

3 August 2020

## Consultation response: Rural and Isolated Practice Registered Nurse

### About the Victorian Healthcare Association

The Victorian Healthcare Association (VHA) is the not-for-profit peak body supporting public and community health services to deliver high quality care in Victoria. The VHA represents Victorian public hospitals, registered community health services, Multi-Purpose Services (MPS) and bush nursing services. This includes members in rural areas that utilise Rural and Isolated Practice Registered Nurses (RIPRNs) to support care delivery, particularly in Urgent Care Centres.

### Introduction

The VHA welcomes the proposed regulatory amendments and supports the aim of this consultation to continue the role of RIPRNs by creating a new category of registered nurse: an approved registered nurse. The VHA also supports the focus of the consultation on increasing the scope of nurses to meet rural health needs and mitigate current rural clinical workforce shortages. For the purposes of the submission, current and future RIPRNs will be referred to as approved registered nurses.

This submission is based on consultation with VHA members that currently utilise or are preparing to utilise approved registered nurses for delivery of care in their facilities. The submission is presented across five sections:

- education and training
- length of experience
- clinical setting
- future focused models of practice
- other considerations to strengthen the model

### Consultation response

#### Section 1: Training and education

**Recommendation 1: The current training arrangements for the approved registered nurse criteria (Option 2) should be retained until a suitable state-based program of study is developed**

The current training requirements are appropriate and effective to ensure an 'approved registered nurse' in the RIPRN role has the appropriate knowledge, skills and attributes for safe and appropriate practice. The current courses equip approved registered nurses to think differently and shift their mindset about diagnosis and prescribing and practice at an advanced level, which rural and regional services rely on to meet local care needs; especially when facing clinical workforce shortages. The rigorous nature of the training should be maintained to ensure that approved registered nurses are capable and competent to deliver the care that services require them to; any changes to this approach risks undermining the value of the role.

**Recommendation 2: The Victorian Government should explore the potential to establish an appropriate state-based program of study in Victoria to support the development of approved registered nurses.**

**Recommendation 3: The establishment of a Victorian-based state-wide qualification should be supported by a broader workforce framework for approved registered nurses including the establishment of a rural nursing pathway to help attract, retain and advance nurses in rural areas.**

**Recommendation 4: The Victorian Government should fund an approved registered nurse scholarship program to increase uptake of training and education.**

**Recommendation 5: Existing CPD resources and programs should be expanded to help maintain the competency of approved registered nurses.**

The VHA supports the retention of the current training arrangements for the approved registered nurse criteria but considers there is an opportunity to explore establishing a state-based program of study to assure professional competence of the approved registered nurse role.

While supportive of the requirement for registered nurses to complete standardised additional training to be categorised as an approved registered nurse, the cost of the current courses, the duration of the courses, and the remote location of participants can act as a deterrent for registered nurses to acquire the current qualification. Given this, there is an opportunity to support the uptake of the qualification through a Victorian-based scholarship program and by looking at options to condense the existing course, aligned to Victorian specific requirements.

The Queensland courses are intended to support extremely remote communities with limited access to services. This differs from the Victorian context and there is a risk, as identified in the discussion paper, that future changes to the curriculum could further reduce its effectiveness for Victorian services. Establishing a Victorian-based program of study and qualification would enable the curriculum to be tailored to the context of rural care delivery in Victoria and provide a mechanism to condense the course duration. A Victorian-based state-wide qualification would still need to be at a post-graduate level, and recognised as such, to ensure that it continues to deliver the same levels of skill or competency as the current courses and that it supports the career development of participants.

The establishment of a Victorian-based state-wide qualification should be supported by a broader workforce framework for approved registered nurses. Due to rural and regional workforce challenges, there is a need for a more cohesive approach to ensuring that staff are incentivised to boost their scope of practices and increase their capabilities. There should be a career and training pathway to help support the development of the approved registered nurse role, which would be a component of this framework. Providing clear career pathways for existing and emerging nurses to become approved registered nurses is important to the viability of some rural services and to ensuring access to healthcare and medicines for rural Victorians. The pathway should cover the development from registered nurse, to approved registered nurse, to nurse practitioner.

The framework needs to support approved registered nurses to maintain their competency and learning. The VHA welcomes the acknowledgment in the consultation document that the current CPD requirements will be maintained for approved registered nurses. There are already existing training and development programs, notably Alfred Health's Rural Urgent Care Nursing – Capability Development Program (RUCN-CDP), which could provide resources to assist health services and staff to develop or enhance the skills and confidence required to work in Urgent Care Centres. There is an opportunity to consider ways in which to expand existing resources and programs, such as this, to help maintain competency for approved registered nurses. Having CPD training aligned to the rural nurse pathway and as part of a wider framework would also enable local needs to be addressed.

## Section 2: Length of experience

**Recommendation 6: A state-wide standard for credentialing and defining the scope of clinical practice of approved registered nurses should be developed instead of having a criterion based on duration of service**

The VHA acknowledges that the current requirements, as they relate to length and type of experience, are in place to ensure safe and appropriate practice to obtain and possess specified scheduled medicines for administration, sale or supply according to protocol.

