

Consultation Paper - Proposed scope of practice amendments to the *Health (Drugs and Poisons) Regulation 1996*

Introduction

The *Health (Drugs and Poisons) Regulation 1996* (HDPR) prescribes controls over the possession, supply, administration and other activities for substances listed in the *Standard for the Uniform Scheduling of Medicines and Poisons*. It details who can carry out regulated activities with scheduled medicines in Queensland.

A number of scope of practice amendments are proposed to the HDPR to:

1. extend the authority of physiotherapists to administer schedule 3 and schedule 4 medicines and to provide authority for clinical perfusionists, respiratory scientists, nuclear medicine technologists and speech pathologists to administer specified medicines.
2. streamline the way in which authorities are conferred on nationally-endorsed practitioners.

The proposed amendments are detailed in this consultation paper. The purpose of this consultation paper is to invite feedback on the proposed amendments from identified industry stakeholders. If you have any questions in relation to this consultation, please contact:

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Amendments to authorise administration of specified medicines by certain classes of allied health practitioner

The administration of medicines by certain classes of allied health practitioner is not authorised under the HDPR. Administration of these medicines is entrenched in diagnostic protocols and/or routine clinical practice for these professions and is common practice in many jurisdictions.

The ability of the specified allied health practitioner to administer medication at the appropriate time can increase the efficacy of the investigation or treatment, reduce the number of transactions in the patient journey and may improve treatment outcomes.

Temporary authority to administer these medicines has been granted to individuals under the case-by-case approval provision of the HDPR.

It is proposed to amend the HDPR to extend the authority of physiotherapists to administer schedule 3 and schedule 4 medicines and to provide authority for clinical perfusionists, respiratory scientists, nuclear medicine technologists and speech pathologists to administer specified medicines. The proposals are detailed below.

Physiotherapists

Physiotherapy is a nationally regulated profession under the Health Practitioner Regulation National Law. A physiotherapist must be registered with the Physiotherapy Board of Australia and meet the Board's Registration Standards in order to practise in Australia.

Physiotherapists work in both public and private facilities across Queensland, performing assessment and providing treatment for a range of musculoskeletal, neurological and cardiorespiratory conditions.

Physiotherapists working in Queensland are authorised under s 259 of the HDPR to administer S2 medicines to the extent necessary to practise physiotherapy but are not authorised to administer schedule 3 or schedule 4 medicines.

Entry-level education for physiotherapists includes units on anatomy, physiology, pathology and pharmacology. Practical administration of medicines is incorporated into clinical training.

Administration of medicines before and during clinical procedures undertaken by physiotherapists enables physiotherapy interventions to be implemented and enhances the effectiveness of physiotherapy treatments. Examples include:

- nebulised bronchodilators prior to chest physiotherapy
- pain relief prior to and/or during limb range of movement, mobilization and postural changes for palliative care and burns patients
- pain relief prior to assessment and treatment of acute musculoskeletal conditions.

The timing of the administration of these medicines is critical to the efficacy of the physiotherapy interventions. Amendments are therefore proposed to authorise physiotherapists to administer specified schedule 3 and schedule 4 medications.

Proposed amendment

It is proposed to extend the current authority for physiotherapists to include the following additional authorities:

- administration of specified schedule 3 medicines (simple analgesia and bronchodilators), on the written instruction of an authorised prescriber; or where the medicine has been legally supplied for the person, to the extent necessary to practice physiotherapy
- possess and administer specified schedule 4 medicines (bronchodilators) on the written instruction of an authorised prescriber; or where the medicine has been legally supplied for the person, immediately prior to or during physiotherapy treatment for respiratory disease
- possess and administer specified schedule 4 medicines (nitrous oxide) on the written instruction of an authorised prescriber and only in a hospital setting (which includes the emergency department).

Clinical perfusionists

Clinical perfusion is a self-regulated profession. The professional body is the Australasian Society of Cardio-Vascular Perfusionists (ANZCP).

Clinical perfusionists work in public and private hospitals in Queensland, under the direction of a medical practitioner, preparing and managing circuits for cardiac bypass or extracorporeal membrane oxygenation.

