

RIPEN Transition Plan

Office of the Chief Nursing and Midwifery Officer



Introduction

The Department of Health (**DoH**) is committed to ensuring rural and isolated communities have access to, and quality use of, medications. Registered nurses (**RNs**) holding the Nursing and Midwifery Board of Australia (**NMBA**) *Endorsement for scheduled medicines for nurses (rural and isolated practice)* (**RIPEN**) provide rural and isolated communities access to medicines when traditional prescribers are not available.

The importance of this model of care cannot be understated, as these nurses provide essential services, without which vulnerable people may go without care. However, after national consultation by the NMBA it has been agreed that this endorsement will be discontinued, as the majority of jurisdictions had alternate mechanisms to enable supply and administration of scheduled medicines under protocol. In June 2017 there were 821 RIPENs in Queensland, which was 73.5% of the total 1,117 RNs with this endorsement in Australia. As such, this is a significant issue within the Queensland context and transitional planning is underway.

Key messages

1. The Queensland government is committed to rural and isolated communities having access to, and quality use of medicines.
2. Queensland's rural and isolated practice nurses who have been granted RIPEN endorsement by the NMBA are able to provide medications under protocol.
3. The NMBA's decision to discontinue the RIPEN endorsement will not affect service delivery in Queensland's rural and isolated communities.
4. The NMBA has agreed it will not discontinue the RIPEN endorsement until Queensland Health has introduced alternative provisions to allow nurses to provide medications under protocol in rural and isolated communities.
5. Queensland Health will work with key stakeholders to amend the legislative framework to enable rural and isolated practice nurses to continue to supply and administer medications to the extent that they currently do.

Background

In March 2010, the Council of Australian Governments (**COAG**) Health Council approved the NMBA proposal for a registration standard for endorsement in relation to scheduled medicines for RNs, and established the RIPEN national endorsement. The RIPEN endorsement describes the requirements for a RN to be qualified to obtain, administer and supply scheduled medicines for nursing practice in a rural and isolated practice area. It is important to note, the endorsement to supply does not imply an RN's competence to work in rural and isolated practice, only that they are qualified to obtain, supply, and administer scheduled medicines under protocol.

In 2013 the NMBA consulted about expanding the RIPEN endorsement to enable RNs other than those working in rural and isolated practice areas to be able to supply medicines under protocol. Feedback indicated that the endorsement was no longer required as the poisons legislation and associated policies in most jurisdictions facilitated the safe supply of medicines under protocol by RNs. Subsequently, in 2015 the NMBA consulted about discontinuing the RIPEN endorsement.

In July 2018, the NMBA released a public consultation Paper ‘Proposed Registration standard: Endorsement for schedule medicines for RNs prescribing in partnership, in which the NMBA is proposing the *Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership*. This model would enable RNs to prescribe within their level of competence and scope of practice in partnership with a partner prescriber.

While prescribing in partnership remains in development, it appears unlikely there would be an automatic transition of the RIPENs to the proposed prescribing on partnership endorsement, as this is a higher level of prescribing requiring supervision. While some RIPENs may choose to obtain the proposed endorsement there will be no expectation that RIPENs obtain this to continue their current level of practice. The implementation of RIPEN transitional arrangements will be progressed independently of the proposed prescribing in partnership.

Options

Option 1. **Do nothing** - While the NMBA have stated that they will not remove the RIPEN endorsement until alternative provisions are in place, they require the development of alternate provisions in a timely manner, and there has been an agreement to discontinue the endorsement. Combined with the fact that the national consultation found a lack of support for the endorsement, the ‘do nothing’ option is not considered to be viable.

Option 2. **Work within the existing legislation** - There are pathways that are compliant with the current HDPR by which could be used to allow suitably trained RNs to supply or administer specific medicines without a patient-specific instruction from an authorised prescriber. However, these pathways are not practical ways of providing the necessary legal authority for over 800 RIPEN to administer and supply medicines.

Option 3. **Amend the legislative framework** - The fundamental issue with the removal of the national endorsement is that it is used in the definition of a RIPEN in the HDPR as follows: ‘*Rural and isolated practice area endorsed nurse means a registered nurse whose registration is endorsed under the Health Practitioner Regulation National Law as being qualified to obtain, supply and administer S2, S3, S4 and S8 drugs or poisons for practising nursing in a rural and isolated practice area.*’ This issue could be resolved by amending the legislative framework so that it does not refer to the endorsement. However, further work is required to ensure the necessary governance is in place to support this.

Preferred Option

Option 3. Amend the legislative framework

Key milestones and timeframes

Milestone	Timeframe	By whom
RIPEN transition video conference information forums	Aug – Sep 2019	DoH / QNMU
Establish advisory working group from key stakeholders	Sep 2018	DoH
Develop detail of amendments / arrangements	Sep – Nov 2018	Working group
Consult on proposed amendments / arrangements	Dec 2018	DoH
Finalise transitional amendments / arrangements	Jan – Feb 2019	DoH
Approval of transitional amendments / arrangements	Mar – Apr 2019	Minister
Develop communication materials ie factsheets etc	Apr – May 2019	DoH
Notify key stakeholders	May 2019	DoH
External communication of new framework	Jun 2019	DoH / QNMU
Introduce new framework	Jul 2019	DoH
Evaluation of amendments	Oct – Nov 2019	DoH