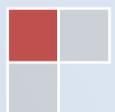


2013

### ADEA Submission

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

**Nursing and Midwifery Board of Australia**





Please forward any inquiries to the ADEA National Office.

Australian Diabetes Educators Association

Post: PO Box 163

Woden ACT 2606

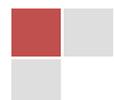
Ph: 02 6287 4822

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Email: [inquiries@adea.com.au](mailto:inquiries@adea.com.au)

**Contact:**

Dr Joanne Ramadge – CEO



## ABOUT ADEA

The Australian Diabetes Educators Association (ADEA) was formed in 1981 and is the leading Australian organisation for health care professionals providing diabetes education and care. ADEA introduced the certification trademark of the Credentialed Diabetes Educator® (CDE) in 1986. At this time, it also implemented a professional recognition and development program to support diabetes educators working towards achieving and maintaining status as a CDE. CDEs include registered nurses, dietitians, exercise physiologists, pharmacists and podiatrists. ADEA members also include diabetes educators who have not undertaken the credentialling process.

ADEA actively promotes evidenced-based best practice diabetes education to ensure optimal health and well being for all people affected by, and at risk of, diabetes. ADEA considers diabetes education a specialty field of health care practice.

ADEA accredits post graduate courses in diabetes education and management across Australia. It sets standards and develops guidelines for the practice of diabetes education. It supports diabetes educators' delivery of quality diabetes education by offering and encouraging participation in its Credentialling and Re-credentialling Program, a voluntary professional development and recognition program for full members. ADEA offers professional development events and activities and accredits those developed by other organisations.

ADEA is a learning organisation and is future oriented and seeks opportunities to improve its governance, operations and bring to bear technologies to support best practice for all staff. ADEA strives to support its membership and be responsive to members. In promoting the role of the CDE, ADEA advocates on their behalf to government and the community.

## ADEA RESPONSE

ADEA provides the following responses to the questions posed in this consultation paper.

1. *Do you support the scope of the current endorsement for scheduled medicines and current approved registration standard being expanded to include registered midwives as well as registered nurses?*

ADEA agrees that the current endorsement for scheduled medicines and registration standard be expanded to include midwives.

2. *Do you support the current scope extending beyond rural and isolated practice for both registered nurses and registered midwives?*

ADEA agrees the current scope should be extended beyond rural and isolated practice. Since 2001 RN CDEs who practice in NSW have been able to provide a 7 day supply of already prescribed insulin for patient self-administration in the community setting. A copy of the relevant gazette is attached as an appendix to this submission. This has enabled timely commencement of insulin therapy and reduced potential hospital admissions without any reported adverse incidents.



We would recommend an expansion of this practice to include the class of diabetes medicines to all appropriately endorsed RN CDEs throughout Australia.

In relation to the NMBA draft, ADEA believes this expanded endorsement is important for nurses and midwives and for especially RN CDEs because of the specialty nature of their work, their level of education and because clients who see an RN CDE often require changes to insulin and other diabetes medicines. These conditions equate to those identified as working in areas of “low supervision and high complexity”.

3. *Is the scope of application of the scheduled medicines endorsement registration standard suitable?*

ADEA is interested in the scope of application for this standard as the lack of appropriate endorsement for RN CDEs is impairing the delivery of care for people with diabetes.

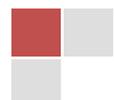
The ‘Drug Therapy Protocol – Rural and Isolated Practice Area Endorsed Nurse’ (Qld) document includes the following requirements:

1. The procedures for clinical assessment, management and follow-up of patients, including the recommended drug therapy for the relevant clinical problem.
2. A clinical indication or time when medical referral/consultation must occur for that condition
3. The name, form and strength of the drug and the condition/situation for which it is intended.
4. The recommended dose of the drug.
5. The route of administration of the drug.
6. The frequency (including rate where applicable) and duration of administration of the drug.
7. The duration of the drug supply before medical intervention/follow-up is required.
8. The type of equipment and management procedures required for management of an emergency associated with the use of the drug.

Insulin is one of the listed drugs in the Qld drug therapy protocol. Insulin doses frequently require therapeutic adjustment following the initial dose in order to optimise glycaemic levels.