Clinical perfusionists perform their functions under the direct supervision of a medical practitioner.

Administration of schedule 3, schedule 4 and schedule 8 substances, including prescribed medications, anaesthetic agents and blood components, commonly occurs via the extracorporeal circuit in the anaesthetic, intensive care and surgical procedural environments in which clinical perfusionists operate.

Entry level clinical perfusion courses comprise a comprehensive pharmacology module and practical administration of medicines is incorporated into clinical training.

Amendments are therefore proposed to permit clinical perfusionists to possess and administer specified substances on the instruction and under the supervision of a suitable specialist medical practitioner.

Proposed amendment

It is proposed that an amendment authorise clinical perfusionists to:

- administer a schedule 3 medicine and possess and administer schedule 4 or schedule 8 medicines on the oral or written instruction and personal supervision of an anaesthetist or a cardiac surgeon and only in the following places:
 - in the anaesthetic, intensive care or surgical procedural environment; and
 - when administration of the scheduled medicines is into extracorporeal circulation equipment
- administer scheduled medicines into the extracorporeal circulation equipment under a written protocol signed by the supervising anaesthetists or cardiac surgeon, if necessary to prime the equipment prior to connection to a patient.

Respiratory Scientists

Respiratory science is a self-regulated profession. The relevant professional body is the Australian and New Zealand Society of Respiratory Science (ANZSRS).

Respiratory scientists work in both public and private facilities across Queensland performing respiratory investigations to identify bronchial hyper-responsiveness and reversibility in airway disease.

The timely administration of certain medications is critical to the efficacy of the investigations conducted by respiratory laboratories and is a requirement of Australia and New Zealand laboratory accreditation.

Respiratory scientists are suitably trained and assessed in the administration of these medications under the ANZSRS spirometry training guidelines and respiratory function examination guidelines.

However, as respiratory scientists are not authorised under the HDPR, they are not able to effect the timely administration of these medications. Amendments are therefore proposed to authorise respiratory scientists to administer particular schedule 2, schedule 3 and schedule 4 substances used in investigations by respiratory laboratories.

Proposed amendment

It is proposed that an amendment authorise respiratory scientists to:

- administer schedule 2 or schedule 3 medicines and possess and administer the specified classes of schedule 4 medicines (limited to anti-histamines for systemic use, adrenergic inhalants and diagnostic broncho-constrictor agents) on the written instruction of an authorised prescriber in a respiratory medicine testing environment to the extent necessary to conduct respiratory function tests
- administer a schedule 3 medicine (i.e. adrenaline) for the treatment of anaphylaxis provided the person has current first aid management of anaphylaxis training.

Nuclear Medicine Technologists

Nuclear medicine technology is a nationally regulated profession under the Health Practitioner Regulation National Law. A nuclear medicine technologist must be registered with the Medical Radiation Board of Australia (MRBA) and meet MRBA registration standards in order to practice in Australia.

Nuclear medicine technologists work in both public and private facilities in Queensland performing diagnostic procedures using radiopharmaceuticals to determine the presence of disease on the basis of mapped metabolic changes.

Administration of specified medicines (scheduled and unscheduled) is entrenched in nuclear medicine procedures as a means of improving the quality and definition of the imaging. The investigations requiring administration of scheduled medicines are considered usual practice for a nuclear medicine technologist. They are performed upon request from a medical officer.

As part of their mandatory professional training, nuclear medicine technologists are suitably trained and assessed for their competence in administering specified medications used in nuclear medicine procedures as a means of improving the quality and definition of imaging.

However, nuclear medicine technologists are not authorised to administer these medications. Amendments are therefore proposed to permit nuclear medicine technologists to administer these medications.

Proposed amendment

It is proposed that an amendment authorise nuclear medicine technologists to:

- administer schedule 2 and schedule 3 medicines and possess and administer the specified classes of schedule 4 medicines (limited to H2 receptor antagonists, angiotensin-converting-enzyme (ACE) inhibitors-plain and ACE inhibitors and diuretics) on the written instruction (for an individual patient) of an authorised prescriber in a nuclear medicine environment to the extent necessary to conduct diagnostic nuclear medicine investigations.

