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| Policy and guidance for the rural and isolated practice registered nurse (RIPRN) function |
| Updated December 2021 |
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| Policy and guidance for the rural and isolated practice registered nurse (RIPRN) function  Updated December 2021 |
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| To receive this document in another format, phone (03) 9500 4856, using the National Relay Service 13 36 77 if required, or [email](mailto:nmw@dhhs.vic.gov.au) <nmw@dhhs.vic.gov.au>.  Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.  © State of Victoria, Australia, Department of Health, Updated December, 2021.  Except where otherwise indicated, the images in this document show models and illustrative settings only, and do not necessarily depict actual services, facilities or recipients of services. This document may contain images of deceased Aboriginal and Torres Strait Islander peoples.  In this document, ‘Aboriginal’ refers to both Aboriginal and Torres Strait Islander people. ‘Indigenous’ or ‘Koori/Koorie’ is retained when part of the title of a report, program or quotation.  **ISBN** 978-1-76096-649-2 **(pdf/online/MS word)**  Available at *Rural and Isolated Practice Registered Nurses* <<https://www.health.vic.gov.au/rural-health/rural-and-isolated-practice-registered-nurse>>. |
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# Introduction

## Purpose of this document

This document describes the new approach to supporting approved health services and clinicians to adopt the Rural and Isolated Practice Registered Nurse (RIPRN) function.

This document replaces the *Nurse endorsement Policy Framework* and *Nurse Endorsed Toolkit 2012* documents and supports implementation that is collaborative, safe and compliant with the law.

## The RIPRN role

Rural and Isolated Practice Registered Nurses (RIPRNs) are a special type of registered nurse who work in approved rural health service urgent care centres, bush nursing hospitals and bush nursing centres.

Urgent care centres are a key entry point into the Victorian healthcare system for people living in small rural communities. Patients can receive immediate care at an urgent care centre, often in the absence of a general practitioner, that meets their clinical needs and is within the scope of the clinician and the capability of the health service. Registered nurse-led care is the base workforce model operating within all urgent care centres.

Bush Nursing Hospitals are private facilities across rural and regional Victoria that offer a limited emergency stabilisation service as well as overnight care for surgical and medical admissions. These facilities also may offer intensive care, emergency department and aged care services.

Victoria’s 15 Bush Nursing Centres are in small, often geographically isolated, rural communities and mainly provide primary health care. The centre nurses may also provide remote area nursing services, first responder services, under the direction of Ambulance Victoria through its emergency call out system.

RIPRNs play an important role as part of a collaborative clinical team to improve access to urgent and primary care for Victorian small rural and isolated communities in these approved locations.

One aspect of the RIPRN role, if required, is to facilitate timely access to certain approved medicines when there is no on-site access to a general practitioner, nurse practitioner or pharmacist.

Not only does this role improve healthcare access in rural settings but it also aligns with the National Registration and Accreditation Scheme’s (NRAS) objective ‘to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and enable innovation in education and service delivery’[[1]](#footnote-2).

## History of the RIPRN model in Victoria

The Rural Collaborative Practice Model Pilot was funded by the Department of Health (formerly the Department of Human Services) between 2006 and 2008 to develop and test strategies to improve the resilience of rural urgent care centres.

The results of the pilot indicated that the Rural Collaborative Practice Model improves the capacity of rural health services to deliver a consistently high standard of care to people who present to their urgent care centres (primary to emergency type patients).

With training and organisational support, the nurses in this pilot were able to operate at a more advanced clinical level and manage more of the patients who presented to their urgent care centres without having to call the doctor unnecessarily. This resulted in improved satisfaction for the nurses and doctors, as well as the patients who received the care they needed in a more timely manner.

The pilot was the foundation for the now widespread use of the previously titled Rural and Isolated Practice *Endorsed* Registered Nurse (RIPERN) role across Victoria. The RIPERN role, relying on a registration endorsement from the Nursing and Midwifery Board of Australia (NMBA) to obtain, supply and administer a range of approved scheduled medicines for nursing practice in a rural or otherwise isolated practice area, has been in effect in Victoria since 2012. This capability is currently specified in the *Registration standard: endorsement for scheduled medicines for registered nurses (rural and isolated practice)* (the endorsement)[[2]](#footnote-3).

In 2014–15, an independent evaluation identified the RIPERN function had positive impacts for the community and health service staff. This included:

* no negative outcomes reported or evidenced, and no increase in urgent care presentations, through using the RIPERN role in the absence of a doctor
* increased skill and confidence of the RIPERNs and other registered nurses
* better work/life balance opportunities for participating General Practitioners (GPs)
* improved collegial relationships between GPs and nurses working in urgent care centres
* acceptance of the model by the community[[3]](#footnote-4).

### Endorsement discontinuation

Following national consultation, the NMBA has indicated its intent to cease the endorsement of registered nurses who complete special courses of study in rural and isolated scheduled medicines practice in 2022, and the related additional 10 hours of continuing professional development in scheduled medicines practice.

Victorian legislation – specifically, the *Health Practitioner Regulation National Law (Victoria) Act 2009* and section 13(1)(bb) of the *Drugs, Poisons and Controlled Substances Act 1981* (DPCS Act) – has to date referred to the endorsement, authorising RIPERNs in accordance with a Ministerial Approval under Section 14A of the DPCS Act, to possess, use, or supply approved scheduled medicines to protocol.

The removal of the endorsement means that the authorisation of RIPERNs will no longer be effective under section 13(1)(bb) of the DPCS Act and the Ministerial Approval under Section 14A.

As such, a new legal option was needed in Victoria to enable current RIPERNs and future RIPRNs to continue their scheduled medicines practice and enable the RIPRN function to continue in Victoria with minimal disruption.

This new legal option is in the form of a 2021 amendment to the Drugs Poisons and Controlled Substances (DPCS) Regulations and a Secretary Approval, specifying conditions which rural and isolated practice registered nurses, now referred to as RIPRNs, will need to meet to be able to undertake their scheduled medicines practice.

On the recommendation of the Department of Health, in 2021, the Governor in Council amended the DPCS Regulations under the regulation making powers of the DPCS Act to create a mechanism for the authorisation of the scheduled medicines practice of RIPRNs.

The amended DPCS Regulations enable the Secretary to the Department of Health to approve the scheduled medicines practice of current RIPERNs and future RIPRNs to ensure the continuation of scheduled medicines practice in Victoria.

# The new regulatory framework

The 2021 amendment to the DPCS Regulations includes a new category called ‘approved registered nurse’. It introduces regulatory controls and the capacity for the Secretary to issue an approval for approved registered nurses to obtain, possess, sell, supply and administer Schedule 2, 3, 4 and 8 medicines.

