

22 December 2009

The Hon John Hill MP
Chair, Australian Health Workforce Ministerial Council
Minister for Health
GPO Box 2555
ADELAIDE SA 5001

Dear Minister

Proposals for Ministerial Council approval

I am pleased to submit the attached proposals from the Nursing and Midwifery Board of Australia (NMBA) on mandatory registration standards, and registration standards for endorsements for nurse practitioner and for scheduled medicines for the Ministerial Council's approval.

The proposals for registration standards are submitted in line with schedule 7, clause 30 of the *Health Practitioner Regulation National Law Act 2009* (Qld) (the national law).

The proposals submitted relate to:

- criminal history registration standard
- English language requirements registration standard
- professional indemnity insurance arrangements registration standard
- continuing professional development registration standard
- recency of practice registration standard
- endorsement for nurse practitioners
- endorsement for scheduled medicines for eligible midwives, and
- endorsement for scheduled medicines for eligible registered nurses

Common minimum registration standards across all boards are proposed for criminal history matters.

The proposals have been subject to wide-ranging consultation as required in relation to registration standards, section 40 of the national law. Comments have been received from the health sector, governments and other stakeholders. The NMBA received supportive advice from the Heads of all health departments across Australia on the matters under consideration.

The NMBA has withdrawn a draft registration standard for midwife practitioners following consultation. There was widespread opposition to the need for endorsement of midwife practitioners from every professional organisation. The NMBA recognises the potential impact of this decision on the registration of midwife practitioners and notes that the transitioning of the endorsements of the current midwife practitioner from New South Wales

into the new scheme under section 278 of the National Law will ensure continuity of service provision.

The NMBA has given a lot of consideration to the proposed endorsement for scheduled medicines for eligible registered nurses and has decided to put forward a generic proposal for prescribing for approval under section 14. There is currently great variation between the jurisdictions on how authorisations for prescribing and supply of scheduled medicines are handled with some jurisdictions relying more on endorsements from registration bodies than others. There is also variation in the areas of practice and lists of medicines covered by such endorsements. For example, some jurisdictions use endorsements under practitioner registration legislation to enable nurses practising in rural and remote practice or immunisation or sexual health to access scheduled medicines.

The NMBA has received no formal feedback from the Governance Committee on its proposed endorsement for scheduled medicines for registered nurses and understands that jurisdictions have differing views on this matter. A suggestion that an endorsement for prescribing scheduled medicines should be restricted to nurses practising in rural and remote areas has been carefully considered along with a range of submissions.

The NMBA has taken the approach that it is important to set national qualifications and registration criteria for such endorsements which should apply consistently to every area of practice. The registration standard will provide a flexible framework able to be applied to a wide range of circumstances under which governments may wish registered nurses to prescribe over the next few years. The endorsement process will provide a level of confidence in the safety of endorsed nurses to prescribe, while authorisation of prescribing remains under State and Territory Drugs and Poisons legislation and will be determined by governments. Linkages between government's decisions on authorisation and endorsement by the NMBA have been strengthened in this proposal by the addition of a requirement that in order to be eligible for an endorsement, the nurse must not only meet the qualification requirements but also be employed in a position which requires her or him to prescribe. Under this model, employers will control the specific scheduled medicines able to be prescribed by nurses in specific roles.

I advise that the development of the proposals has been consistent with the Australian Health Practitioner Regulation Agency's *Procedures for Development of Registration Standards* which the Agency issued under section 20(1)(a) of the *Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008 (Qld) (Act A)*.

The Board looks forward to receiving the approval of the Ministerial Council of its proposals for registration standards under section 12 of the National Law and approval of endorsements for scheduled medicines under section 14.

Yours sincerely



Anne Copeland
Chair
Nursing and Midwifery Board of Australia



Proposals to the Australian Health Workforce Ministerial Council on registration standards and related matters

1 Mandatory registration standards

1.1 Criminal history

Nursing and Midwifery Board of Australia Criminal history standard

Summary

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the 10 factors set out in this standard. While every case will need to be decided on an individual basis, these 10 factors provide the basis for the Board's consideration.

Scope of application

This standard applies to all applicants and all registered health practitioners. It does not apply to students.