Speech Pathologists

Speech pathology is a self-regulated profession. The professional association is Speech Pathology Australia.

A sub-group of speech pathologists work in both public and private facilities across Queensland performing instrumental voice and swallow assessments, and management of laryngectomy patient including those with voice prostheses.

Administration of specific medications prior to performing nasendoscopy or the removal and insertion of voice prosthesis is usual practice in ear nose and throat clinics to reduce patient discomfort, improve tolerance of the procedure and improve passing the scope through the nasal cavity. These procedures are undertaken by both medical officers and speech pathologists with additional training.

Safe administration of medicines is not incorporated in entry-level training for speech pathologists. However, speech pathologists currently administering under the case-by-case approval provision of the HDPR have undertaken a course in safe administration of medicines to enable them to safely administer medicines prior to performing these procedures.

As speech pathologists with additional training in medication administration are not authorised under the HDPR they are not able to effect the timely administration of these medicines. Amendments are proposed to authorise speech pathologists who have undertaken additional training in safe administration of medicines to administer specified medications.

Proposed amendment

It is proposed that an amendment authorise a speech pathologist who has:

- current first aid management of anaphylaxis training and;
- completed a training course or program in the safe administration of medicines, which addresses specified competencies/modules approved by the chief executive, to:
 - administer schedule 2 and schedule 3 medicines and possess and administer the specified schedule 4 medicines (limited to antibiotic for dermatological use, topical corticosteroids) on the written instruction of an authorised prescriber to the extent necessary to practice speech pathology
 - administer a schedule 3 medicine (i.e. adrenaline) for the treatment of anaphylaxis.

Amendments to make authorities in the HDPR consistent with national endorsements

Under section 94 of the National Law, a national Board may grant a scheduled medicines endorsement, indicating a health practitioner is qualified to use a particular scheduled substance. The professions' scope of practice with medicines is specified in registration standards for scheduled medicines and associated guidelines which include medication formularies. However, before a practitioner may use the substances relevant to that endorsement, specific authority is also required under the HDPR.

Under section 95 of the National Law, the Nursing and Midwifery Board of Australia (NMBA) may endorse the registration of a nurse as being qualified to practice as a nurse practitioner. The scope of practice for each individual nurse practitioner is self-determined in accordance with standards, guidelines and frameworks issued by the NMBA. However, before the nurse practitioner may use the scheduled substances relevant to their scope of practice, the HDPR must provide authority to carry out those activities.

Even though a practitioner is considered qualified to perform particular regulated activities under the National Law, they will only be permitted to carry out these activities in Queensland if authorised under the HDPR. Some of the HDPR authorities are inconsistent with the national endorsements. For example:

- the HDPR specifies the individual medicines that an endorsed health practitioner such as a podiatrist can use – the prescribed medicines are more limited than those that the health practitioner is considered qualified to use under the National Law endorsement
- in some cases, practice must occur under a protocol, such as the Ocular Therapeutics Protocol, the Drug Therapy Protocol – Midwives and the Drug Therapy Protocol – Nurse Practitioners (nurse practitioners) – these protocols place additional restrictions on practitioners that do not reflect their scope of practice under the National Law endorsements.

This has resulted in inconsistencies for these professions, between the authorities conferred in the HDPR and their national endorsements.

The proposed changes will allow these health practitioners to work to their full scope of practice. This will benefit the community by facilitating improved access to medicines and timely treatment and by decreasing the number of transactions in the patient journey. Additionally, workforce availability, productivity and mobility may be improved. The amendments also provide more clarity in the HDPR about the extent of the authority for these practitioners, which may assist both the public and other health practitioners.

For future changes to the scope of practice with medicines for nationally-endorsed professions, there is a rigorous process to which National Registration Boards must adhere in order to amend registration standards, guidelines and lists of approved medicines. The process is governed by the Council of Australian Government Health Council and any amendments must be approved by the Minister for Health from each jurisdiction.