The new Secretary Approval, dated 1 February 2022, is issued under regulations 159C, 161A, 161B and 161C within the DPCS Regulations. It approves RIPRNs as a class of approved registered nurse and specifies conditions which RNs need to meet to be approved as a RIPRN (‘approved registered nurse’) to undertake their scheduled medicines practice. The RIPRN function is designed to replicate the existing RIPERN function. Maintaining the function allows health services to continue to manage people who arrive for unscheduled treatment (unplanned patients).

To reduce duplication of effort and variation in practice and to promote evidence-based practice, Victoria has determined that the Health Management Protocols (HMP) in Queensland Health’s Primary Clinical Care Manual (PCCM) (https://www.health.qld.gov.au/rrcsu/html/PCCM) will continue to be the clinical standard for the administration and supply of scheduled medicines by RIPRNs.

Existing Victorian RIPERNs will be classified as approved registered nurses and known as RIPRNs. Once the endorsement is removed, they will no longer be expected to undertake additional NMBA continuing professional development hours, beyond the standard 20 hours of continuing professional development for all registered nurses, education, training or experience to meet this classification.

For new RIPRNs, following discontinuation of the endorsement at some time in 2022, the NMBA will no longer specify or monitor approved programs of study for the endorsement (these being the *Rural and Isolated Practice (Scheduled Medicines) Registered Nurse Course*, Queensland Health’s the Cunningham Centre; and the *Graduate Certificate in Health (Scheduled Medicines)*, University of Southern Queensland) nor stipulate additional continuing professional development related to schedules medicines practice.

Victorian law therefore now specifies, within the Secretary Approval made under the DPCS Regulations, criteria regarding the education, training, experience and other requirements that assure professional competence for the RIPRN role.

Health services who employ or contract RIPRNs will be responsible for checking their credentials and ensuring that they meet the conditions within the Secretary Approval.

## The Secretary Approval in summary

A Secretary Approval issued under the DPCS Regulations is a legal mechanism whereby the Secretary to the Department of Health, or their delegate, can approve through a power contained in legislation or regulations, conditions of practice for defined classes of specified health professionals regarding administration and/or supply of scheduled medicines (a medicine included as a Schedule 2, 3, 4 or 8 poison in the Poisons Standard).

In the case of RIPRNs, the Secretary Approval includes conditions related to years and type of experience, type of qualification, the location of practice, the type of scheduled medicines able to be accessed and in what circumstances.

There are also additional conditions related to record keeping and clinical governance for the RIPRN and the health service at which they are located. These conditions assure the Department of Health and the public about the competency of RIPRNs.

### Competence, education and experience

To be a RIPRN, a nurse must:

* be registered by the Nursing and Midwifery Board of Australia as a registered nurse; and
* be assessed by their employer as being competent to obtain, possess, sell, supply and administer Schedule 2, 3, 4 and 8 poisons in accordance with the Health Management Protocols within the Primary Clinical Care Manual that is current at the time; and
* since 1 July 2010, have successfully completed one of the following two courses:
  + - the Rural and Isolated Practice (Scheduled Medicines) Registered Nurse Course at Queensland Health’s the Cunningham Centre, or
    - the Graduate Certificate of Health (Scheduled Medicines) at the University of Southern Queensland; and
* have spent a minimum of one year at an average of two shifts per week working as a registered nurse, in one of the following settings:
* urgent, emergency or critical care setting, or
* rural or rural isolated practice setting[[4]](#footnote-5); and
* maintain appropriate records as evidence of these competence, education and experience requirements.

For nurses who held the rural and isolated practice scheduled medicines endorsement by the Nursing and Midwifery Board of Australia as at 1 February 2022, the nurse is considered a rural and isolated practice registered nurse, without having to have meet the experience conditions (i.e. minimum of one year at an average of two shifts per week) and education requirements listed above.

### Practice locations

In addition to meeting the competence, education and experience requirements listed above, the nurse must be employed or engaged at:

* an urgent care setting at a rural health service that is listed in Schedule 1 (see Appendix 1);
* a non-government organisation that is listed in Schedule 1; or
* the onsite urgent care and emergency stabilisation areas of a bush nursing centre or a bush nursing hospital that is listed in Schedule 1.

Poisons or class of poisons

In addition to meeting the competence, education, experience and location conditions above, rural and isolated practice registered nurses are only authorised to obtain, possess, sell, supply and administer Schedule 2, 3, 4 or 8 poisons listed in the Health Management Protocols in the Primary Clinical Care Manual that is current at the time, as stated as able to be administered or supplied by a RIPRN.

Additional conditions

The following additional conditions also apply:

* The employing or contracting health service must maintain a list of RIPRNs, who are competent and qualified to obtain, possess, sell, supply or administer Schedule 2, 3, 4 or 8 poisons.
* The RIPRN must only obtain, possess, sell, supply and administer the Schedule 2, 3, 4 and 8 poisons in the performance of their duties as a rural and isolated practice registered nurse.
* The RIPRN must be able to obtain clinical assistance from a registered medical practitioner or nurse practitioner if it is necessary.
* The RIPRN nurse obtains, possesses, sells, supplies and administers only the Schedule 2, 3, 4 or 8 poisons obtained under the health services permit held by the health service at which they are located.

## Overview of roles and responsibilities under the Secretary Approval

In summary, the following responsibilities apply to health services and RIPRNs:

### Health service responsibilities

* Assess RIPRNs as being competent to obtain, possess, sell, supply and administer Schedule 2, 3, 4, and 8 medicines in accordance with the Health Management Protocols of the current PCCM.
* Ensure RIPRNs meet the educational and experience requirements outlined in the Secretary Approval.
* Maintain a list of employed or contracted RIPRNs, including existing RIPERNs who have transitioned to RIPRNs.
* Ensure RIPRNs practice according to the Secretary Approval and local policies including when the RIPRN must contact a doctor or nurse practitioner to obtain clinical assistance; this may be from local sources or from other services such as regional hospital, tertiary hospital or specialist service (for example, Ambulance Victoria. Cardiac Hotline, etc).
* Provide data on the RIPRN model (including information related to the employment and performance of RIPRNs) to the Department of Health on request.
* Ensure all existing regulatory and reporting obligations around RIPRN practice remain.
* Provide appropriate clinical governance and oversight to ensure the function supports high quality, safe and effective care delivery

### Rural and Isolated Practice Registered Nurse responsibilities

* Provide records of qualifications (certified certificate of completion from education provider) and employment (certificate of service or written/verbal reference) to employer.
* Maintain records of qualifications and employment.
* Ensure practice is in accordance with the conditions of DPCS Regulations including the Secretary Approval and local policies.
* All existing regulatory and reporting obligations around practice remain.

## Assessing RIPRN competency

The new Secretary Approval requires health services to assess the competency of RIPRNs to obtain, possess, sell, supply and administer Schedule 2, 3, 4 and 8 poisons in accordance with the Health Management Protocols within the PCCM that is current at the time.

This requirement for health services continues the status quo whereby RIPRNs, like other service clinicians, need to be continually assessed and monitored as being competent to practice.