Registered nurses with credentialled status have prepared through their initial primary discipline qualification, their post-graduate qualification, mentored practice and clinical hours. In addition, to maintain credentialled status they are required to undertake the 20 hours of CPD currently required by AHPRA plus a further 20 hours of specialist CPD relating to diabetes annually. This provides them with the education and experience to assess, monitor and provide self-management education to people with diabetes.

While RN CDEs can provide diabetes self-management education and support, including the principles of therapeutic adjustment, they are unable to specifically provide advice unless



authorised, for example as a Nurse Practitioner or in a local protocol from their employer or through standing orders. This leads to delayed care for many people with diabetes. At present it is unclear whether therapeutic adjustment can fall under the scope of the proposed endorsement to administer and supply.

A further issue is that under option 2 of the NMBA proposal, a revised registration standard will apply to registered nurses and registered midwives whose employment situation requires them to supply medicines according to the relevant Drug Therapy Protocol, Chief Health Officer standing order or Health Services Permit. RN CDEs work across a wide range of practice settings, from tertiary care facilities to community health centres, home based nursing, aged care, working with the homeless or in GP practices. Further consideration is required on what employment arrangements and clinical support structures would allow for RN CDEs to practice to their full capacity irrespective of practice setting. In the presence of a diabetes epidemic in Australia there is a need to provide equitable access to appropriately qualified diabetes services while maintaining public confidence and protection.

ADEA welcomes the proposed changes and notes that New Zealand has moved further along the continuum by taking up prescribing for Diabetes Specialist Nurses (DNS). The project evaluation from Massey University finds DNS prescribing to be safe, of high quality and appropriate, with benefits to the effectiveness of specialist diabetes services, good patient acceptability, and support from the wider health care team<sup>1</sup>.

ADEA requests that protocol based therapeutic adjustment of diabetes medicines is considered as standard practice for the RN CDE. Given the expertise of RN CDEs and the requirements to become credentialled, in addition to their primary discipline nursing qualifications and skills, we believe that RN CDEs should be qualified to administer, undertake therapeutic adjustment of and supply the class of scheduled medicines relevant to diabetes under section 94 of the National Law. Further, ADEA believes the current scope should extend to limited prescribing for RN CDEs.

#### *4. Are the requirements of the scheduled medicines endorsement registration standard suitable?*

ADEA agrees with the requirements with the scheduled medicines endorsement registration standard where nurses do not currently undertake medication management study and relevant CPD.

ADEA understands there would be a process of Board approved study, however ADEA currently accredits all courses undertaken by CDEs and therefore recommends that where the required medication management components are part of an accredited course that the practitioner would not be required to undertake further study and CPD requirements. ADEA recommends there is a process where the current accreditation process is approved by the Board rather than each individual course, which would then mean a dual accreditation process for course providers.

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<sup>1</sup> Wilkinson J, Carryer J, Adams J and Channing-Pearce S. 2011. Evaluation of the Diabetes Nurse Specialist Prescribing project: Report for the New Zealand Society for the Study of Diabetes. <http://www.nzssd.org.nz/dnss.html>



5. *Are there other requirements that should be included in the scheduled medicines endorsement registration standard?*

ADEA believes the registration standard should include clarification about the implications for those professional organisations that credential nurses in specialty areas of nursing practice and accredit relevant courses; and universities that currently provide accredited courses that include medication management. ADEA is concerned that unless there is clarity around this there could be unnecessary apprehension about additional and likely duplicated courses and costs by RN CDEs.

6. *Are the definitions contained in the standard clear and appropriate?*

ADEA advocates for 'administers' to mean that drug protocols may include processes for the therapeutic adjustment of diabetes medicines and would support this approach for appropriately endorsed RN CDEs. We have attached the NSW gazette excerpt regarding supply of prescribed insulin by RN CDEs.

7. *What is the likely impact of this proposal on individual registrants?*

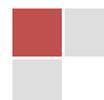
As identified above this standard is important for nurses and midwives although there is a lack of clarity about its impact on nurses in specialty practice, such as RN CDEs. This impact potentially includes additional study that may duplicate components of courses already completed. The additional cost is also a major factor. Currently RN CDEs have APHRA registration, ADEA membership, credentialling and re-credentialling costs.

