



Victorian Healthcare Association

11 April 2008

Elise Sullivan  
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Rural & Regional Health Services Branch  
Department of Human Services  
50 Lonsdale Street  
Melbourne 3000

Dear Elise

**SUBMISSION: VICTORIAN HEALTHCARE ASSOCIATION LTD**  
Sustaining Rural Emergency Services: Proposal for Nurses to Supply Medicines

The Victorian Healthcare Association welcomes the opportunity to submit against the Sustaining Rural Emergency Services: Proposal for Nurses to Supply Medicines Discussion Paper [The Proposal].

**The Victorian Healthcare Association**

The Victorian Healthcare Association (VHA) is the major peak body representing the interests of the public healthcare sector in Victoria. Our members are public hospitals, rural and regional health services, community health services and aged care facilities. Established in 1938, VHA promotes the interests of its members.

In preparing this submission, VHA has consulted with its members and distilled a shared position aimed at improving the health of Victorians. This submission remains the position of VHA and does not supersede any submission or position stated by any member agency.

**Overview**

VHA is supportive of this initiative, believing that it increases equity of access to healthcare for those who need it. VHA has framed its submission around the three questions posed on page 28 of the proposal and will address any additional points following that.

**1. What difference would it make to your practice, your business or your health service and access to safe care?**

'The proposal' will assist rural agencies to sustain emergency services. VHA understands the impact of a dwindling medical workforce in rural Victoria. In an attempt to maintain a work-life balance; many rural practitioners are withdrawing from emergency on-call and Visiting Medical Officer (VMO) roles within rural health services.

VHA also notes that the majority of patients presenting to rural emergency departments do so with conditions not requiring life saving interventions. Instead, properly trained and endorsed Registered Nurses can safely, effectively and appropriately manage these conditions. 'The proposal' increases access to care for the patient whilst reserving access to life sustaining services through the utilization of VMOs.

VHA notes that this proposal is an inherent shift in responsibility from Commonwealth to State Government for rural acute care and insists that the full implications of this shift must be considered. Management of this shift can occur by identifying local policy and inter-organisational solutions to best meet the needs of the community being served.



Victorian Healthcare Association

The implementation of 'the proposal' must also ameliorate any potential population shift for healthcare whereby patients seek care from their local public health service rather than attending a General Practitioner (because of cost or accessibility reasons). An assessment of the implementations costs associated with any changes must be undertaken.

If 'the proposal' is successful, implementation cannot be immediate. A critical mass of appropriately trained and endorsed nurses will be required before moving forward. A strong feeling exists that any wording in 'the proposal' needs to be intentionally broad. This will ensure that the supply of medicines by Registered Nurses can be governed at a local level to meet local needs.

**2. Should this process be limited to endorsed nurses in rural hospitals and Bush Nursing Centres, or extended to other community and health services and settings? On what basis would you limit or extend the scope of this proposal?**

Scope of Practice is defined by three broad factors:

- i. Statutory Authority via appropriate legislation
- ii. Competency and Endorsement of the Practitioner via a statutory body
- iii. Policies, procedures, credentialing and approval by an employer

'The proposal' seeks to amend legislation, permitting Registered Nurses to supply medicines in certain situations. It is VHA's belief that this permission should be broad ranging and not restrict nurses based on their employer or their geographical location. By doing this, effective management of 'the proposal' can be facilitated through local health service policy and endorsement as and where appropriate.

'The proposal' holds relevance for isolated satellite community health service sites that are not supported by a small rural health service or General Practitioner. While nurses in these situations are often employed in a rural and remote nursing capacity; this proposal would provide clearer authority for nurses called upon to provide acute care to their local population.

A case also exists for nurses supplying medicines in health services with 24 hour Medical Cover. In an environment where waiting times are integral to service success and patient satisfaction, effective patient care can be provided by appropriately qualified and endorsed nurses. This is particularly the case for rural/regional tourist destinations where small emergency departments see regular influxes of patients without the organisational capacity to manage them.

If 'the proposal' is restricted to nurses practising in rural Victoria; there needs to be a clear definition of the term 'rural'. VHA is concerned that Multi-purpose Services meet the rationale of services that will benefit from the proposal, yet they are not expressly mentioned in the document.

VHA's membership is very clear that any extension to a nurse's scope of practice should be at the discretion of the nurse concerned and occurs with the support of the nurse's employer. This change to legislation cannot result in a requirement for all Division I Registered Nurses to supply medicines. Any change must occur following approved training and endorsement against their professional registration.

**3. What are the positive and negative consequences of this proposal and any aspects of the implementation framework?**

As mentioned above, VHA views 'the proposal' as a positive initiative. While 'the proposal' is an important step forward to manage a current work crisis, VHA believes that 'the proposal' will also help to shape the rural health workforce of the future.



Victorian Healthcare Association

To support the implementation of 'the proposal', health services must be supported for the potential financial implications of this change. Currently, nurses providing care for acute arrivals at rural health services are drawn from other roles within the service, like the staffing of acute wards. Support must be given to services to ensure that they have workforce capacity to manage an increased acute workload; and that they are remunerated for any necessary backfilling.

Training and skills maintenance for nurses must take into account the distances in play in rural Victoria and the impacts that sending a cohort of senior nurses to training has on a small rural service. VHA recommends the adoption of a subsidy programme to assist nurses to attend essential training. The Allied Health Continuing Professional Development Subsidy Programme that VHA administers on behalf of DHS is a good model to build on. VHA believes that services must be compensated to backfill the positions of nurses attending training to gain this endorsement. Once nurses are endorsed, strategies for maintaining a nurse's skill base must be employed.

Proper implementation of 'the proposal' would also require the sourcing, storing and accounting of relevant medications which are likely to be in excess of the quantities currently held by health services. VHA's members accept the comments made in the discussion paper about managing the cost of medications, but they note that recouping this cost from patients adds an administrative impact for services, not addressed in the Discussion Paper.

VHA believes that the model applied in Queensland under the Primary and Clinical Care Manual and replicated under the Rural Collaborative Practice Model in Victoria provides a strong starting point for services to build on. In implementing this project, VHA supports the centralised development of policies, procedures and templates that can then be adapted to local needs where appropriate.

### Conclusion

VHA is in general support of this proposal and believes that it will increase equity of access to healthcare by allowing emergency services in rural Victoria to remain open. VHA has noted a number of issues it believes should be resolved to ensure for smooth implementation and operation of 'the proposal'.

If VHA or its member agencies can be of any assistance, please contact David Towl, Research and Policy Officer: [david.towl@vha.org.au](mailto:david.towl@vha.org.au) or telephone 03 9094 7722.

Kind Regards

A handwritten signature in black ink, appearing to read 'Trevor Carr', with a long horizontal flourish extending to the right.

Trevor Carr  
Chief Executive Officer