Assessment against the National Safety and Quality Health Service (NSQHS) Standards, including the *Clinical Governance Standard* *– Credentialing and scope of clinical practice,* and the NMBA Registered nurse standards for practice is an important measure to ensure initial and continuing competence of RNs, including RIPRNs.

The following resources may be of assistance in assessing competency:

* <https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/frameworks/framework-for-assessing-national-competency-standards.aspx>
* <https://www.safetyandquality.gov.au/standards/nsqhs-standards/clinical-governance-standard/clinical-performance-and-effectiveness>
* <https://www.safetyandquality.gov.au/standards/nsqhs-standards/clinical-governance-standard/clinical-performance-and-effectiveness/action-120>.

## Continuing professional development

Following removal of the NMBA endorsement, RIPRNs will no longer have to undertake the additional continuing professional development (CPD) requirements they did under the endorsement. However, the RIPRN must still undertake the NMBA required CPD for all nurses and midwives to maintain their registration in line with the Continuing Professional Development Registration Standard[[5]](#footnote-6). The NMBA audits a selection of nurses and midwives each year for evidence that they have undertaken the required CPD.

The NMBA advises: “*you should consciously reflect on your CPD as it relates to your practice. Research shows this will improve your learning. You can do this by writing a brief summary of your CPD activities, how these activities affected your practice and assess your progress against the goals you set for yourself*”[[6]](#footnote-7).

The nurse should keep up to date in the safe use of medicines and using the PCCM as part of their continuing professional development. CPD can take the form of action learning, formal training programs or self-directed learning, and should relate to RIPRN practice. Participation in peer review and chart audits of RIPRN practice would be considered action learning for the purpose of continuing professional development.

## Quality and safety

### Legal responsibility of RIPRNs

Understanding the medico-legal questions that arise in relation to the RIPRN function is important for RIPRNs and their employers to ensure that all parties’ rights and responsibilities are reflected in relevant practice, clinical oversight and organisational governance arrangements.

Registered nurses, including RIPRNs, are healthcare professionals in their own right and have always carried individual responsibility for the consequences of the care they provide.

It is part of the RIPRNs responsibility to recognise when a certain activity may be beyond their authorised practice or competency, and this constitutes a professional judgement for which they are accountable, as is the decision regarding who is the most appropriate person to contact for assistance.

RIPRNs must ensure their medicines practice is contained to Health Management Protocols within the latest edition of the PCCM and practice under any policies of their employing or contracting health service.

Public hospitals in Victoria are insured through the Victorian Managed Insurance Authority (VMIA). The VMIA’s insurance policy is comprehensive and covers most situations in which a claim may arise, particularly in circumstances where the registered health professional is acting in good faith in their capacity as an employee.

Registered nurses, including RIPRNs, employed by public hospitals and health services are indemnified by the VMIA with respect to any claims against them arising out of the care provided by them in good faith to a patient of the hospital or health service.

Healthcare professionals, including RIPRNs, should consider their insurance needs in respect to their own individual circumstances and make an informed decision about whether they wish to purchase additional insurance.

### Scope of medicine administer and supply function

In the absence of a doctor or nurse practitioner being able to provide a prescription or medication order, a RIPRN may obtain, possess, sell, supply or administer scheduled medicines approved by the Secretary of the Victorian Department of Health, according to the Health Management Protocols contained in the PCCM, in specified rural or isolated health services and when authorised by their employer – see the Secretary Approval issued 1 February 2022 (Appendix One).

The PCCM:

* interventions are based on the best available evidence and information on best practice from experienced health professionals
* is formally reviewed every two years by a multidisciplinary panel of experts, including a Victorian RIPRN who represents the state’s healthcare context
* review process is informed by feedback provided by the clinicians who use the PCCM
* is updated as new evidence emerges.

The most current version of the PCCM is always the online version accessible at <http://www.health.qld.gov.au/pccm>. Clinicians using the PCCM are advised to routinely check the online version to ensure their hard copies are current. Clinicians can provide feedback about the PCCM via the following email: PCCM@health.qld.vic.gov.au.

The RIPRN is only permitted to obtain, possess, sell, supply and administer scheduled medicines approved by the Secretary (without a doctor’s or nurse practitioner’s order) at health services approved by the Secretary. The current list of health services approved by the Secretary can be viewed at the following websites <https://www2.health.vic.gov.au/public-health/drugs-and-poisons/drugs-poisons-legislation/secretary-approvals> and <http://www.gazette.vic.gov.au/>.

### Quality use of medicines

The RIPRN function relates specifically to obtaining, possessing, selling, supplying and administering schedule 2, 3, 4 and 8 medicines approved by the Secretary of the Department of Health.

To ensure that medicines administered and supplied by RIPRNs promote continuity and patient safety, it is recommended that health services ensure that policies, procedures and nursing practice align with the National Safety and Quality Health Service Medication Safety Standard[[7]](#footnote-8).

Quality Use of Medicines (QUM) [[8]](#footnote-9) is a key objective of Australia’s National Medicines Policy. QUM is defined as:

* selecting medication management options wisely
* choosing suitable medicines if a medicine is considered necessary
* using medicines safely and effectively.

Further information about QUM is available on the [Australian Government Department of Health webpage](https://www1.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm).

### Clinical risk, incidents and oversight

Clinical governance is about being accountable for providing timely, appropriate and safe care to patients and is fundamental to continuous improvement in patient safety. Public health services and public hospitals must comply with the Victorian clinical governance framework[[9]](#footnote-10) and its five domains – Leadership and Culture, Person-centred care, Effective workforce, Risk management and Clinical practice.

The existing approach, systems and policies for monitoring and managing clinical risk apply equally to a nurse practising as a RIPRN as they apply to other health professionals. However, RIPRNs and health services will need to comply with the conditions of scheduled medicines practice as set out in the Secretary Approval and the DPCS Act and DPCS Regulations.

#### Prevention of avoidable harm

Health services should have a clinical governance structure and processes that enable it to monitor, manage and report on the clinical risks and incidents relating to the RIPRN function.

The health service must ensure that they have been approved by the Secretary of the Department of Health as one of the locations in which medicines can be administered and supplied by RIPRNs. The RIPRN must ensure they only work as a RIPRN in the locations listed in the Secretary Approval.

There should be a health service multidisciplinary drugs and therapy committee (however titled), equipped to advise on the scope of the RIPRNs’ medicines administration and supply function and ensure relevant policies and procedures support this.

Health service policies and procedures should include appropriate reference to the RIPRN function where relevant. Examples of policies and procedures that may need to be updated to include the RIPRN function include: nursing scope of practice, training and credentialling[[10]](#footnote-11), recruitment, advanced life support, triage, transfer and contacting the visiting medical officer (VMO), clinical guidelines use and review, pathology ordering and access to results and mandatory reporting requirements.

