

**Responses to Office of the Chief Nursing and Midwifery Officer's proposal to
amend the *Medicines and Poisons (Medicines) Regulation 2021*
Submitted Wednesday 17 August 2022**

Dear Ms Russell,

Please find AMA Queensland's submission on OCNMO's proposal to amend the *Medicines and Poisons (Medicines) Regulation 2021* to enable registered nurses and midwives to administer the COVID-19 vaccine and insert & remove etonogestrel implants (including associated administration of lidocaine with adrenaline) in the table below as requested. Additional submissions are provided in the section below the table.

<i>Extended Practice Authority Registered Nurse</i>	SUPPORT	DO NOT SUPPORT	COMMENTS
<i>Amend Extended Practice Authority 'Registered Nurse' 2019 Part B and D, to:</i>			
<ul style="list-style-type: none"> include COVID-19 vaccine to authorise administration by Registered Nurses in rural and isolated practice areas (RIPRN) and immunisation program services (IPN). 	Yes		
<i>Amend Extended Practice Authority 'Registered Nurse' 2019 Part C, to:</i>			
<ul style="list-style-type: none"> add the insertion and removal of Long Acting Reversible Contraception, specifically, Etonogestrel implant (e.g. Implanon) 			See submission below table
<ul style="list-style-type: none"> enable RNs working under a sexual health program to administer Lidocaine with Adrenaline by local infiltration, to facilitate the insertion and removal of Etonogestrel implant. 			See submission below table

<i>Extended Practice Authority Midwives</i>	SUPPORT	DO NOT SUPPORT	COMMENTS
<i>Extended Practice Authority 'Midwives' 2019 to include:</i>			
<ul style="list-style-type: none"> • COVID-19 vaccine to authorise administration by Midwives who have successfully completed an approved immunisation program of study. 	Yes		
<ul style="list-style-type: none"> • the administration of Long-Acting Reversible Contraception, specifically, Etonogestrel implant (e.g. Implanon) • Lidocaine with Adrenaline by local infiltration, to facilitate the insertion and removal of Etonogestrel implant. 			See submission below table

AMA Queensland does not support the prescription and administration of contraceptives by registered nurses and/or midwives. These medications present significant potential for patient harm since they impact the whole body and can have a negative influence on glycaemic index, mood and other health conditions. AMA Queensland also notes that general practitioners in Australia must have medical indemnity insurance to cover risks associated with the prescription, insertion and removal of etonogestrel implants. There is nothing in OCNMO's proposal suggesting registered nurses or midwives will be required to obtain this same insurance.

As such, AMA Queensland can only support registered nurses and midwives inserting or removing etonogestrel implants and administering associated lidocaine with adrenaline after prescription by and in collaboration with a medical practitioner.

In addition to the above, AMA Queensland provides the following general feedback in relation to the consultation and associated documents:

- The consultation paper relating to the proposed amendments to enable administration of long-acting reversible contraception cites the Australian Medical Association's Position Statement on Women's Health (2014) as support for the statement "Enabling appropriately qualified nurses and midwives to administer LARC would improve access to suitable health care for women living with a disability".
 - AMA Queensland rejects the citation of the AMA paper as supporting this statement and requests this reference be deleted immediately. The AMA paper does not support the statement in any way and, in fact, does not reference midwives at all and only mentions nurses once in the context of ancillary health services in community-based health centres.
 - On the contrary, the paper states the following which is relevant to OCNMO's proposed amendments (emphasis added):
 - *The AMA acknowledges the important role of community-based health centres that support women's healthcare needs, provide outreach to socially and economically disadvantaged women, and*

*provide a focus for support groups, nursing and other ancillary health services. **Such services should not be a substitute for mainstream health services, but can provide a complementary service system.***

- ***Women with a disability have the same right as other women to safe, reliable and personally suitable contraception.***
- *The AMA supports a combination of initiatives to provide regional and rural areas with a more equitable share of the **medical workforce**. This should include recruitment and retention initiatives for **medical practitioners**, and flexible work arrangements all owing a better balance between work and personal/family commitments. Outreach programs to provide funding assistance for **specialists** visiting rural and remote areas are a valuable means to enhance the delivery of services in these areas. These programs should be adequately funded and directed to communities where an unmet need is established.*
- The citation of the AMA paper is misleading and highly unprofessional and must be deleted.
- The 'Background' sections of both consultation papers provide justification for the proposed amendments and reference *Unleashing the Potential* (Queensland Health, 2020) as identifying a need for clinical staff "to work to full scope of practice". AMA Queensland, however, notes the amendments would *increase* the scope of practice for both midwives and registered nurses (as also stated in both consultation papers). The proposed amendments therefore go beyond the need identified in the report and, as such, the report should not be used by OCNMO to support the case for regulatory change. This reference should be deleted.
- The timeframe provided for submissions on the proposed amendments was seven (7) business days. This is insufficient for peak bodies to provide a considered and comprehensive response. AMA Queensland requests a more appropriate timeframe of at least 14 business days be given for future consultations.

Yours sincerely,

AMA Queensland.