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| New Victorian legal arrangements for Rural and Isolated Practice Registered Nurses |
| Factsheet for small rural health services, bush nursing centres & bush nursing hospitals – Updated December 2021 |
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# What is happening and why?

Victoria has updated the legislation to govern the practice of registered nurses who currently have a Scheduled Medicines (Rural and Isolated Practice) Endorsement (the RIP endorsement) on their registration from the Nursing and Midwifery Board of Australia (NMBA).

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.

As Victorian legislation specifically refers to the RIP endorsement, new legal mechanisms are required in Victoria to enable Rural and Isolated Practice Endorsed Registered Nurses (RIPERNs) to continue their medicines practice and ensure timely access to care and medications in the rural urgent care centres and bush nursing settings for their local communities.

On 1 February 2022, Victoria is changing its drugs and poisons regulatory scheme to safeguard the RIPERN model of care.

The Drugs, Poisons and Controlled Substances Regulations 2017 now includes a provision for the Secretary of the Department of Health to establish a new class of registered nurse – an approved registered nurse – according to specified criteria. In addition, the Secretary can approve the obtaining, possession, sale, supply or administration of Schedule 2, 3, 4 and 8 poisons in certain conditions and according to health management protocols in the Primary Clinical Care Manual.

These authorising conditions are similar to existing circumstances, with additional conditions requiring evidence of professional experience and record keeping.

# What does this mean for my organisation?

* The role title will change from RIPERN to Rural and Isolated Practice Registered Nurse (RIPRN).
* The day-to-day practise of RIPRNs will not change. However, from 1 February 2022, RIPRNs in Victoria will no longer rely on the NMBA’s RIP endorsement for their qualification to practise as a RIPRN.
* Nurses who hold the NMBA RIP endorsement on 1 February 2022 will not be subject to Secretary Approval conditions relating to previous work experience and education.
* To practice as a RIPRN in Victoria, a nurse must be working in a designated rural urgent care centre, bush nursing centre or bush nursing hospital and meet the competence, education and experience requirements specified in the Secretary Approval. This includes:
* 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[[1]](#footnote-2); and
* maintain appropriate records as evidence of these competence, education and experience requirements.
* Where a RIPRN changes employers and requires evidence of prior RIP endorsement they should contact the NMBA for appropriate documentation.
* A RIPRN is still eligible for the additional payment for gaining specialist RIPRN qualifications through the current enterprise agreement.

# What does my organisation need to do?

* A Secretary Approval is not intended to operate in isolation. The RIPRN role is subject to their employer’s clinical governance framework including scope of practice, credentialing and supervision of individual nurses, approval of medicines through the health service Drugs and Therapeutic Committee, accreditation under the National Safety and Quality Health Service Standards and implementation of local operating policies.
* Mechanisms previously established for the organisational oversight of RIPERNs can be applied to RIPRNS.
* Your organisation will need to:
  + ensure RIPRNs are registered as a Registered Nurse with the NMBA.
  + 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 Primary Clinical Care Manual. Assessment against the Australian Commission on Safety and Quality in Health Care’s Clinical Governance Standard and the NMBA standards for practice is an important measure to ensure initial and continuing competence of registered nurses, including RIPRN.
  + 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.
  + ensure the RIPRN can obtain clinical assistance from a registered medical practitioner or nurse practitioner if it is necessary.
  + ensure the RIPRN 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.
  + provide the Department of Health with data related to the employment and performance of RIPRNs upon request.
  + maintain a clinical governance structure and processes that enable the monitoring, management and reporting on the clinical risks and incidents relating to the RIPRN function.

# Where can I find more information?

You can find more detailed information about the changes in our guide for health services and RIPRNs, located on the following website <<https://www.health.vic.gov.au/rural-health/rural-and-isolated-practice-registered-nurse>>.

There is also a website listing Secretary Approvals in Victoria, at <https://www2.health.vic.gov.au/public-health/drugs-and-poisons/drugs-poisons-legislation/secretary-approvals>.

The Victoria Government Gazette website lists new and updated legislation and regulations, at <http://www.gazette.vic.gov.au/gazette\_bin/recent\_gazettes.cfm?bct=home|recentgazettes>.

A link to the amended Drugs and Poisons Regulations 2017 is available here <<https://www.legislation.vic.gov.au/in-force/statutory-rules/drugs-poisons-and-controlled-substances-regulations-2017/008>>.

You can also contact your local Department of Health representative or send your queries to [nmw@dhhs.vic.gov.au](mailto:nmw@dhhs.vic.gov.au).

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. [↑](#footnote-ref-2)