Health service policy and procedures, which the RIPRN must follow, should clearly articulate how the RIPRNs’ role operates in the health service including:

* which PCCM HMPs apply in the health service for the RIPRNs to administer or supply scheduled medicines
* when the RIPRN must contact a doctor or nurse practitioner to obtain clinical assistance; this may be from local sources or from other services such as regional hospital, tertiary hospital or specialist service (for example, Ambulance Victoria. Cardiac Hotline, etc)
* determining which of the medicines available through the Secretary Approval and the PCCM the health service is likely to purchase and have available for the RIPRNs to utilise
* ensuring the RIPRNs’ practice reflects the quality use of medicines and complies with any relevant guidelines by Safer Care Victoria and Department of Health.

A current version of the PCCM should be readily available at the health service to support clinicians and the RIPRNs’ practice (preferably the electronic version from Queensland Health - available at <https://www.health.qld.gov.au/rrcsu/html/PCCM>). There should also be a process in place to review existing clinical guidelines to ensure they are consistent with the PCCM.

The health service must have a means of monitoring the medicines administered and supplied under the RIPRN function, to ensure they are in accordance with the Secretary Approval and in accordance with the relevant PCCM health management protocols.

The health service must implement a way to check that the RIPRN is competent to obtain, possess, sell, administer and supply Schedule 2, 3, 4 and 8 medicines to protocol, and is undertaking continuing professional development that is relevant to their RIPRN role.

The health service must ensure their human resource management processes and policies support the RIPRNs’ function and maintenance of safe practice, such as: training and development; recruitment and selection; position descriptions that clearly articulate the expectations and standards of RIPRN performance; performance appraisal and credentialling; and maintenance of ongoing competence.

Health services and RIPRNs should continue to consider the contents of the PCCM to ensure Victorian practice and context is reflected in future editions. While Queensland Health leads this process there is a Victorian RIPRN who sits on the review committee.

#### Monitoring practice and identifying risks or issues

Clinical risk management policy and procedures should be reviewed by the health service and RIPRNs in terms of the potential risks associated with the RIPRNs’ function.

There should be capacity to identify patients managed by RIPRNs, and incidents involving RIPRNs in the patient record. There should be a process for reviewing practice that varies from the HMPs adopted by health services for the administration and supply of medicines. An interdisciplinary improvement approach, which includes RIPRNs, should be used for routine clinical audit/review of patient records when a RIPRN has administered and/or supplied medicines. The name of the RIPRN and HMP should be clearly recorded in the patient record, on the emergency register and on the central medication register.

Clinical incidents relating to the RIPRNs’ function must be clearly identified as such and reported in accordance with the requirements of the health service incident management system.

The health service and RIPRNs should retain current evidence of the RIPRNs’ experience, education and continued competency to practise within this function.

The health service should ensure that complaints and compliments relating to the RIPRN function are recorded and establish a system for managing any complaints or concerns about the function.

The health service should collect data to monitor the outcomes of the RIPRN function in terms of: patient satisfaction and clinical outcomes; its impact on other clinicians in the team (including GP/VMO and pharmacists); its impact on service availability; and accessibility, clinical incidents, and medicines used and supplied.

The health service must report to the Department of Health as required on clinical outcomes and workforce relating to the RIPRN function.

#### Organisational oversight

Mechanisms previously established for the organisational oversight of RIPERNs can be applied to RIPRNS. In addition to practicing in accordance with the DPCS Act and Regulations, a RIPRN must comply with local organisational credentialling[[11]](#footnote-12), scope of practice and clinical governance policies and requirements.

Organisations are responsible for implementing the [*Victorian clinical governance framework – Delivering high-quality healthcare*](https://www.bettersafercare.vic.gov.au/sites/default/files/2018-03/SCV%20Clinical%20Governance%20Framework.pdf) to provide safe, effective, accountable and person-centred healthcare underpinned by continuous improvement. This includes ‘ensuring staff are clear about their roles and responsibilities, are supported with resources, standards, systems, knowledge and skills development, and hold them to account for the care they provide’.

Employers of practitioners also have a responsibility under the Health Practitioner Regulation National Law to protect the public from the risk of harm and to make mandatory notifications in some circumstances. Further information about mandatory notifications as an employer is available in [*Guidelines: Mandatory notifications about registered health practitioners*](https://www.ahpra.gov.au/documents/default.aspx?record=WD20/29516&dbid=AP&chksum=kAxzvOQxqBeINfE4HOB9rw%3d%3d).

Organisations are expected to work with the Department of Health who is responsible for the administration of the DPCS Act and Regulations to protect Victorians and to reduce the likelihood of harm from scheduled medicines and poisons by supporting safe and appropriate access. This includes supporting compliance within the regulatory framework. Further information about the role of the department and its regulatory responsibilities related to drugs and poisons is available in the [*Drugs and poisons regulator plan*](https://www.dhhs.vic.gov.au/drugs-and-poisons-regulator-plan-march-2018-june-2019).

Where there is concern about unsafe or illegal supply or administration of scheduled poisons, including by RIPRNs, complaints can be made to Ahpra, the department’s Medicines and Poisons Regulation Branch, the Health Complaints Commissioner or Victoria Police.

# Review and maintenance of this policy

As the owner of this policy, the Department of Health will review this policy within one year of its commencement and then as required.

# Appendix 1 – Secretary Approval

### Secretary Approval of approved registered nurses

### Class: rural and isolated practice registered nurse

### Drugs, Poisons and Controlled Substances Regulations 2017

### Regulations 159C, 161A, 161B and 161C – December 2021 (for effect from 1 February 2022)

### Approved Registered Nurses

For the purposes of the definition approved registered nurse provided in regulation 5 of the Drugs, Poisons and Controlled Substances Regulations 2017 (‘the Regulations’), regulation 159C of the Regulations authorises the Secretary to approve a class of registered nurse.

For the purposes of this approval, the class of approved registered nurse, to be known as the class titled rural and isolated practice registered nurse, is the class of nurses who meet the following criteria:

#### Competence, education and experience

1. The class includes nurses:
2. who are registered by the Nursing and Midwifery Board of Australia as a registered nurse; and
3. who are assessed by their employer as being competent to obtain, possess, sell, supply and administer Schedule 2, 3, 4 and 8 poisons in accordance with the Health Management Protocols within the Primary Clinical Care Manual that is current at the time; and
4. who, since 1 July 2010, have successfully completed one of the following two courses:
   * the Rural and Isolated Practice (Scheduled Medicines) Registered Nurse Course at Queensland Health’s the Cunningham Centre, or
   * the Graduate Certificate of Health (Scheduled Medicines) at the University of Southern Queensland; and;
5. who have spent a minimum of one year at an average of two shifts per week working as a registered nurse, in one of the following settings:
   * urgent, emergency or critical care setting, or
   * rural or rural isolated practice setting [1]; and
6. who maintain appropriate records as evidence of these competence, education and experience requirements.