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

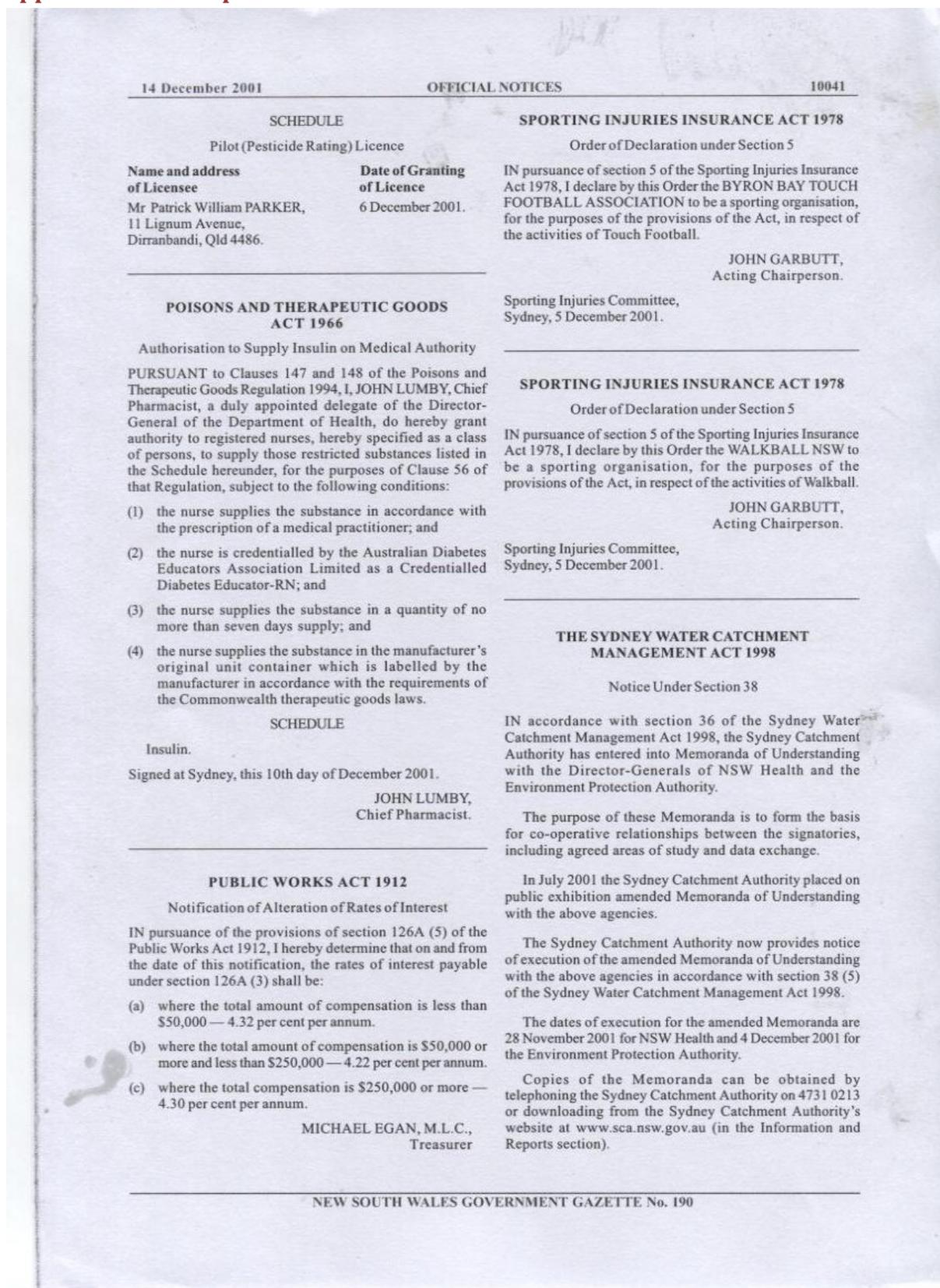
No further comments regarding this issue.

9. *Are there any implementation issues the National Board should be aware of?*

As indicated above implementation issues should take account of medication management courses already available, access to these especially for those in rural and remote areas of practice and developing a process to recognise existing credentialled specialty nurses and midwives and accredited courses and in a timely way.