It is proposed that the HDPR is amended to confer on practitioners with scheduled medicines endorsements the necessary authority in accordance with the terms of the scheduled medicine endorsement granted under the National Law and to remove the requirement for a nurse practitioner to practice under a drug therapy protocol. The proposed amendments for each profession are detailed below.

Podiatrists

The Podiatry Board of Australia can, under section 94 of the National Law, endorse a registrant as being qualified to administer, obtain, possess, prescribe, sell, supply or use Schedule 2, 3, 4 or 8 medicines to patients for the treatment of podiatric conditions from a list approved by the Board (the National Podiatry Scheduled Medicines List) stated in Appendix B of the Guidelines for endorsement for scheduled medicines published by the Board.

The National Podiatry Scheduled Medicines List specifies the Schedule 2, 3, 4 and 8 drugs that an endorsed podiatrist is qualified to use, including the restriction of certain drugs or routes of administration to those podiatrists with endorsement for scheduled medicines who have registration as a surgical podiatrist.

However, before an endorsed podiatrist may use the substances relevant to that endorsement, specific authority is also required under the HDPR.

The HDPR authorises podiatrists with a national scheduled medicines endorsement (including those with specialist registration as a surgical podiatrist) by listing individual medicines and conditions in Appendix 2C. No reference is made to the National Podiatry Scheduled Medicines List (National List). This has resulted in inconsistencies between the authorities conferred within Queensland and the national endorsement for podiatrists. For example, the HDPR provides additional restrictions on dosage which may restrict treatment in exceptional cases. For podiatrists with specialist registration as a surgical podiatrist, the National List includes administration of injectable antibiotics, and prescribing of a broader range of antibiotics that are currently restricted under the HDPR.

The proposed amendment would give endorsed podiatrists authority in accordance with the terms of the scheduled medicines endorsement granted under the National Law for the scheduled medicines approved by the Board. The approved medicines in the HDPR would be defined by reference to the National Podiatry Scheduled Medicine List. This would avoid the need to update the Regulation each time the National Podiatry Scheduled Medicine List changes.

Podiatrists with general registration (non-endorsed podiatrists) also have limited authority under the HDPR to obtain, possess and administer (not prescribe) specified schedule 2, schedule 3 and schedule 4 medicines to the extent necessary to practice podiatry. No changes to the authority for podiatrists without a scheduled medicines endorsement are proposed.

Optometrists

The Optometry Board of Australia can, under section 94 of the National Law, endorse a registered optometrist as being qualified to prescribe or supply schedule 2, 3, or 4 medicines to patients for the treatment of conditions of the eye, from a list approved by the Board stated in Table 1 of the Endorsement for scheduled medicines registration standard and Appendix C of the Guidelines for endorsement for scheduled medicines published by the Board.

However, before an endorsed optometrist may use the substances relevant to that endorsement, specific authority is also required under the HDPR. The authorities in the HDPR for optometrists with a national scheduled medicines endorsement provide that the practice must occur under a protocol - the Ocular Therapeutics Protocol. Providing authorities in this way has resulted in inconsistencies between the authorities conferred within Queensland and the national endorsement for optometrists. For example, the HDPR does not give an as-of-right authority for endorsed optometrist to prescribe a compounded medicine, such as when a lower dose of a commercially available medicine must be

produced for treatment. A number of endorsed optometrists have been granted temporary individual authority under the case-by-case approval provision of the HDPR to enable them to prescribe a compounded medicine for ocular use.

The proposed amendment would give endorsed optometrists authority in accordance with the terms of the scheduled medicines endorsement granted under the National Law for the scheduled medicines approved by the Board and remove the requirement for endorsed optometrists to practice under the Ocular Therapeutics Protocol. It would also remove the restriction preventing endorsed optometrists obtaining, possessing, administering or prescribing compounded medicines.

Optometrists with general registration (non-endorsed optometrists) also have limited authority under the HDPR to obtain, possess and administer (not prescribe) specified schedule 2, schedule 3 and schedule 4 medicines to the extent necessary to practice optometry. No changes to the authority for optometrists without a scheduled medicines endorsement are proposed.

