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| Victorian NP prescribing  Frequently Asked Questions |

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# **Key Message**

The ‘Victorian Nurse Practitioner (NP) Prescribing Arrangements’ public consultation completed in December 2019, determined there was strong support to remove reference to formularies (list of medicines) in the existing Ministerial approvals, governing NP prescribing

The new Ministerial approval was published in [General Gazette Number G29, Dated 23 July 2020](http://www.gazette.vic.gov.au/) <http://www.gazette.vic.gov.au/>. This approval revokes all previous approvals governing NP prescribing in this state, replacing them with a single Ministerial approval that approves Victorian NPs to obtain, use, sell or supply (prescribe) any Schedule 2, 3, 4 or 8 poisons in the lawful practice of his or her profession (within scope of practice or area of expertise).

This approval makes no reference to formularies, so removes the need for an associated notation on a Victorian NPs Nursing and Midwifery Board of Australia (the board) registration.

# **Q: How many NPs are there in Victoria and where do they work?**

A: As of March 2020, there are 456 NP’s working in Victoria. Most of Victoria’s NPs are employed in the public health system in areas such as emergency departments, out-patient clinics, mental health, aged care, primary care and many other specialty clinical areas. However, some NPs have moved into private practice.

# **Q: What training do NPs undertake?**

A: NPs must hold a Nursing and Midwifery Board of Australia (NMBA) approved master’s degree in Advanced Clinical Nursing (or equivalent) and complete three years practice at the clinical advanced nursing practice level, before they can apply to be endorsed as NP by the NMBA. Core subjects in the master’s program include pharmacology and advanced assessment skills that build upon their previous post graduate level qualifications and clinical experience.

# **Q: What where the outcomes of the consultation and are the results published?**

A: A consultation summary has been uploaded to the [Engage Victoria](https://engage.vic.gov.au/victorian-nurse-practitioner-prescribing) website <https://engage.vic.gov.au/victorian-nurse-practitioner-prescribing>.

After a review of the evidence and the safeguards in place, and further consultation with key stakeholders, it was concluded that the reforms should proceed, without amendment. The Minister for health, the Hon Jenny Mikakos MP subsequently signed the new approval taken to consultation.

# **Q: What happens to existing notations on Victorian NP registrations?**

A: The NMBA will remove notations from the registration/endorsement details of all Victorian NPs, so aligning Victorian NP endorsements with other jurisdictions.

# **Q: What do these changes mean for people receiving care from Victorian NP?**

A: Removing of the lists means that NPs can prescribe new medications as they become available, ensuring the care NP’s provide remains of the highest standard and that their prescribing practices continues to align with that of medical practitioners. This also reduces the financial burden for patients who would previously have had to see a second prescriber (medical practitioner) for any medicines not listed in the NP formularies.

# **Q: What are NPs able to prescribe?**

# A: Prescribing ‘in the lawful practice of their profession’ means that NPs, like medical practitioners must only prescribe medicines they are they have a comprehensive knowledge of, that are relevant to their scope of practice or context of practice and when safe to do so. Their registration and endorsement require them to treat patients in accordance with expected professional practice standards. If a patient’s condition warrants treatment outside the NP’s area of practice, the NP must refer that patient to another health practitioner with the requisite expertise.

A: **Prescribing** medicines not included in Schedules 2,3,4 or 8 of the Poisons Standard, are beyond the scope of the approval and the *Drugs, Poisons and Controlled Substances Act 1981* (the Act). *O*ther controls on the NP (NMBA, clinical trial guidelines, hospital policies etc) continue to apply if **administration** of these medicines are within a NPs scope of practice.

# **Q: What does the new approval mean for health services and medical professionals that employ endorsed NP or support registered nurses to become NPs (NP Candidates)?**

A: The revocation of formularies makes it possible for health services to develop innovative models of care in new areas of specialty practice, often freeing medical professionals to take on more complex patients.

A: Health services, through local policy and guidelines, maintain the right to determine which medications their employees can prescribe (most commonly determined by frequency of administration, cost and availability). These changes simply allow health services and individual NP to consider the full breadth of Schedule 2, 3, 4 and 8 poisons when they are designing models of care to meet the needs of their community.

A: The need for NP to maintain a [collaborative arrangement](https://www1.health.gov.au/internet/main/publishing.nsf/Content/midwives-nurse-pract-collaborative-arrangements#:~:text=What%20is%20a%20collaborative%20arrangement,a%20specified%20medical%20practitioner%3B%20and) <https://www1.health.gov.au/internet/main/publishing.nsf/Content/midwives-nurse-pract-collaborative-arrangements#:~:text=What%20is%20a%20collaborative%20arrangement,a%20specified%20medical%20practitioner%3B%20> and with a medical practitioner is not impacted by the new approval. Collaborative arrangements are currently required for patients of NPs to facilitate access to MBS or PBS subsidies, and relate to Commonwealth legislation.

A: Organisations that have not developed appropriate governance arrangements are encouraged to seek advice from like-organisations or to contact the departments Nursing, Midwifery and Paramedicine Workforce team at email: [nmw@dhhs.vic.gov.au](mailto:nmw@dhhs.vic.gov.au)

# **Q: What safeguards are in place to ensure the new NP prescribing arrangements won’t put the Victorian public at risk?**

A: The Act authorises NPs to hold Schedule 8 treatment permits and register for and access to SafeScript, the monitored supply poisons database.

NPs are subject to a range of other risk mitigation strategies that will vary upon their scope of practice and governance arrangements:

* Health Service based credentialing and accreditation processes
* Compliance with the standards and guidelines set by the NMBA and the notifications process to Ahpra under the National Law
* Investigation of complaints and review by the board.

A: Key stakeholders including the Victoria’s Chief Medical Officer, Victoria’s Chief Nurse and Midwifery Officer, Chief Officer Medicines and Poisons Regulation, representatives of the Nursing and Midwifery Board of Australia and peak bodies will be invited to regular meetings to review the on-going safety of NP prescribing in the first 12 months and to promptly respond to any unforeseen risks, as they arise.

For further guidance regarding the regulatory impacts of the new approval and legislation governing health practitioner prescribing in Victoria, go to the departments [Drugs and Poisons webpage](https://www2.health.vic.gov.au/public-health/drugs-and-poisons): <https://www2.health.vic.gov.au/public-health/drugs-and-poisons>