relevant training for candidate NPs reflects the changed environment and ensures candidate NPs are prepared for their future roles in public hospitals.

General commentary on the VHA's consultation with members

Throughout the VHA's consultation with its members, a consistent theme arose regarding the diligence and caution of NPs' clinical practice in public hospitals. In all cases, those who participated in the consultation proactively highlighted the effectiveness and safety of NP models of care, and strongly supported the proposed change and future efforts to improve the depth and breadth of the NP workforce. Many noted the potential for NP models of care to become a cornerstone of rural health care, particularly in urgent care centre settings, and voiced clear support for removing regulatory mechanisms that are out-of-step with contemporary practice, which were seen as a barrier to a broader implementation of NP-led care.



For further information contact

Emma Liepa

Director of Policy and Strategy

emma.liepa@vha.org.au

03 9094 7777

Chris Templin

Senior Policy Advisor

chris.templin@vha.org.au

03 9094 7777