Appendix 1 - Excerpt from NSW Government Gazette 14 December 2001



14 December 2001

OFFICIAL NOTICES

10041

SCHEDULE

Pilot (Pesticide Rating) Licence

<b>Name and address of Licensee</b>	<b>Date of Granting of Licence</b>
Mr Patrick William PARKER, 11 Lignum Avenue, Dirranbandi, Qld 4486.	6 December 2001.

**POISONS AND THERAPEUTIC GOODS ACT 1966**

Authorisation to Supply Insulin on Medical Authority

PURSUANT to Clauses 147 and 148 of the Poisons and Therapeutic Goods Regulation 1994, I, JOHN LUMBY, Chief Pharmacist, a duly appointed delegate of the Director-General of the Department of Health, do hereby grant authority to registered nurses, hereby specified as a class of persons, to supply those restricted substances listed in the Schedule hereunder, for the purposes of Clause 56 of that Regulation, subject to the following conditions:

- (1) the nurse supplies the substance in accordance with the prescription of a medical practitioner; and
- (2) the nurse is credentialed by the Australian Diabetes Educators Association Limited as a Credentialed Diabetes Educator-RN; and
- (3) the nurse supplies the substance in a quantity of no more than seven days supply; and
- (4) the nurse supplies the substance in the manufacturer's original unit container which is labelled by the manufacturer in accordance with the requirements of the Commonwealth therapeutic goods laws.

SCHEDULE

Insulin.

Signed at Sydney, this 10th day of December 2001.

JOHN LUMBY,  
Chief Pharmacist.

**PUBLIC WORKS ACT 1912**

Notification of Alteration of Rates of Interest

IN pursuance of the provisions of section 126A (5) of the Public Works Act 1912, I hereby determine that on and from the date of this notification, the rates of interest payable under section 126A (3) shall be:

- (a) where the total amount of compensation is less than \$50,000 — 4.32 per cent per annum.
- (b) where the total amount of compensation is \$50,000 or more and less than \$250,000 — 4.22 per cent per annum.
- (c) where the total compensation is \$250,000 or more — 4.30 per cent per annum.

MICHAEL EGAN, M.L.C.,  
Treasurer

**SPORTING INJURIES INSURANCE ACT 1978**

Order of Declaration under Section 5

IN pursuance of section 5 of the Sporting Injuries Insurance Act 1978, I declare by this Order the BYRON BAY TOUCH FOOTBALL ASSOCIATION to be a sporting organisation, for the purposes of the provisions of the Act, in respect of the activities of Touch Football.

JOHN GARBUTT,  
Acting Chairperson.

Sporting Injuries Committee,  
Sydney, 5 December 2001.

**SPORTING INJURIES INSURANCE ACT 1978**

Order of Declaration under Section 5

IN pursuance of section 5 of the Sporting Injuries Insurance Act 1978, I declare by this Order the WALKBALL NSW to be a sporting organisation, for the purposes of the provisions of the Act, in respect of the activities of Walkball.

JOHN GARBUTT,  
Acting Chairperson.

Sporting Injuries Committee,  
Sydney, 5 December 2001.

**THE SYDNEY WATER CATCHMENT MANAGEMENT ACT 1998**

Notice Under Section 38

IN accordance with section 36 of the Sydney Water Catchment Management Act 1998, the Sydney Catchment Authority has entered into Memoranda of Understanding with the Director-Generals of NSW Health and the Environment Protection Authority.

The purpose of these Memoranda is to form the basis for co-operative relationships between the signatories, including agreed areas of study and data exchange.

In July 2001 the Sydney Catchment Authority placed on public exhibition amended Memoranda of Understanding with the above agencies.

The Sydney Catchment Authority now provides notice of execution of the amended Memoranda of Understanding with the above agencies in accordance with section 38 (5) of the Sydney Water Catchment Management Act 1998.

The dates of execution for the amended Memoranda are 28 November 2001 for NSW Health and 4 December 2001 for the Environment Protection Authority.

Copies of the Memoranda can be obtained by telephoning the Sydney Catchment Authority on 4731 0213 or downloading from the Sydney Catchment Authority's website at [www.sca.nsw.gov.au](http://www.sca.nsw.gov.au) (in the Information and Reports section).