2. Where the registration of a registered nurse was endorsed as qualified to obtain, supply and administer Schedule 2, 3, 4 and 8 medicines for nursing practice under the Nursing and Midwifery Board of Australia Endorsement for scheduled medicines for registered nurses (rural and isolated practice) as at 1 February 2022, the nurse is included in the class titled *rural and isolated practice registered nurse* if the nurse complies with the requirements set out in paragraphs 1a, 1b and 1e above. A nurse with the relevant endorsement as at 1 February 2022 is not required to comply with the education and experience requirements set out in paragraphs 1c and 1d above.

#### The locations at which an approved registered nurse practises

In addition to meeting the competence, education and experience requirements set out above, to be included in the class a nurse must be employed or engaged at:

* the urgent care setting at a rural health service that is listed in Schedule 1;
* a non-government organisation that is listed in Schedule 1; or
* the onsite urgent care and emergency stabilisation areas of a bush nursing centre or a bush nursing hospital that is listed in Schedule 1.

#### Approved Poisons

Regulations 161A, 161B and 161C of the Regulations authorise approved registered nurses to obtain, possess, sell, supply and administer Schedule 2, 3, 4 and 8 poisons that have been approved by the Secretary.

The poison or class of poisons an approved registered nurse who is a member of the class rural and isolated practice registered nurse may obtain, possess, sell, supply and administer

Approved registered nurses who are members of the class rural and isolated practice registered nurse are authorised to obtain, possess, sell, supply and administer Schedule 2, 3, 4 or 8 poisons listed in the Health Management Protocols in the Primary Clinical Care Manual that is current at the time, as stated as able to be administered or supplied by a Rural and Isolated Practice Registered Nurse (RIPRN).

Pursuant to subregulations 161A (2), 161B(2) and 161C(2), I consider that this approval is necessary for the provision of health services, that sections 13 and 14A of the Drugs, Poisons and Controlled Substances Act 1981 do not apply, and that it is within the competence of an approved registered nurse to obtain, possess, sell, supply and administer the poisons without the supervision or instruction of a registered medical practitioner or nurse practitioner.

### Approved conditions

The following conditions are necessary for the proper obtaining, possessing, selling, supplying and administering of the Schedule 2, 3, 4 and 8 poisons by an approved registered nurse who is a member of the class rural and isolated practice registered nurse:

The approved registered nurse appears in the list of approved registered nurses as competent and qualified to obtain, possess, sell, supply or administer Schedule 2, 3, 4 or 8 poisons that is maintained by the health service at which they are located.

The approved registered nurse only obtains, possesses, sells, supplies and administers the Schedule 2, 3, 4 and 8 poisons in the performance of their duties as a rural and isolated practice registered nurse.

The approved registered nurse is able to obtain clinical assistance from a registered medical practitioner or nurse practitioner if it is necessary.

The approved registered nurse obtains, possesses, sells, supplies and administers only the Schedule 2, 3, 4 or 8 poisons obtained under the health services permit held by the health service at which they are located.

[1] That is, within a Monash Modified Model Category MM3 – MM7 (inclusive) location. See the Monash Modified Model, as maintained by the Commonwealth Department of Health: https://www.health.gov.au/health-topics/health-workforce/health-workforce-classifications/modified-monash-model.

### Schedule 1 - Locations at which a registered nurse may practice as an approved registered nurse

|  |  |
| --- | --- |
| **Health Services’ Urgent Care Centres** | **Campus** |
| Alexandra District Hospital | Alexandra |
| Alpine Health | Myrtleford |
| Alpine Health | Bright |
| Alpine Health | Mt Beauty |
| Bairnsdale Regional Health Service | Bairnsdale |
| Bass Coast Regional Health | Wonthaggi |
| Beaufort and Skipton Health Service | Beaufort |
| Beaufort and Skipton Health Service | Skipton |
| Beechworth Health Service | Beechworth |
| Benalla Health | Benalla |
| Boort District Health | Boort |
| Casterton Memorial Hospital | Casterton |
| Castlemaine Health | Castlemaine |
| Central Highlands Health Service | Daylesford |
| Central Highlands Health Service | Creswick |
| Central Highlands Health Service | Kyneton |
| Central Gippsland Health Service | Maffra |
| Cohuna District Hospital | Cohuna |
| Colac Area Health | Colac |
| Corryong Health | Corryong |
| Djerriwarrh Health Services | Bacchus Marsh |
| East Grampians Health Service | Ararat |
| East Grampians Health Service | Willaura |
| East Wimmera Health Service | St Arnaud |
| East Wimmera Health Service | Birchip |
| East Wimmera Health Service | Charlton |
| East Wimmera Health Service | Donald |
| East Wimmera Health Service | Wycheproof |
| Edenhope and District Memorial Hospital | Edenhope |
| Gippsland Southern Health Service | Leongatha |
| Gippsland Southern Health Service | Korumburra |
| Great Ocean Road Health | Apollo Bay |
| Great Ocean Road Health | Lorne |
| Heathcote Health | Heathcote |
| Hesse Rural Health Service | Winchelsea |
| Heywood Rural Health | Heywood |
| Inglewood and Districts Health Service | Inglewood |
| Kerang District Health | Kerang |
| Kilmore and District Hospital | Kilmore |
| Kooweerup Regional Health Service | Kooweerup |
| Maldon Hospital | Maldon |
| Mallee Track Health and Community Service | Ouyen |
| Mallee Track Health and Community Service | Sea Lake |
| Mansfield District Hospital | Mansfield |
| Maryborough District Health Service | Maryborough |
| Maryborough District Health Service | Dunolly |
| Moyne Health Services | Port Fairy |
| NCN Health | Cobram |
| NCN Health | Nathalia |
| NCN Health | Numurkah |
| Omeo District Health | Omeo |
| Orbost Regional Health | Orbost |
| Portland District Health | Portland |
| Robinvale District Health Services | Robinvale |
| Robinvale District Health Services | Manangatang |
| Rochester and Elmore District Health Service | Rochester |
| Rural Northwest Health | Warracknabeal |
| Rural Northwest Health | Hopetoun |
| Seymour Health | Seymour |
| South Gippsland Hospital | Foster |
| South West Healthcare | Camperdown |
| Stawell Regional Health | Stawell |
| Tallangatta Health Service | Tallangatta |
| Terang and Mortlake Health Service | Mortlake |
| Terang and Mortlake Health Service | Terang |
| Timboon and District Health Care Service | Timboon |
| Western District Health Service | Penshurst |
| Western District Health Service | Coleraine |
| Western Health | Djerriwarrh (Bacchus Marsh) |
| West Wimmera Health Service | Nhill |
| West Wimmera Health Service | Jeparit |
| West Wimmera Health Service | Kaniva |
| West Wimmera Health Service | Rainbow |
| West Wimmera Health Service | Rupanyup |
| Wimmera Health Care Group | Dimboola |
| Yarram and District Health Service | Yarram |
| Yarrawonga Health | Yarrawonga |
| Yea and District Memorial Hospital | Yea |