However, sector feedback highlights that the length and type of experience alone does not determine capability and skills and can act as an arbitrary restriction to growing the approved registered nurse workforce. Feedback indicates that practical clinical exposure aligned to a demonstration of a minimum level of competency is also an appropriate measure to ensure safe and appropriate practice. The VHA recommends that a state-wide standard for credentialing and defining the scope of clinical practice of approved registered nurses is developed. This would codify current practice, should improve consistency and effectiveness of approved registered nurses across the state, and be aligned with existing clinical governance frameworks to assist health services ensure that care is provided only by qualified professionals whose performance is maintained at an acceptable level.

### Section 3: Clinical setting

#### **Recommendation 7: The clinical setting within which approved registered nurses can apply their expanded scope of practice should include Public Sector Residential Aged Care**

The VHA is not aware of any unintended consequences of the proposed clinical settings that would disadvantage Victorians' access to timely healthcare through the approved registered nurse role.

However, it is recommended that clinical setting criteria be expanded to include accredited health services delivering Public Sector Residential Aged Care Services. Current restrictions on clinical settings are considered counterproductive resulting in unnecessary transfers to urgent care centres for clinical review and the administration and/or prescription of appropriate medicines for aged care residents by an approved registered nurse, which should take place within the aged care facility or via telehealth.

The VHA considers that by expanding the criteria, the Secretary would be: enabling approved registered nurses to work to their full scope of practice through a more contemporary model of care; improving equity of healthcare access to older Victorians in rural areas; and promoting the safe and appropriate access to medicines in public sector aged care settings.

### Section 4: Future focused models of practice

#### **Recommendation 8: The VHA supports the proposal to explore increasing the scope of approved register nurses and midwives in the future, but recommends that the Department of Health and Human Services, in any future consultation, consider:**

- **the need for a cohesive, state-wide approach to appropriately qualify, train and educate future approved registered nurses and midwives**
- **consumer expectations of approved registered nurses and the complexities associated with advanced scope of practice roles**
- **the financial implications including changes required to the EBA and future funding agreements and provide funding for services to meet these additional costs**
- **any potential impact on professional indemnity insurance for nurses.**

The VHA is not aware of any potential unintended consequences to amending the DPCS Regulations to enable future opportunities for approved registered nurses and approved registered midwives to obtain and possess specified scheduled medicines for administration, sale or supply to protocol in the lawful practice of their profession.

The VHA acknowledges that there is no intent to immediately action the proposed amendment and expand the scope of registered nurses and midwives without further consultation with the sector to identify appropriate qualifications, experience and clinical settings in which this may occur. In anticipation of this consultation process and future amendments, outlined above are several areas requiring further consideration to support registered nurses and midwives to practise to their full potential and expand their valued contribution to the Victorian healthcare sector.

## Section 5: Other considerations to strengthen the model

The establishment of this regulatory amendment offers an opportunity to consider broader changes to support for current approved registered nurses and in the future other categories of approved registered nurses and midwives to deliver inclusive and responsive, efficient and sustainable, and safe, high-quality care in rural settings.

**Recommendation 9: Standing orders should be expanded so approved registered nurses are empowered to deliver care to their full capacity.**

The impact of the scope and breadth of standing orders need to be considered to enhance the capacity of the approved register nurse role. Standing orders provide the authority for medicine administration by RIPRNs when a medical practitioner is not contactable. This distinction is unnecessary, as the Primary Clinical Care Manual guidelines already state the limits of the approved registered nurse role, enabling the delivery of Schedule 2, 3, 4 and 8 medicines. Approved registered nurses should be authorised to deliver care, even when a medical practitioner is contactable. The VHA recommends, in line with the recommendations outlined throughout this submission, that standing orders be expanded so that approved registered nurses are empowered to deliver care to their full capacity without an arbitrary restriction.

**Recommendation 10: The Victorian Government should expand existing state-based telehealth funding mechanisms to support remote care delivered by approved registered nurses in urgent care centres, emergency departments or Victorian government or non-government sub-regional residential aged care service.**

Further, currently approved registered nurses are not funded to deliver care through telehealth. Services in rural areas are already using telehealth as a component of their care, particularly urgent care centres for after-hours care, but approved registered nurses are not able to dispense care remotely. Especially with the current COVID-19 circumstances, ensuring that approved registered nurses can deliver care remotely is important to ensuring a viable workforce resource for supporting care delivery. To encourage and facilitate the use of telehealth in emergency settings, the Victorian Government currently funds telehealth video consultations provided to patients in an urgent care centre, an emergency department or in a Victorian government or non-government sub-regional residential aged care service. While an MBS item would be preferable for sustainability, recognising this is a Commonwealth issue, the state should support approved registered nurse telehealth delivery and encourage the use of this role in the Victorian health system by expanding current arrangements to approved registered nurses.



### For further information contact

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