Midwives

The Nursing Midwifery Board of Australia (NMBA) can, under section 94 of the National Law, endorse a registered midwife as being qualified to prescribe specified Schedule 2, 3, 4 or 8 medicines and to provide associated services required for midwifery practice for the management of women and their infants in the antenatal, intrapartum and post-natal stages of pregnancy and birth from a list approved by the Board – The Prescribing formulary for midwives with a scheduled medicines endorsement.

Under the HDPR, endorsed midwives are authorised to prescribe schedule 4 medicines to the extent necessary to practice midwifery. In addition, endorsed midwives are authorised under the Drug Therapy Protocol – Midwives (Midwives DTP) to obtain, possess and administer specified schedule 2, 3, 4 and 8 medicines to the extent necessary to practice midwifery. Endorsed midwives are not currently authorised under the HDPR to prescribe schedule 8 medicines, even though they are considered qualified to do so under the National Law endorsement.

The proposed amendment would give endorsed midwives, a specific authority in the HDPR to prescribe schedule 8 medicines in accordance with the terms of the scheduled medicines endorsement granted under the National Law for the scheduled medicines approved by the Board.

The amendments would ensure that, in addition to recognising the national endorsement, endorsed midwives would retain the ability to obtain, possess and administer the specified schedule 2, 3, 4 and 8 medicines in the Midwives DTP.

Midwives with general registration (non-endorsed midwives) also have limited authority under the HDPR to obtain, possess and administer specified schedule 2, 3, 4 and 8 medicines under the Midwives DTP. No changes to the authority for these registered midwives without a national scheduled medicines endorsement are proposed.

Nurse practitioners

The NMBA can, under the section 95 of the National Law, endorse a registered nurse as being qualified to practice as a nurse practitioner. Nurse practitioners endorsed by the NMBA are qualified to prescribe medicines within their scope of practice. The actual scope of practice of individual practitioners is self-determined, and is influenced by the settings in which they practise, the level of competence and confidence of the nurse and the way health services are delivered by different service providers.

Under the HDPR, a nurse practitioner is authorised to undertake a wide range of regulated activities under the Nurse Practitioner Drug Therapy Protocol (Nurse Practitioner DTP). The Nurse Practitioner DTP does not provide a formulary of medicines for nurse practitioners. The Nurse Practitioner DTP only requires the nurse practitioner to publish their scope of practice area on the Department website and review their scope regularly, which provides no greater public protection than the self-regulation already required by the National Law.

The proposed amendments would remove the requirement in the HDPR for a nurse practitioner to practice under the Nurse Practitioner DTP. This means the nurse practitioner's nationally endorsed scope of practice will be automatically recognised in Queensland without first being published on the Department of Health website. However, the HDPR will retain the safety requirement in the Nurse Practitioner DTP which only allows activities to be carried out with Therapeutic Goods Administration-approved substances.

Consultation questions

1. Do you have any specific or general comments about the proposed change to the *Health (Drugs and Poisons) Regulation 1996* to extend the authority of physiotherapists to administer schedule 3 and 4 medicines and to providing authority for clinical perfusionists, respiratory scientists, nuclear medicine technologists and speech pathologists to administer specified medicines?
2. Do you have any specific or general comments about the proposed change to the *Health (Drugs and Poisons) Regulation 1996* to streamline the way in which authorities are conferred on nationally-endorsed practitioners by conferring on practitioners with a scheduled medicines endorsements, the necessary authority in accordance with the terms of the scheduled medicine endorsement granted under the National Law and removing the requirement for a nurse practitioner to practice under a drug therapy protocol?

Please provide feedback using the subject heading 'Proposed scope of practice amendments to the HDPR' to the Allied Health Professions' Office of Queensland via email: allied_health_advisory@health.qld.gov.au
or post:

Allied Health Professions' Office of Queensland
GPO Box 48
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Please include your name, organisation and contact details in your response.

The Department of Health values stakeholder feedback and would appreciate responses **by COB Monday 18 June 2018**.