Requirements

In deciding whether a health practitioner's criminal history is relevant to the practice of their profession, the Board will consider the following factors:

1. The nature and gravity of the offence or alleged offence and its relevance to health practice.

The more serious the offence or alleged offence and the greater its relevance to health practice, the more weight that the Board will assign to it.

2. The period of time since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place greater weight on more recent offences.

3. Whether a finding of guilt or a conviction was recorded for the offence or a charge for the offence is still pending.

In considering the relevance of the criminal history information, the Board is to have regard to the type of criminal history information provided. The following types of criminal history information are to be considered, in descending order of relevance:

- (a) convictions
- (b) findings of guilt
- (c) pending charges
- (d) nonconviction charges; that is, charges that have been resolved otherwise than by a conviction or finding of guilt, taking into account the availability and source of contextual information that may explain why a nonconviction charge did not result in a conviction or finding of guilt.

4. The sentence imposed for the offence.

The weight the Board will place on the sentence will generally increase as the significance of the sentence increases, including any custodial period imposed. The Board will also consider any mitigating factors raised in sentencing, where available, including rehabilitation.

5. The ages of the health practitioner and of any victim at the time the health practitioner committed, or allegedly committed, the offence.

The Board may place less weight on offences committed when the applicant is younger, and particularly under 18 years of age. The Board may place more weight on offences involving victims under 18 years of age or other vulnerable persons.

6. Whether or not the conduct that constituted the offence or to which the charge relates has been decriminalised since the health practitioner committed, or allegedly committed, the offence.

The Board will generally place less or no weight on offences that have been decriminalised since the health practitioner committed, or allegedly committed, the offence.

7. The health practitioner's behaviour since he or she committed, or allegedly committed, the offence.

Indications that the offence was an aberration and evidence of good conduct or rehabilitation since the commission, or alleged commission of the offence, will tend to be a mitigating factor. However, indications that the offence is part of a pattern of behaviour will tend to have the opposite effect.

8. The likelihood of future threat to a patient of the health practitioner.

The Board is likely to place significant weight on the likelihood of future threat to a patient or client of the health practitioner.

9. Any information given by the health practitioner.

Any information provided by the health practitioner such as an explanation or mitigating factors will be reviewed by the Board and taken into account in considering the health practitioner's criminal history.

10. Any other matter that the Board considers relevant.

The Board may take into account any other matter that it considers relevant to the application or notification. A Board will not require an applicant or registered health practitioner to provide further information that may prejudice their personal situation pending charges and the Board must not draw any adverse inference as a result of the fact that information has not been provided.

Note: the above factors have been numbered for ease of reference only. The numbering does not indicate a priority order of application.

Definitions

Criminal history is defined in the National Law as:

- every conviction of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law
- every plea of guilty or finding of guilt by a court of the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law and whether or not a conviction is recorded for the offence
- every charge made against the person for an offence, in a participating jurisdiction or elsewhere, and whether before or after the commencement of this Law.

Under the National Law, spent convictions legislation does not apply to criminal history disclosure requirements.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

1.2 English language skills

Nursing and Midwifery Board of Australia

English language skills standard

Summary

All applicants must be able to demonstrate English language skills at IELTS academic level 7 or the equivalent, and the Board may require this in a number of ways.

An internationally qualified applicant or an applicant who did not undertake and complete their secondary education to the requisite level required for entry into a nursing or midwifery program, taught and assessed in English must demonstrate that they have the necessary English language skills for registration purposes by achieving the required minimum score in each component of the IELTS academic module, OET or specified alternatives (see 'Definitions', below). Test results will generally need to be obtained within two years prior to applying for registration. The Board may grant an exemption in specified circumstances.

Scope of application

This standard applies to all applicants for registration. It does not apply to students.

Requirements

1. An applicant who is:
 - (a) an internationally qualified applicant, or
 - (b) an applicant who did not undertake and complete their secondary education to the requisite level required for entry into a nursing or midwifery program, taught and assessed in Englishmust arrange for evidence to be provided to the Board of competency in English language skills as demonstrated by having completed the following tests of English language proficiency:
 - (a) the IELTS examination (academic module) with a minimum score of 7 in each of the four components (listening, reading, writing and speaking); or
 - (b) completion and an overall pass in the OET with grades A or B only in each of the four components.
2. Results must have been obtained within two years prior to applying for registration.
3. Results from any of the abovementioned English language examinations must be obtained in one sitting.
4. The applicant is responsible for the cost of English tests.
5. The applicant must make arrangements for test results to be provided directly to the Board by the testing authority; for example, by secure internet login.