|  |
| --- |
| **Non-government Organisation** |
| Cobden District Health Services |

|  |
| --- |
| **Bush Nursing Hospitals** |
| Ballan District Health and Care |
| Euroa Health |
| Heyfield Hospital Incorporated |
| Nagambie HealthCare |
| Neerim District Health Service |

|  |
| --- |
| **Bush Nursing Centres** |
| Balmoral Bush Nursing Centre Inc. |
| The Buchan Bush Nursing Association Inc. |
| Cann Valley Bush Nursing Centre Inc. |
| Dargo Bush Nursing Centre |
| Dartmoor and District Bush Nursing Centre Inc. |
| Dingee Bush Nursing Centre Inc. |
| Elmhurst Bush Nursing Centre |
| Ensay Bush Nursing Centre |
| Gelantipy District Bush Nursing Centre Inc. |
| Harrow Bush Nursing Centre |
| Lake Bolac Bush Nursing Centre |
| Lockington and District Bush Nursing Centre Inc. |
| Swifts Creek Bush Nursing Centre |
| Walwa Bush Nursing Centre Incorporated |
| Woomelang and District Bush Nursing Centre |

# Appendix 2 - Checklists

## RIPRN function scope of practice checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Does the organisation have... Yes**  **In progress No** | | | |
| **1** | Nurses identified who are suitable to undertake upskilling to apply for the nursing RIPRN role? | ☐ | ☐ | ☐ |
| **2** | A supportive learning environment?  (see the [Best Practice Clinical Learning Environment Framework](https://www2.health.vic.gov.au/health-workforce/education-and-training/building-a-quality-health-workforce/bpcle-framework#:~:text=The%20BPCLE%20Framework%20was%20first%20developed%20in%202008%2C,upon%20the%20initial%20foundation%20and%20create%20useful%20) for further information) | ☐ | ☐ | ☐ |
| **3** | For inclusion in the performance appraisal process and position descriptions, a clear and agreed set of:   * credentials (experience and evidence of competence) * key performance indicators * selection criteria relating to the RIPRN function? | ☐ | ☐ | ☐ |
| **4** | A policy for the RIPRN function that clearly articulates:   * how the function is supported by the organisation * where the function fits in the organisation * lines of responsibility and accountability * what credentials and maintenance of competence are required * the nurses’ scope of practice in terms of administration and supply of approved Schedule 2,3,4 & 8 medicines as per the latest edition of the PCCM health management protocols to be used for the function * a clear escalation process which includes when the RIPRN must contact a doctor/nurse practitioner to obtain clinical assistance; this may be from local sources or from other services such as regional hospital, tertiary hospital or specialist service (for example, Ambulance Victoria. Cardiac Hotline, etc) * consequences of noncompliance with the policy? | ☐ | ☐ | ☐ |
| **5** | A process for obtaining current evidence of a nurse’s continued competency to practise within this function? | ☐ | ☐ | ☐ |
| **6** | A clear and agreed process for your clinicians to feed into the biannual review of the PCCM? (review feedback can be given at the following email address: [PCCM@health.qld.gov.au](mailto:PCCM@health.qld.gov.au)).  Note: There is a Victorian RIPRN representative that sits on Queensland’s PCCM Review Committee. | ☐ | ☐ | ☐ |
| **7** | Ability to provide information to the Department of Health on the obtaining, possession, sale, supply and administration of the Schedule 2, 3, 4 or 8 medicines upon the request of an authorised officer? | ☐ | ☐ | ☐ |

## Charging patients for medicines supplied and pathology requests

Details about the fees & charges which public health services can raise for non-admitted patients can be found at the following website <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-fees-charges/non-admitted-patients>.

Charges for medicines and pathology checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Does the organisation have...** | **Yes In progress No** | | |
| **1** | A policy on charging fees for medicines supplied that accord with the department’s non-admitted patients policy? | ☐ | ☐ | ☐ |
| **2** | The capacity to identify and monitor the pharmacy and pathology costs associated with the RIPRN function that can be compared with the costs of not having the RIPRN function? | ☐ | ☐ | ☐ |
| **3** | A policy and procedure that supports the RIPRNs to request pathology tests for relevant patients and in accordance with the PCCM? | ☐ | ☐ | ☐ |

## Quality use of medicines checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Does the organisation have... Yes**  **In progress No** | | | |
| **1** | Policies and procedures that ensure the RIPRN function aligns with the quality use of medicines between health services, BNH and BNCs and the community and any related guidelines? | ☐ | ☐ | ☐ |
| **2** | Consumer-specific information for the RIPRN to provide patients on the medicines administered or supplied that includes how to store and use the medicines, and what to do if they experience an adverse reaction? | ☐ | ☐ | ☐ |
| **3** | A process of verifying the list of medications the patient is taking when they present to the hospital and subsequently updating this list upon discharge or transfer, identifying changes during the episode of care, and their rationale?[[12]](#footnote-13) | ☐ | ☐ | ☐ |
| **4** | A current edition of the PCCM to enable the RIPRN to practise to their fullest scope?  Access to the Drugs, Poisons and Controlled Substances Regulations 2017 and the Secretary Approval for RIPRNs? | ☐ | ☐ | ☐ |
| **5** | A process to ensure the RIPRNs administer and supply medicines only in accordance with DPCS Regulations?  Access to the Drugs, Poisons and Controlled Substances Regulations 2017 and the Secretary Approval for RIPRNs? | ☐ | ☐ | ☐ |
| **6** | A process for labelling containers of medicines to be supplied by the RIPRN that complies with the DPCS Act section 27A(1) and the DPCS Regulations regulation 72?  A process to ensure the Schedule 4 and 8 medicines used by the RIPRNs are stored in accordance with the DPCS Regulations and are only accessed by authorised health professionals? | ☐ | ☐ | ☐ |
| **7** | A central register to record the medicines supplied by the RIPRN?  A mechanism to record the up-to-date balance of Schedule 8 medicines administered or supplied? | ☐ | ☐ | ☐ |
| **8** | Patient records in which the RIPRN is able to record the details of the medicines administered and supplied, and the HMP used? | ☐ | ☐ | ☐ |
| **9** | A policy, process and templates to enable the transfer of all information relevant to the supply and administration of medicines to the health professionals involved in the patient’s care? Consideration should be given to:   * patient consent to transfer their information * records of changes in medication therapy (including the reconciliation from the commencement of the episode compared with the medicines regime on discharge/transfer) * ensuring complete information is documented in the patient’s record * patient follow-up and referral – a mechanism is in place to support the flow of information between nurses and doctors about the patients for whom the nurse supplied medicines such as a discharge summary sent to the doctor * a process for RIPRN to follow up patients to ascertain if their condition has improved and if the patient complied with the nurse’s advice regarding medicine and GP appointments * arrangements for making appointments for the patient to attend their local GP to follow up the treatment the health service initiated. | ☐ | ☐ | ☐ |
| **10** | The means to provide the RIPRN with easy access to drug information for warnings, interactions and contraindications (for example, the Australian medicines handbook accessible at <http://www.amh.net.au>) | ☐ | ☐ | ☐ |