Exemptions

1. The Board may grant an exemption where an applicant applies for limited registration in special circumstances, such as:
 - (a) to perform a demonstration in clinical techniques
 - (b) to undertake research that involves limited or no patient contact
 - (c) to undertake a period of postgraduate study or supervised training while working in an appropriately supported environment that will ensure patient safety is not compromised.These special circumstances exemptions will generally be subject to conditions requiring supervision by a registered health practitioner and may also require the use of an interpreter.
2. The Board reserves the right at any time to revoke an exemption and/or require an applicant to undertake a specified English language test.

Definitions

IELTS means the International English Language Testing System developed by the University of Cambridge Local Examinations Syndicate, The British Council and IDP Education Australia (see <http://www.ielts.org/>).

OET means Occupational English Test (OET) administered by the Centre for Adult Education (see

<http://www.occupationalenglishtest.org/>).

An **internationally qualified applicant** means a person who qualified as a health practitioner outside Australia.

One sitting means the period of time set by the testing authority for completion of the test. For example, IELTS states that the listening, reading and writing components of the test are always completed on the same day. Depending on the test centre, the speaking test may be taken up to seven days either before or after the test date.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years.

1.3 Professional indemnity insurance arrangements

Nursing and Midwifery Board of Australia

Professional indemnity insurance arrangements standard

Summary

Nurses and midwives must not practise their professions unless they are covered in the conduct of their practice by appropriate professional indemnity insurance (PII) arrangements.

Scope of application

This standard applies to registered and enrolled nurses; registered nurses endorsed as nurse practitioners; registered midwives; and registered midwives endorsed as midwife practitioners.

It does not apply to students of nursing and midwifery; to nurses and midwives who have nonpractising registration, or to registered midwives who are exempted under the National Law (see 'Definitions', below).

Requirements

1. When applying for registration or renewal of registration, nurses and midwives will be required to declare that appropriate PII arrangements are, or will be, in place while they practise nursing or midwifery.
2. Nurses and midwives who hold private insurance cover in their own name are required to retain documentary evidence of their insurance and to provide it to the Board on request. Self-employed midwives must provide full disclosure of their level of PII to their clients.
3. Nurses and midwives in a genuine employment or student relationship would be covered vicariously by the employer's or education institution's insurance. It is the nurse or midwife's responsibility to understand the nature of the cover under which they are practising. Nurses and midwives to whom this applies may be required by the Board in a limited number of circumstances to seek documentation from their employers, or education institutions to verify PII cover.
4. Nurses and midwives, unless exempted under the National Law, will require professional indemnity insurance to cover the full scope of their practice, whether employed or self-employed.
5. Nurses and midwives in different types of practice will require different levels of professional indemnity cover according to their individual scope of practice and risk.
6. The Board encourages practitioners who are assessing whether they have appropriate professional indemnity arrangements in place to consider:
 - (a) the practice setting and the type of services and care delivered
 - (b) the patient or client group
 - (c) advice from professional indemnity insurers, professional associations and industrial organisations
 - (d) current employment status.
7. Self-employed nurses and midwives are also required to have run-off cover, except those midwives practising privately who are exempt under the National Law.

Definitions

Exemption for midwives practising private midwifery refers to the detailed provisions set down in section 284 of the National Law.

Professional indemnity insurance arrangements means arrangements that secure for the practitioner insurance from civil liability incurred by, or loss arising from, a claim that is made as a result of a negligent act, error or omission in the conduct of the practitioner. This type of insurance is available to practitioners and organisations across a range of industries and covers the costs and expenses of defending a legal claim, as well as any damages payable. Some government organisations under policies of the owning government are self-insured for the same range of matters.

Run-off cover means insurance that protects a practitioner who has ceased a particular practice or business against claims that arise out of activities which occurred when he or she was conducting that practice or business. This type of cover may be included in a PII policy or may need to be purchased separately.

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years and on any change to the exemptions for midwives practising privately.

1.4 Continuing professional development

Nursing and Midwifery Board of Australia Continuing professional development standard

Summary

All nurses and midwives must meet the continuing professional development (CPD) standards. This standard sets out the minimum requirements for CPD. CPD must be directly relevant to the nurse or midwife's context of practice.

The Board reserves the right to give exemptions in individual cases.

Scope of application

This standard applies to registered and enrolled nurses, registered nurses endorsed as nurse practitioners, registered midwives, and registered midwives endorsed as midwife practitioners. It does not apply to students or nurses and midwives who have non-practising registration.

Requirements

1. Nurses on the nurses' register will participate in at least 20 hours of continuing nursing professional development per year.
2. Midwives on the midwives' register will participate in at least 20 hours of continuing midwifery professional development per year.
3. Registered nurses and midwives who hold scheduled medicines endorsements or endorsements as nurse or midwife practitioners under the National Law must complete at least 10 hours per year in education related to their endorsement.
4. One hour of active learning will equal one hour of CPD. It is the nurse or midwife's responsibility to calculate how many hours of active learning have taken place. If CPD activities are relevant to both nursing and midwifery professions, those activities may be counted in each portfolio of professional development.
5. The CPD must be relevant to the nurse or midwife's context of practice.
6. Nurses and midwives must keep written documentation of CPD that demonstrates evidence of completion of a minimum of 20 hours of CPD per year.
7. Documentation of self-directed CPD must include dates, a brief description of the outcomes, and the number of hours spent in each activity. All evidence should be verified. It must demonstrate that the nurse or midwife has:
 - (a) identified and prioritised their learning needs, based on an evaluation of their practice against the relevant competency or professional practice standards
 - (b) developed a learning plan based on identified learning needs
 - (c) participated in effective learning activities relevant to their learning needs
 - (d) reflected on the value of the learning activities or the effect that participation will have on their practice.
8. Participation in mandatory skills acquisition may be counted as CPD.
9. The Board's role includes monitoring the competence of nurses and midwives; the Board will therefore conduct an annual audit of a number of nurses and midwives registered in Australia.

Definitions

Context of practice refers to the conditions that define an individual's nursing or midwifery practice. These include the type of practice setting (e.g. healthcare agency, educational organisation, private practice); the location of the practice setting (e.g. urban, rural, remote); the characteristics of patients or clients (e.g. health status, age, learning needs); the focus of nursing and midwifery activities (e.g. health promotion, research, management); the complexity of practice; the degree to which practice is autonomous; and the resources that are available, including access to other healthcare professionals (ANMC 2009).

Continuing professional development is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives. The CPD cycle involves reviewing practice, identifying learning needs, planning and participating in

relevant learning activities, and reflecting on the value of those activities (ANMC 2009).

References

ANMC (Australian Nursing and Midwifery Council) (2009): *Continuing Competence Framework for Nursing and Midwives*
Nursing and Midwifery Board of Australia: *Guidelines for Continuing Professional Development*

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years of operation.

1.5 Recency of practice

Nursing and Midwifery Board of Australia Recency of practice registration standard

Summary

Nurses and midwives must have undertaken sufficient practice to demonstrate competence in their professions within the preceding five years.

Nurses and midwives who are returning to practice after a break of more than five years must satisfactorily complete a program or assessment process that is approved by the Board.

Scope of application

This standard applies to nurses and midwives seeking registration, endorsement of registration or renewal of registration. It does not apply to recent graduates from a nursing or midwifery programs in Australia applying for registration for the first time; persons holding student registration; or nurses or midwives holding non-practising registration or applicants for nonpractising registration.