## Assessing competency checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Has the organisation...** | **Yes** **No In progress** | | |
| **1** | Put in place processes and record keeping to assess the competency of RIPRNs to obtain, possess, sell, supply and administer Schedule 2, 3, 4 and 8 poisons in accordance with the Health Management Protocols within the Primary Clinical Care Manual that is current at the time? | ☐ | ☐ | ☐ |
| **2** | Checked the NMBA *Framework for assessing standards for practice for registered nurses, enrolled nurses and midwives*?  The framework comprises:   * principles for assessing standards for practice (accountability, performance based assessment, evidence based assessment, validity and reliability in assessment and participation and collaboration) * critical issues in assessing performance, and * key elements in the assessment model. | ☐ | ☐ | ☐ |
| **3** | Checked the Australian Commission on Safety and Quality in Health Care’s *Clinical Governance Standard*, including its *Clinical Performance and Effectiveness* element?  Items include:   * Safety and quality training * Performance management * Credentialling and scope of clinical practice * Safety and quality roles and responsibilities * Evidence based care * Variation in clinical practice and health outcomes | ☐ | ☐ | ☐ |

# Resources to support the RIPRN function

Employers are encouraged to refer to the following guidance to ensure the RIPRN function complies with the law, is safe and contributes to a more sustainable and collaborative clinical service.

## Introducing the RIPRN role into a rural organisation

The aim of introducing the RIPRN function is to improve access to safe and appropriate care as close as possible to home for the community.

The decision to adopt the function should be based on:

* an assessment of the current situation
* a clear definition of improved patient access, and measurable outcomes that can be monitored to measure the success of implementation
* a gap analysis between the current situation and the vision – and agreement that the new function is necessary and appropriate as a solution.

The below checklist may be of assistance.

### Readiness checklist

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** **Does your organisation have…** **Yes** **In progress** **No** | | | | |
| **Project support** | | | | |
| **1** | An executive sponsor? | ☐ | ☐ | ☐ |
| **2** | A project team with key stakeholders represented on it? | ☐ | ☐ | ☐ |
| **3** | A person who will be responsible for facilitating and managing the project? | ☐ | ☐ | ☐ |
| **4** | A project plan? | ☐ | ☐ | ☐ |
| **Informing and engaging** | | | | |
| **5** | An understanding of how your stakeholders are likely to respond to the function, what they will need to help them accept/support the function, and who needs to be involved/informed? | ☐ | ☐ | ☐ |
| **6** | A communication strategy that meets the needs of the different stakeholder groups, and identifies the key messages and communication methods to be used? | ☐ | ☐ | ☐ |
| **Building the case** | | | | |
| **6** | A clear and agreed picture of the current situation? | ☐ | ☐ | ☐ |
| **7** | Agreement that a change is needed, and that the RIPRN function will improve the situation? | ☐ | ☐ | ☐ |
| **8** | A clear and agreed vision of what the future will look like if the new role is implemented successfully? | ☐ | ☐ | ☐ |
| **9** | Agreement on outcomes sought specific, measurable, realistic and time-bound? | ☐ | ☐ | ☐ |
| **10** | The capacity to collect data that will measure the achievement of the outcomes? | ☐ | ☐ | ☐ |
| **11** | A risk analysis and management register that includes methods of avoiding risks, or responding to and managing risks if they occur? | ☐ | ☐ | ☐ |
| **Review and refine** | | | | |
| **12** | A regular meeting time for your project team to review and refine actions plans? | ☐ | ☐ | ☐ |
| **13** | A process for routinely collecting and analysing data to measure progress towards outcomes? | ☐ | ☐ | ☐ |
| **14** | Regular reports from the project team to management on the progress made and issues that emerge as the new function is being adopted? | ☐ | ☐ | ☐ |

## Embedding the RIPRN function into the collaborative practice approach

Health services’ capacity to establish cultures and processes that support negotiation and collaboration between health professionals will ensure that the RIPRN function contributes to sustainable and resilient urgent care services in the long term.

The RIPRN role should complement and supplement the existing clinical team’s capacity to provide emergency and primary healthcare to people who make unplanned visits to the urgent care centres of rural health services, bush nursing hospitals and bush nursing centres. Evaluation of the RIPRN function identifies that implementation and embedding is best achieved through a collaborative practice approach. The below checklist may be of assistance in this regard.

### The collaborative practice approach checklist

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | | **Does your organisation have... Yes In progress No** | | | |
| **1** | 1.0 | A participative approach to developing the function and service that includes staff and the community, and ensures access to a consistent level of primary and urgent clinical care? | ☐ | ☐ | ☐ |
| **2** | 2.0 | A collaborative team approach to care delivery? | ☐ | ☐ | ☐ |
| 2.1 | Mutual respect and acknowledgement of each profession’s role, scope of practice and unique contribution to health outcomes? | ☐ | ☐ | ☐ |
| 2.2 | Negotiated roles based on their skills and availability? | ☐ | ☐ | ☐ |
| 2.3 | Clearly defined levels of accountability? | ☐ | ☐ | ☐ |
| 2.4 | Joint decision making is an integral component of collaborative practice? | ☐ | ☐ | ☐ |
| 2.5 | An informed choice to consumers as to who provides care? | ☐ | ☐ | ☐ |
| **3** | A clinical governance framework and organisational policies and procedures that: | | | | |
| 3.1 | Offer collaboration between clinicians? | ☐ | ☐ | ☐ |
| 3.2 | Ensure clinical practice reflects current evidence of best practice, and is subject to ongoing review and development? | ☐ | ☐ | ☐ |
| 3.3 | Support continuous process and practice improvement? | ☐ | ☐ | ☐ |

## Useful documents and websites

* Australian Department of Health: [National medicines policy – quality use of medicines](http://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm)

<http://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm>

* Nursing and Midwifery Board of Australia: [National framework for the development of decision-making tools for nursing and midwifery,](http://www.nursingmidwiferyboard.gov.au/Codes-and-Guidelines.aspx)

<http://www.nursingmidwiferyboard.gov.au/Codes-and-Guidelines.aspx>

* Nursing and Midwifery Board of Australia: [Continuing Professional Development Registration Standard](http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx)

<http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx>

* Queensland Health: [Primary clinical care manual](https://www.health.qld.gov.au/rrcsu/html/PCCM)

<https://www.health.qld.gov.au/rrcsu/html/PCCM>

* Victorian Department of Health: [*Rural and isolated practice nursing*](https://www.health.vic.gov.au/rural-health/rural-and-isolated-practice-registered-nurse)

<<https://www.health.vic.gov.au/rural-health/rural-and-isolated-practice-registered-nurse> >