Requirements

1. Nurses and midwives must demonstrate, to the satisfaction of the Board, that they have undertaken sufficient practice, as defined in (2) below, in their professions within the preceding five years to maintain competence.
2. Nurses and midwives will fulfil the requirements relating to recency of practice if they can demonstrate one, or more of the following:
 - (a) practice in their profession within the past five years for a period equivalent to a minimum of three months full time
 - (b) successful completion of a program or assessment approved by the Board, or
 - (c) successful completion of a supervised practice experience approved by the Board.
3. Practice hours are recognised if evidence is provided to demonstrate:
 - (a) the nurse or midwife held a valid registration with a nursing or midwifery regulatory authority in the jurisdiction (either Australian or overseas) when the hours were worked; or
 - (b) the role involved the application of nursing and/or midwifery knowledge and skills, or
 - (c) the time was spent undertaking postgraduate education leading to an award or qualification that is relevant to the practice of nursing and/or midwifery.
4. Extended time away from practice due to illness or any type of leave will not be counted as practice.

Definitions

Practice means any role, whether remunerated or not, in which the individual uses their skills and knowledge as a nurse or midwife. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes working in a direct non-clinical relationship with clients, working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on safe, effective delivery of services in the profession and/or use their professional skills.

Recent graduate means a person applying for registration for the first time whose qualification for registration was awarded not more than two years prior to the date of their application.

Recency of practice means that a practitioner has maintained an adequate connection with, and recent practice in, the profession since qualifying or obtaining registration.

References

Australian Nursing and Midwifery Council (2009): *Continuing Competence Framework for Nurses and Midwives* (adapted from Nursing Council of New Zealand, 2004).

Review

This standard will commence on 1 July 2010. The Board will review this standard at least every three years of operation.

2 Board-specific registration standards

2.1 Endorsement of nurse practitioners

Nursing and Midwifery Board of Australia Registration standard for endorsement of nurse practitioners
Summary
To be eligible for endorsement, an applicant must be able to demonstrate experience in advanced nursing practice in a clinical leadership role in the area of practice in which he or she intends to practise as a nurse practitioner, within the five-year period preceding the application.
Scope of application
This standard applies to all applicants for endorsement as nurse practitioners.
Requirements
<ol style="list-style-type: none">1. To be eligible for endorsement as a nurse practitioner, the nurse must be able to demonstrate all the following:<ol style="list-style-type: none">(a) general registration as a registered nurse with no restrictions on practice(b) advanced nursing practice in a clinical leadership role in the area of practice in which he or she intends to practise as a nurse practitioner, within the past five years, complemented by research, education and management,(c) competence in the competency standards for nurse practitioners approved by the Nursing and Midwifery Board of Australia (NMBA).(d) completion of the requisite qualification determined by the Board .2. Further information will be included in detailed guidelines and published on the Board's website.
Definitions
Advanced practice: Advanced practice nursing defines a level of nursing practice that utilises extended and expanded skills, experience and knowledge in assessment, planning, implementation, diagnosis and evaluation of the care required. Nurses practising at this level are educationally prepared at postgraduate level and may work in a specialist or generalist capacity. However, the basis of advanced practice is the high degree of knowledge, skill and experience that is applied within the nurse-patient/client relationship to achieve optimal outcomes through critical analysis, problem solving and accurate decision making. (ANMC 2006).
Competency standards are those standards outlined in the <i>National Competency Standards for the Nurse Practitioner</i> (ANMC 2006).
General registration as a nurse means a person whose name is entered on the Register of Nurses in the 'Division of registered nurses in the general category'.
Nurse practitioner means a nurse whose registration has been endorsed by the NMBA as a nurse practitioner under section 95 of the National Law.
Qualification means a master's degree approved by the NMBA under section 49 of the National Law and included in the approved list of programs for endorsement as nurse practitioners.
References
ANMC (Australian Nursing and Midwifery Council) (2006): <i>Competency Standards for the Nursing Practitioner</i> . Nursing and Midwifery Board of Australia (2010): <i>Guidelines for Endorsement as a Nurse Practitioner</i>
Review
This standard will commence on 1 July 2010. The Board will review this standard at least every three years of operation.