* Victorian Department of Health - Medicines and Poisons: <https://www2.health.vic.gov.au/public-health/drugs-and-poisons,> <[https://www2.health.vic.gov.au/public-health/drugs-and-poisons>](https://www2.health.vic.gov.au/public-health/drugs-and-poisons%3e)

# Glossary

|  |  |
| --- | --- |
| ATS | Australasian Triage Scale. |
| BNC | Bush nursing centre. |
| BNH | Bush nursing hospital. |
| Collaborative practice model (CPM) | A model of practice and service in which the health professionals continuously negotiate their roles based on their respective skills and availability. |
| CPD | Continuing professional development. |
| DPCS Act | Drugs, Poisons and Controlled Substances Act 1981. |
| DPCS Regulations | Drugs, Poisons and Controlled Substances Regulations 2017. |
| Health management protocol (HMP) | Sets out the conditions and restrictions applying to the administration and supply of medicines. The HMPs relevant to RIPRNs are in the *Primary clinical care manual* (PCCM). |
| Health services permit | Issued by the Department of Health under s 19 of the DPCS Act; enables a health service to purchase or otherwise obtain a Schedule 2, 3, 4, 8 or 9 poison listed in the Standard for the Uniform Scheduling of Medicines and Poisons for the provision of health services. |
| Medicines | Refers to licit drugs used for therapeutic purposes that may or may not be included in the Standard for the Uniform Scheduling of Medicines and Poisons. |
| NMBA | Nursing and Midwifery Board of Australia. |
| Primary clinical care manual (PCCM) | Developed, reviewed and published by Queensland Health, the PCCM contains clinical guidelines that cover a wide range of patient presentations from the primary care type to urgent, emergency care type patients. The PCCM is relevant to health practitioners practicing in rural and isolated areas.  There is a subset of clinical guidelines that contains instructions on administering and supplying medicines – these are called health management protocols (HMP). |
| Registered nurse (RN) | A health professional registered under the public national register of nurses (division 1) maintained by the Nursing and Midwifery Board of Australia. |
| RIPRN | Rural and isolated practice registered nurse. |
| Supply of a medicine | To provide a medicine to a patient for their later use or administration. |
| Urgent care centre (UCC) | All Australian public rural health services with acute beds have an emergency care area, equipped to provide first-line emergency care to patients. In Victoria these facilities are known as ‘rural urgent care centres’. Although they share attributes with emergency departments in cities and larger towns, they do not provide the same level of emergency care. |
| Use of a medicine | Also referred to as administration, this means to personally apply or introduce a medication, or personally observe its application or introduction, to the patient’s body. |
| VMIA | Victorian Managed Insurance Authority. |

# References

Council of Australian Governments’ Health Council, *National Registration and Accreditation Scheme (NRAS)*, <https://www.coaghealthcouncil.gov.au/NRAS>.

Nursing and Midwifery Board of Australia, *Registration standard: endorsement for scheduled medicines registered nurses (rural and isolated practice)*, <https://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Endorsements-Notations.aspx>.

MSPS Project Services, Inside Health Management 2015, *Evaluation of scheduled medicines administration and supply function of the endorsed nurses operating within rural health services: final report*.

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Nursing and Midwifery Board of Australia, *Continuing Professional Development guidelines*, <https://www.nursingmidwiferyboard.gov.au/registration-standards/continuing-professional-development.aspx>.

National Safety and Quality Health Service Standards, *Medication Safety Standard,* <https://www.safetyandquality.gov.au/standards/nsqhs-standards/medication-safety-standard>.

Commonwealth Department of Health, *Quality Use of Medicines,* <https://www1.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm>.

Safer Care Victoria, *Delivering high-quality healthcare: Victorian clinical governance framework*, <https://www.bettersafercare.vic.gov.au/publications/clinical-governance-framework>.

The National Safety and Quality Health Service (NHQHS) Standards, *Credentialing and scope of clinical practice,* <https://www.safetyandquality.gov.au/standards/nsqhs-standards/clinical-governance-standard/clinical-performance-and-effectiveness/action-123>.

National Safety and Quality Health Service (NHQHS), *Clinical Performance and Effectiveness Standards*, <https://www.safetyandquality.gov.au/standards/nsqhs-standards/clinical-governance-standard/clinical-performance-and-effectiveness/action-123>.

1. Council of Australian Governments’ Health Council, National Registration and Accreditation Scheme (NRAS), <<https://www.coaghealthcouncil.gov.au/NRAS>>, accessed 4/6/21 [↑](#footnote-ref-2)
2. Nursing and Midwifery Board of Australia, Registration standard: endorsement for scheduled medicines registered nurses (rural and isolated practice), <https://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Endorsements-Notations.aspx> , viewed 7 August 2021. [↑](#footnote-ref-3)
3. MSPS Project Services, Inside Health Management 2015, *Evaluation of scheduled medicines administration and supply function of the endorsed nurses operating within rural health services: final report.* [↑](#footnote-ref-4)
4. That is, within a Monash Modified Model Category MM3 – MM7 (inclusive) location. See the Monash Modified Model, as maintained by the Commonwealth Department of Health: https://www.health.gov.au/health-topics/health-workforce/health-workforce-classifications/modified-monash-model. [↑](#footnote-ref-5)
5. Nursing and Midwifery Board of Australia. Registration Standards. <http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx> . accessed 20/08/21 [↑](#footnote-ref-6)
6. Nursing and Midwifery Board of Australia, Continuing Professional Development guidelines, <https://www.nursingmidwiferyboard.gov.au/registration-standards/continuing-professional-development.aspx> accessed 7/7/21 [↑](#footnote-ref-7)
7. National Safety and Quality Health Service Standards – Medication Safety Standard. <https://www.safetyandquality.gov.au/standards/nsqhs-standards/medication-safety-standard> [↑](#footnote-ref-8)
8. Commonwealth Department of Health: Quality Use of Medicines. <https://www1.health.gov.au/internet/main/publishing.nsf/Content/nmp-quality.htm> [↑](#footnote-ref-9)
9. Safer Care Victoria. Delivering high-quality healthcare: *Victorian clinical governance framework*, <https://www.bettersafercare.vic.gov.au/publications/clinical-governance-framework> [↑](#footnote-ref-10)
10. The National Safety and Quality Health Service (NHQHS) Standards provides further guidance on Credentialing and scope of clinical practice. https://www.safetyandquality.gov.au/standards/nsqhs-standards/clinical-governance-standard/clinical-performance-and-effectiveness/action-123 [↑](#footnote-ref-11)
11. National Safety and Quality Health Service (NHQHS) : Clinical performance and effectiveness. Standards, https://www.safetyandquality.gov.au/standards/nsqhs-standards/clinical-governance-standard/clinical-performance-and-effectiveness/action-123 [↑](#footnote-ref-12)
12. Consider the reconciliation process detailed on page 53, Indicator for quality use of medicines in Australian hospitals, NSW Therapeutic Advisory Group (2007). [↑](#footnote-ref-13)