2.2 Endorsement for scheduled medicines

Eligible midwives

Nursing and Midwifery Board of Australia Registration standard for endorsement for scheduled medicines (eligible midwives)
Summary
<p>The Nursing and Midwifery Board of Australia has established this standard in accordance with sections 38(2) and 94 of the National Law.</p> <p>This standard sets out the qualifications and other requirements that must be met in order for a midwife or applicant for registration as a midwife to be eligible to be granted an endorsement under section 94 of the National Law as qualified to prescribe scheduled medicines.</p>
Wording to appear on the register
Endorsed as qualified to prescribe schedule 2,3,4 & 8 medicines required for midwifery practice
Scope of endorsement
<p>This endorsement applies to a class of midwives and not to all midwives.</p> <p>An endorsement under section 94 indicates that the eligible midwife is qualified to prescribe schedule 2, 3, 4 or 8 medicines appropriate to the eligible midwife's scope of practice within the meaning of the current poisons standard under the <i>Therapeutic Goods Act 1989</i> (Cwlth), s. 52D, to the extent necessary to practise midwifery in a particular area and described and listed under the relevant drug therapy protocol, Chief Health Officer standing order or health services permit that must be compliant with relevant State and Territory legislation.</p>
Qualifications
<p>To be eligible for endorsement as an eligible midwife, midwives must</p> <ul style="list-style-type: none">(a) have completed at least three years of practice in their area of practice and have successfully completed an accredited and approved program of study determined by the Board or one that is substantially equivalent to an approved program of study, or(b) be able to satisfy the Nursing and Midwifery Board of Australia that they can demonstrate competence in relation to endorsement for scheduled medicines by providing evidence of post-registration clinical experience within the clinical care setting or area of practice in which their application for endorsement for scheduled medicines <p>An approved program of study is one that has been accredited by the accrediting authority for the Board and approved by the Board for the purpose of qualifying the registered midwife for this endorsement.</p> <p>A list of approved programs of study will be published on the website.</p>
Other requirements
Endorsed eligible midwives are expected to comply with any detailed guidelines on prescribing of scheduled medicines issued from time to time by the Nursing and Midwifery Board of Australia and published in accordance with section 39 of the National Law on the Board's website.
Review
This endorsement will commence on 1 July 2010. The Board will review this endorsement at least every three years of operation.

Eligible registered nurses

Nursing and Midwifery Board of Australia Registration standard for endorsement for scheduled medicines (registered nurses)

Summary

The Nursing and Midwifery Board of Australia has established this standard in accordance with sections 38(2) and 94 of the National Law.

This standard sets out the qualifications and other requirements that must be met in order for a registered nurse or applicant for registration as a nurse to be granted an endorsement under section 94 of the National Law as qualified to prescribe scheduled medicines.

Wording to appear on the register

Endorsed as qualified to prescribe schedule 2,3,4 & 8 medicines for nursing practice in <specified area of practice>

Scope of endorsement

This endorsement applies to a class of registered nurses and not to all registered nurses.

An endorsement under section 94 indicates that the registered nurse is qualified to prescribe limited schedule 2, 3, 4 or 8 medicines appropriate to the eligible nurse's scope of practice within the meaning of the current poisons standard under the *Therapeutic Goods Act 1989* (Cwlth), s. 52D, to the extent necessary to practise nursing in a particular area and described and listed under the relevant drug therapy protocol, Chief Health Officer standing order or health services permit that must be compliant with relevant State and Territory legislation.

Qualifications

To be eligible for endorsement for scheduled medicines, registered nurses must

- (c) have completed at least three years of practice in their area of practice and have successfully completed an accredited and approved program of study determined by the Board or one that is substantially equivalent to an approved program of study, or
- (d) be able to satisfy the Nursing and Midwifery Board of Australia that they can demonstrate competence in relation to endorsement for scheduled medicines by providing evidence of post-registration clinical experience within the clinical care setting or area of practice in which their application for endorsement for scheduled medicines

An approved program of study is one that has been accredited by the accrediting authority for the Board and approved by the Board for the purpose of qualifying the registered nurse for this endorsement.

A list of approved programs of study will be published on the website.

Other requirements

Endorsed registered nurses are expected to comply with any detailed guidelines on prescribing of scheduled medicines issued from time to time by the Nursing and Midwifery Board of Australia and published in accordance with section 39 of the National Law on the Board's website.

In order to be eligible to hold an endorsement for prescribing scheduled medicines, the registered nurse must be employed in a position that requires the endorsement.

Review

This endorsement will commence on 1 July 2010. The Board will review this endorsement at least every three years of operation.